#### PUBLIC DISCLOSURE COPY

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

Open to Public Inspection

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990 2017 A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, C Name of organization Check if applicable D Employer identification number Address change EQUITAS HEALTH INC Name change 31-1126780 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 4400 N HIGH ST 300 614-299-2437 65.801 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended COLUMBUS, OH 43214 H(a) Is this a group return Applica-F Name and address of principal officer: WILLIAM HARDY for subordinatés? Yes X No gnibneq SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.EQUITASHEALTH.COM H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1984 M State of legal domicile: OH Trust Association Other > Part | Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO BE THE GATEWAY Activities & Governance TO GOOD HEALTH FOR THOSE AT RISK OF OR AFFECTED BY HIV/AIDS, FOR THE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) <u>17</u> 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 311 400 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 10,245,144 11,751,583. Contributions and grants (Part VIII, line 1h) 826,798. 1,252,616. Program service revenue (Part VIII, line 2g)  $5, \overline{391}$ . 10 Investment income (Part VIII, column (A), lines 3, 4, and (7d) 13,652. 11,956,364. 12,191,757. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23.033.697. 25,209,608. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,172,050. 1,160,755. Grants and similar amounts paid (Part IX, column (A), Times 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 12,707,990. 15,437,253. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Λ. b Total fundraising expenses (Part IX, column (D), line 25) 5,076,804. 6,693,517. 17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e) 18,956,844. 23,291,525. 18 Total expenses. Add lines 13-17 (múst equal Part IX, column (A), line 25) 4,076,853. 1,918,083. 19 Revenue less expenses Subtract line 18 from line 12 End of Year **Beginning of Current Year**  $\overline{13.972.734}$ 16,469,350. 20 Total assets (Part X, line 16) 4,820,724. 5,399,257. Total liabilities (Part X, line 26) 11,070,093. Net assets or fund balances. Subtract line 21 from line 20 152,010. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. MIDLALI 2. Ktar Ch Sign Signature of officer PRESIDENT AND CEO WILLIAM HARDY, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JANE E. PFEIFER 02/23/18 ₽00014949 JANE E. PFEIFER Paid HACKETT & CO. SCHAEFER, 31-0800053 Preparer Firm's name CLARK, Firm's EIN Firm's address \ 4449 EASTON WAY, Use Only SUITE 400

COLUMBUS, OH 43219

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

Phone no. 614-885-2208

X Yes

F	990 (2016) EQUITAS HEALTH INC 31-1126780 Page 2
Par	990 (2016) EQUITAS HEALTH INC 51 1120700 rage =
er sen	Check if Schedule O contains a response or note to any line in this Part III
	Check it Schedule of contains a response of note to any line in this rate in
1	Briefly describe the organization's mission: OUR MISSION IS TO BE THE GATEWAY TO GOOD HEALTH FOR THOSE AT RISK OF
	OR AFFECTED BY HIV/AIDS, FOR THE LGBTQ COMMUNITY, AND FOR THOSE
	SEEKING A WELCOMING HEALTHCARE HOME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,968,222. including grants of \$ 577. ) (Revenue \$ 12,956,721.
	EQUITAS HEALTH AND EQUITAS HEALTH PHARMACY:
	THE COLUMBUS AND DAYTON CENTERS PROVIDE A FULL RANGE OF INTEGRATED
	TREATMENT AND SUPPORTIVE SERVICES, INCLUDING SPECTALIZED HIV AND
	PRIMARY MEDICAL CARE, HIV TESTING, BEHAVIORAL HEALTH TREATMENT,
	BIOMEDICAL PREVENTION TREATMENT, FINANCIAL ASSISTANCE, MEDICAL CASE
	MANAGEMENT AND PREVENTION COUNSELING. A FULL-SERVICE PHARMACY
	PROVIDING MEDICATIONS, ON-SITE ADHERENCE COUNSELING, AND CLINICAL
	PHARMACY SERVICES ARE AVAILABLE TO PATIENTS ACROSS OHIO.
	PHARMACY SERVICES ARE AVAIDABLE TO FATIENTS MCROSS GITTO.
	(Code: \( \) (Expanses \$ 7.094.862 \cdot \( \) including grants of \$ 1,157,920 \( \) (Revenue \$
4b	(COGS
	CARE:
	GENERAL TOP BYLOGE
	A COMPREHENSIVE ARRAY OF TREATMENT AND SUPPORT SERVICES FOR THOSE
	LIVING WITH HIV/AIDS, INCLUDING PRIMARY AND INFECTIOUS DISEASE MEDICAL
	TREATMENT, BEHAVIORAL HEALTH TREATMENT, MEDICAL AND HOUSING CASE
	MANAGEMENT, EMERGENCY FINANCIAL AID, HOUSING ASSISTANCE/HOMELESSNESS
	PREVENTION, PANTRY/NUTRITION, SUPPORT GROUPS, TREATMENT ADHERENCE,
	PHARMACY AND MEDICATIONS, EDUCATION AND QUALITY OF LIFE.
4c	(Code:) (Expenses \$ 2,480,140. including grants of \$ ) (Revenue \$
	PREVENTION:
	ACTIVITIES THAT WORK AT VARIOUS LEVELS OF THE HIV CARE CONTINUUM TO
	REDUCE HIV TRANSMISSION THROUGH HIV TESTING/COUNSELING/REFERRAL,
	BIOMEDICAL PREVENTION ACTIVITIES AND SERVICES, HIGH IMPACT PREVENTION
	MODALITIES, EVIDENCED-BASED INTERVENTIONS, EDUCATIONAL AND OUTREACH
	ACTIVITIES THAT INCREASE AWARENESS, PROVIDE ACCURATE INFORMATION, AND
	ENCOURAGE CHANGES IN KNOWLEDGE, ATTITUDES AND BEHAVIORS THAT AFFECT THE
	SPREAD OF HIV.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 321,863. including grants of \$ 1,918.) (Revenue \$ )
4e	Total program service expenses ► 17,865,087.
	Form <b>990</b> (201

Orm	990 (2016) EQUITAS REALTH INC 51 1120  IV Checklist of Required Schedules			.90
Par	Offecklist of nequired scriedules		Yes	No
	TO 47 //22 or 40 47/42 / 44 or 4 private foundation?		100	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
	If "Yes," complete Schedule A	2	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			··
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule by Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	Schedule D, Part III	8		<u>X</u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	50000000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	35.1156P	Partition.	40000000000000000000000000000000000000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 257 # "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes" complete Schedule F. Parts I and IV	<b>1</b> 4b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	<u> </u>	X
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	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G. Part III	19	<u> </u>	X
	COMPLETE CONCUENCE OF LATER ASSESSMENT	Forn	990	(2016)

Part IV | Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J ..... 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25<u>a</u> transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete 25b X Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, of disqualified persons? If "Yes." complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 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 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ..... Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Form 990 (2016)

Check It is sum of these tangent from 90% for this year? West It is sum of the origination for more during the sum of the origination or the origination of the origination ori	Form	990 (2016) EQUITAS HEALTH INC		31-1126	<u> 780</u>	P	age <b>5</b>
Enter the number reported in Box 3 of Form 1006. Enter O- if not applicable 1.1 4.07    Finter the number of Forms W-2G included in line 1a. Enter O- if not applicable 1.1 1.1		tV Statements Regarding Other IRS Filings and Tax Compliance					···········
18 Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.		Check if Schedule O contains a response or note to any line in this Part V					
Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable				,		Yes	No
b Enter the number of Forms W-26 included in the 1a. Enter 0- if not applicable  Old the organization compley with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ording with or within the year covered by this return.  It also if a least one is reported on line 2a, did the cryanization file all required face-ral employment tax returns?  Note. If the sum of lines 1a and 2 is greater than 250, you may be required to _spie bed instructions)  3b. If 1 Yea, it is filed a Form 9807 for this year? If "No," to file 3b, your odd an explanation in Schedule O  1b. If Yea, it is filed a Form 9807 for this year? If "No," to file 3b, your old an explanation in Schedule O  1b. If Yea, it is filed a Form 9807 for this year? If "No," to file 3b, your old an explanation in Schedule O  1b. If Yea, it is filed a Form 9807 for this year? If "No," to file 3b, your old an explanation in Schedule O  1b. If Yea, it is file a Form 9807 for this year? If why, to file 3b, your old an explanation in Schedule O  1b. If Yea, it is file a Form 9807 for this year? If you a prohibited tax schelter transaction at any time during the tax year?  1c. If Yea, it is not 5o, did the cryanization file Form 88607?  1c. If Yea, it is no 5o is 5b, did the cryanization file Form 88607?  1c. If Yea, it is no 5o is 5b, did the cryanization file Form 88607?  1c. If Yea, it is not so is 5b, did the cryanization file Form 88607?  1c. If Yea, it is not so is 5b, did the organization file Form 88607?  1c. If Yea, it is not so is 5b, did the organization file for form 8607?  1c. If Yea, it is not so is 5b, did the organization file form 8607 for form 9607 for form 9607 form	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	407			**************************************
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthling) winnings to pitze winners?  25 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return  16 If a less of on it is reported on line 2a, did the organization file all required federal employment tax returns?  17 Note. If the sum of lines 1a and 2a is greater than 250, you may be required for a 66 peer instructions.  28 If Yes, "heat if filed a Form 990-T for this year" // "No," to file 3b, provide an explanation in Schodule O.  29 If Yes," has it filed a Form 990-T for this year" // "No," to file 3b, provide an explanation in Schodule O.  20 If Yes," the art the name of the foreign country.  21 If Yes," the art the name of the foreign country.  22 If Yes, "I have the organization was a bank account, securities account, or other financial account in a foreign country.  23 If Yes, "I have the organization than the variety of the organization of the report of the provided of the year of the organization have an abent account, or other financial accounts (FBAR).  29 If Yes, "I have the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  29 If Yes, "I have the organization than the organization than a five safety to a prohibited tax ehalter transcilloring.  29 If Yes, "I have the organization than the organization than a five safety to a prohibited tax ehalter transcilloring.  30 If Yes, "I did the organization than the ween on tax deductible as charitable contributions.  31 If Yes, "I did the organization to include with every socilitation an expose statement that Supri continuous or gifts were not tax deductible?  32 If Yes, "I did the organization micked with every socilitation are species statement that Supri organization and the suprised the organization micked with every socilitation are species statement that Supri organization and th	_		1b	1			
gambling) winnings to prize winners?  Earter the number of employees reported or form W3, Transmittal of Wago and Tax Statements, filed for the calendar year ending with or within the year covered by this ratum  If all teast one is reported or line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1s and 2a is greater than 250, you may be required to a-file (see instructions)  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  42 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; accuration and 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; accuration as order interest in or a signature or other authority over, a-financial accountry (such as a bank account; accuration as order interest and accounts of the organization and the organization have an interest in, or a signature or other authority over, a-financial accountry (such as a bank account; accuration as order interest in organization and accountry of the organization and accountry of the organization and the organization and acc	~	Did the organization comply with backup withholding rules for reportable payments to vendors and repo	rtab	le gaming			
2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, Ead 311 b) If at least one is reported on line 2a, did the organization lie all required federal employment tax returns?  Note, if the sum of lines fa and 2a is greater than 250, you may be required to e-file (see instructions)  3 b) If Yes, *has it filed a Form 980-T for this year? If Y-No, * to file 3b, provide an explanation in Schedule O.  3 b) If Yes, *has it filed a form 980-T for this year? If Y-No, * to file 3b, provide an explanation in Schedule O.  4 At any time during the calendary vary, did the organization have an interest in, or a signature or offer authority over, all financial account in a foreign country (such as a bank account, securities account, or other financial account?)  5 b) If Y-Yes, * there the name of the foreign country. Schedule O.  6 b) If Y-Yes, * to file or explanation for file or the state of the schedule O.  7 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  8 b) Did any taxable party notify the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * to line 5a or 5b, did the organization file Form 8886-T or  9 c) If Yes, * file the organization file Form 8886-T or 5b, did the organization state was explained for the form 8886-T or 5b, did the organization file Form 8886-T or 5b, did the organization file	٠				10	X	
Bid dor the calendar year ending with or within the year covered by this return   2a   311	00						**************************************
bill at less to one is imported 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 <i>g-lile</i> (see instructions)  3 Did the organization have unrelated business gross incomes of \$1,000 or more during the year?  3 Did the organization and a form 980-1 for this year? If *No.* to line 3b, provide an explanation in Schedule O  4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account(?)  5 West the organization a party to a prohibited trax ehelier transaction at any time during the tax year?  5 West the organization a party to a prohibited trax ehelier transaction at any time during the tax year?  5 West the organization a party to a prohibited trax ehelier transaction at any time during the tax year?  5 West the organization a party to a prohibited trax ehelier transaction at any time during the tax year?  5 West the organization a party to a prohibited as characteristic any contributions and party to a prohibited trax ehelier transaction at any time during the tax year?  5 Did any acquarization that the ware not tax deductible as a characteristic any operation any operation of the organization file form 8806-17.  5 Did the organization set that may receive deductible contributions?  6 Did the organization receive a payment in excess of \$75 made party as a contribution of dark year.  7 Organizations that may receive deductible contributions under section 170(6).  8 Did the organization receive apprent in excess of \$75 made party as a contribution of care payment in excess of \$75 made party as a contribution of care payment in excess of \$75 made party as a contribution of care payment in excess of \$75 made party as a contribution of care payment in excess of \$75 made party as a contribution of care payment in excess of \$75 made par	Zd		2a	311			
Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrefleted business gooss income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an element of the foreign country (such as a bank account, and or other financial account)?  4b If "Yea," enter the name of the foreign country. ▶  5a instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts; over, a financial account in a foreign country. ▶  5a was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Us darry taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Us any through the organization that it was or is a party to a prohibited tax shelter transaction?  5c Us any through the organization than an around greater than \$100,000, and did the organization solicit any contributions that the war not tax deductible as charitable contributions?  6c Us Yes," did the organization include with overy solicitation an express statement that such cophibations or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(b).  8d If "Yes," did the organization motify the donor of the value of the goods or grading property for which it was required to life Form 8282?  9d If the organization sell, exchange, or otherwise dispose of tangible gersonal property for which it was required?  1 If "Yes," did the organization motify the donor of the value of the goods or gradination did the progradition of care, both as years and the gradination of the organization of the year pay premium, discitly organization file form 8399 as exquired?  1 If the organization received a contribution of care, both as property for which it was required?  1 If the organization in the property of the year pay premium, discitly organized property, did the organization file	ı.	the threat are in reported on line 2a, did the graphization file all required federal employment tax returns?			2b	X	During
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, * has it filled a Form S000* for this year? If *No, * * for its, * provide an explanation in Schedule O  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)?  5b If Yes, * for the the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization for the foreign country to a prohibited that she that the security of the foreign country (such as a bank account, or other financial account)?  6c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited that she ther transjection?  6c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited that she transjection?  6c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited that the foreign country (such any contributions that was renot tax deductible?  6c If Yes, * to line 5a or 5b, did the organization finude with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes, * did the organization notify the donor of the value of the goods or services provided to the payor?  6c If Yes, * did the organization notify the donor of the value of the goods or services provided?  7c If Yes, * did the organization notify the donor of the value of the goods or services provided?  7c If Yes, * did the organization receive any funds, directly or indirectly, is payination son a personal benefit contract?  7d If the organization received a contribution of qualified intellectivel property, did the organization file a Form 1000°C.  7d If the organization neceived a contribution of cars, boths, singlanes, or other vehicles, did the organization file a Form 1000°C.  7d If the organizat	D	at least one is reported on line 2a, and the organization line air required to a file (see instructions)	`		Control of the second of the s		
If Yes, 'has it filed a Form 990-T for this year? If 'No,' 'to line 3b, provide an explanation in Schedule O   3b	_				За	230743111111	X
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 accounts).  See instructions for filing requirements for FinCEN form 114, Report of Foreign Bank and Financial accounts (FEAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  She bild any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  She bild any taxable party notify the organization file form 8896-17?  If "Yes," to line 5 ac of 5b, did the organization file form 8896-17?  Dives the organization that are not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 179(c).  If "Yes," did the organization rothy the donor of the value of the goods or sarvices provided?  If "Yes," indicate the number of forms 8282 filed during the year  If the organization received any trunds, directly or indirectly, for payriemtums on a personal benefit contract?  Did the organization during the year, pay premiums, directly or padrectly, on a personal benefit contract?  The X  The X  The X  The X  The Army Andrew Army Army Army Army Army Army Army Army							
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (RBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes," to line 5a or 5b, did the organization file Form 8896-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that \$u_{off} cognitioutions or gifts were not tax deductible?  6c Did the organization receive apparent in excess of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution apparent for process of \$75 made party as contribution and party of process					- 0.0		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (RBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (RBAR).  So Was the organization party to a prichibited tax shelter transaction at any time during the tax year?  5a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other actions and the calendar year, did the organization have an interest in, or a signature or other actions and the calendar year.	-ALIN	N2 -	12		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b IX  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b IX  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization incude with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6a IX  6b If "Yes," did the organization incude with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(6),  8b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for poods and services provided to the payor?  8b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for poods and services provided to the payor?  8c If "Yes," indicate the number of Forms 8282 filed during the year  9c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82892; indicate the number of Forms 8282 filed during the year  9c Did the organization receive any tunds, directly or indirectly for payriprimitume on a personal benefit contract?  7c IX  7d If the organization received a contribution of qualified intellicitual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did adnor advised fund maintained by the Syn In IV A Syn			Cun	9!{}	55000		NO SE
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8986-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8c Did the organization notify the donor of the value of the goods or services provided?  9c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292?  1c Did the organization receive any funds, directly or indirectly, fo pay premiums on a personal benefit contract?  1c Did the organization received a contribution of qualified intelligency in ediffectly, or a personal benefit contract?  1c Did the organization received a contribution of carls, books, girplanes, or other vehicles, did the organization file Form 8899 as required?  1d If the organization received a contribution of carls, books, girplanes, or other vehicles, did the organization file Form 8899 as required?  1d If the organization maintaining donory advised funds. Did a donor advised funds.  1d the sponsoring organization make a distribution to a donor, davised funds. Did a donor advised fund funds. Did a donor advised funds.  1d the sponsoring organization make a distribution to a donor, davised funds. Did a donor advised funds.  2a Did the sponsoring organization make any taxibel distributions under section 4966?  2b Did the sponsoring organization make any taxibel	b	If "Yes," enter the name of the foreign country:	4 <b>.</b>	o (CDAD)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   Secondary    6c   Y'Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   Secondary    6c   S		See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial According to the American According to the Americ	ount	s (RDAN).	E-0		x
b Did any taxable party fluty with expanization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(6),  8 Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  7 If Y'es," did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization during the year, pay premiums on a personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  12 Sponsoring organizations maintaining donor, advised funds.  13 Did the sponsoring organization make any, taxible distributions under section 49667  14 Did the sponsoring organization make, any, taxible distributions under section 49667  15 Section 501(c)(12) organizations. Enter:  16 If "Yes," enter the amount of tax-exempt interest received or accrued during the year?  17 In Interest the property of	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If Yes," did the organization notify the donor of the value of the goods or services provided?  If Yes, "did the organization notify the donor of the value of the goods or services provided?  If Yes, "indicate the number of Forms 8282 filed during the year  If Yes, "indicate the number of Forms 8282 filed during the year  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of carb, both, simpless, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  N/A 9a  If the organization organization make any taxable distributions under section 4966?  N/A 10a  Organization from organization make any taxable distributions under section 4966?  N/A 10a  Organization for exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1041?  If Yes, "enter the amount of tax-exempt interest received or accrued during the year N/A 10a  Organization lengence to issue qualified health plans in more than one state?  N/A 10a  Organization formation the organization must report on Schedule O.  Enter the amount of reserves on hand  Organization formation formation the organization must report on Schedule O.	b		onic				
any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c), a Did the organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  D Did the organization receive any funds, directly or indirectly, to paypremilums on a personal benefit contract?  T D Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  T D D D D D D D D D D D D D D D D D D	C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50		
bill Y'es," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization neceive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year  If "Yes," inclicate the number of Forms 8282 filed during the year  If bid the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 file N/A  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxible distributions under section 4966?  N/A 9a  Did the sponsoring organization make any taxible distributions under section 4966?  N/A 10a  Did the sponsoring organization make any taxible distributions under section 4966?  N/A 11b  Gross receipts, included on Form 990, Part VIII, line 12  Mray 10b  Gross receipts, included on Form 990, Part VIII, line 12  Mray 11b  Section 501(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(22) organizations expended for them.)  Section 501(c)(22) qualified nonprofit health insurance issuers.  Is the organization in con	6a		orga	nization solicit			v
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c), a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If "Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations make any taxible distributions under section 4966?  10 Did the sponsoring organization make any taxible distributions under section 4966?  10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  11 Section 501(c)(7) organizations. Enter:  12 Exection 501(c)(7) organizations. Enter:  13 Section 501(c)(7) organizations. Enter:  14 Did the organization donor form 90, part VIII, line 12, for public use of club facilities  15 Section 501(c)(2) qualified nonprofit health insurance issuers.  16 Yes, "enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12b 12c 12b 1		any contributions that were not tax deductible as charitable contributions?	• • • • • •		- 6a		<u> </u>
Pognalizations that may receive deductible contributions under section 170(6).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or	gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7					6b		28-28-704
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received and fire year, pay premiums, directly to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1998 as required?  7	7	Organizations that may receive deductible contributions under section 170(c).			VISION IN	\$100000 <b>4</b> F	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, for pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  N/A  sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  13a  Section 501(c)(2) qualified nonprofit health insurance Issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  N/A  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  Let a form 700 to report these payments? If "No" provide an explanation in Schedule O.  14b  15b  17c  X  7d  X  7d  X  7d  N/A  10a  10a  10a  10a  10a  10	а		es p	rovided to the payor?			
to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, fo pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization taxable distributions under section 4966?  N/A  Did did the organization teces and capital contributions under sectio		If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>
to the roll of the second of t	c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	requ	ired			
e Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  N/A  S ponsoring organizations maintaining donor advised funds.  S ponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  B Gross income from rembers 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 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 in more than one state?  Lib If "Yes," 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 in more than one state?  Lib If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  Lib If "Yes," enter the amount of reserves the organization is required		to file Form 8282?			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations maintaining donor advised funds.  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization, make a distribution to a donor, donor advisor, or related person?  N/A  b Did the sponsoring organizations. Enter?  a Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  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 filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  13a  Is the organization icensed to issue qualified health plans in more than one state?  N/A  13a  Inter 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  14b Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	d	If 163, indicate the hamber of tornib occur mod dating the jest					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxible distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  9a  9b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  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 in more than one state?  N/A  13a  14a Did the organization receive any payments? If "No." provide an explanation in Schedule O.  14b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	е	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit con-	tract	:?			
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Responsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization, make a distribution to a donor, donor advisor, or related person?  N/A  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  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.)  Section 501(c)(12) qualified nonprofit health insurance issuers.  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.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  Ital X  He If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?		7f		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: 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 filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has if filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Form	188	99 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: 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 filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b Light Types, has it filled a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b If "Yes," has it filled a Form 720 to report these payments? If "No." provide an explanation in Schedule O.		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n fil	e a Form 1098-C?	7h	N/	Α
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution sunder section 4966? N/A b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? N/A 9a 9b  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 11b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from embers 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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 11b 11c 11d 12a 13b 13c 13b 13c 13c 14a 14b 15 W/A 14b 16 W/A 16a 17b 17c	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the	∍ N/A		Angelsons Suggested	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization, make a distribution to a donor, donor advisor, or related person?  N/A 9a 9b 10 Section 501(c)(7) organizations. Enter? a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 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.) 11a 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 N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		sponsoring organization have excess business holdings at any time during the year?		*******	8		
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A 9b  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  Section 501(c)(12) organizations. Enter:  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 filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9				200000000 20000000		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A 9b   Section 501(c)(7) organizations. Enter?  Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 111 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		<u></u>
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders N/A 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 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. 13b 13b 13c 12b 13c 12b 13c 13b 13c 14a 14a 15c 15c 15c 16c 16c 16c 16c 16c 16c 16c 16c 16c 16				_			110000000000000000000000000000000000000
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  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 N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b		Initiation fees and capital contributions included on Part VIII, line 12	10a				A Control of the Cont
Section 501(c)(12) organizations. Enter:  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 filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b 13c 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b 14b	_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1000000
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 filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·			Service Control	man d'am'ng ay in man man gar ay in man man gar ay in man man gar ay in man bangan in ay	Constitution of the Consti
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		Gross income from members or shareholders N/A	11a				110000000000000000000000000000000000000
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 N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	_	Gross income from other sources (Do not net amounts due or paid to other sources against					
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	D		11b		300000		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 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? N/A 13a 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 13c 14a X 14a X 15 If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 If Type III Ty	40	diliportio and of locotrod north from a surrent surren		?	12a	10000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	128	Section 494/(a)(1) non-exempt charitable Busis. Is the organization using the year N/A		į	2000000	ZIMES	
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  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					And the Control of th		
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  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		Section 501(c)(29) qualified nonprofit nearth insurance issuers.		N/A	132	1	T
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  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а				90.0000		The state of the s
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O							
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	þ		406	1	\$1000000000000000000000000000000000000		
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		Organization to need to looke during the series					
b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	C	Enter the amount of reserves on hand		J	140	1 10 2000000	X
b if res. has it lied a Fornit 720 to report these payments: If No. Drovide an explanation in defredoic o						<del>                                     </del>	<del>  ^^</del>
	<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 9	<u></u>			, 99C	/2016\

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	
tion A. Governing Body and Management							
		1			Yes	No	
Enter the number of voting members of the governing body at the end of the tax year	1a		18				
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.							
	1b		17	ACCOUNTS OF THE PARTY OF THE PA			
Did any officer director trustee, or key employee have a family relationship or a business relationship	o with a	any other					
				2		X	
Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				İ	
of officers directors or trustees or key employees to a management company or other person?		ė.		3		Х	
of officers, directors, or flustees, or key employees to a management company of each prior Form S	990 wa	s filed?		4		Х	
Did the organization make any significant changes to be governing determined the organization's ass	sets?		þ	5		Х	
		NEL 200				Х	
Did the organization have members or stockholders?	anoint.	one or					
	75%	- 最		72		x	
more members of the governing body?	toolebo	Idoro or		<u> </u>			
	LOCKITO	iders, or		76		х	
persons other than the governing body?	Mercel.			70			
Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e ronowing:			v		
The governing body?						<del> </del>	
Each committee with authority to act on behalf of the governing body?				86	^		
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the				٠,,	
organization's mailing address? If "Yes." provide the names and addresses in Schedule O		***************************************		9	<u> </u>	X	
tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				1	
					Yes	No	
Did the organization have local chapters, branches, or affiliates?				10a		X	
If "Yes." did the organization have written policies and procedures governing the activities of such cl	hapters	s, affiliates,		l			
and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>	
Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	re filing the fo	rm?	11a		X	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.				714 m 701			
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?		12b	X		
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes. " o	lescribe					
				12c	X		
				13	Х		
				14	X		
Did the organization have a written document stem of the following persons include a review and approv				-5000000 -500000000	\$400000 \$4000000		
Did the process for determining compensation of the following persons included a terminal decision?							
				15a	Х		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont u	rith o			04244		
				160		Х	
taxable entity during the year?				iva	1000000000	50000	
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	oarticipation					
				200		0.000	
			*******	160	<u> </u>	<u> </u>	
List tile states with without a copy of time . State of the last tile states and the states are the states and the states are							
	T (Sect	ion 501(c)(3):	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 (expla							
Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest po	icy, and	financ	cial		
statements available to the public during the tax year.							
State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	id records:	<b></b>				
THE ORGANIZATION - 614-299-2437							
4400 N HIGH ST, NO. 300, COLUMBUS, OH 43214							
	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting ights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1s, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employees have a family relationship or a business relationship officer, directors, or trustees, or key employees to a management company or other person?  Did the organization delegate control over management duties customarily performed by or under th of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization's as: Did the organization have members or stockholders?  Did the organization have members stockholders, or other persons who had the power to elect or a more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, sepersons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the ve The governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rec- organization's mailing address? If "Yes," provide the names and addresses in Schedule 0  If "Yes," did the organization have written policies and procedures governing the activities of such of and branches to ensure their operations are consistent with the organization's exempt purposes?  If "Yes," did the organization have a written onflict of interest policy" in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization previded a complete copy of this Form 9	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, oxplain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors, or trustees, or key employees?  Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization bacome aware during the year of a significant diversion of the organization's assests?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body?  Are any governace decisions of the organization reserved to (or subject to approval by) members, glockhop persons other than the governing body?  But the organization contamporaneously document the meetings held or written actions undertaken during the year by the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each the organization have written policies and procedures governing the activities of such chapters and praches to ensure their operations are consistent with the policy in the process of the process? If Yes, and the process of the process of the process o	Enter the number of voting members of the governing body at the end of the tax year  If there are instartal differences in voting rights among members of the governing body, or if the governing body degated broad subtrinty to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1e, above, who are independent  Ib  Did any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, directors, or trustees, or key employees to a management company or their person?  Did the organization have any significant changes to its governing documents since the prior form 990 was filed?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to gor subject to approval by) members, glockholders, or presens other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who chingot be reached at the organization have well authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee sent processes in Schedula D.  Did the organization have a written conflict of interest policies and procedures governing the activities of such chapters, affiliates, if "Yes," id in the organization have a written conflict of interest policies on treatments of the governing body before fining the for Bosonical On how the	Enter the number of voting members of the governing body at the end of the tax year	Enter the number of voting members of the governing body at the end of the tax year	Enter the number of voting members of the governing body at the end of the tax year  If there as a nutriel differencia in voting rights among members of the governing body, or if they governing body delegated broad authority to an executive committies or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1s, above, who are independent  Into a security of the number of voting members included in line 1s, above, who are independent  Into differency, fursion, or law prophyses have a family relationship or a business relationship with any other officer, director, trustee, or loy employees to a family relationship or a business relationship with any other officers, director, or trustees, or key employees to a management company or other person?  2 Did the organization delegate control over management dulles outstomanily performed by or under the direct supervision of officers, director, or trustees, or key employees to a management company or other person?  3 Did the organization makes any significant changes to its governing documents since the prior form 990 was filed?  4 Did the organization have members or stookholders?  5 Did the organization have members or stookholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint oring or more members of the governing body?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint oring or more members of the governing body?  8 Did the organization have members or stookholders?  7 Did the organization have members or stookholders?  8 Did the organization have with an end or the governing body?  8 Did the organization scalenger and security decuments the meetings had an written actions understand understanding the governing body?  8 Did the organization have with an end of the governing body?  8 Did the organization have with an end of the governing body?  8 Did the organization have written probles and procedures governin	

632006 11-11-16

40000081

# 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

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

- 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 no	or any related o	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and Title	Average	,,,	5 a t a l	Posi	tion	l than c	200	Reportable á	Reportable	Estimated
	hours per	box	unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	<del>                                     </del>	cer an	dad	recto	r/trus	(ee)	from g	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for	ip io	93			zated		organization (W-2/1099-MIŞC)	(99-271099-19830)	organization
	related organizations	ustee	trust		9	u beu		(W-2/1033-WIGO)		and related
	below	量	tional	ι.	nploy	yee or	,			organizations
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			-
(1) KATHLEEN HERATH	0.50	┢		-	Ť		1			
CHAIR		X		X		de de		0.	0.	0.
(2) RICH MACHINSKI	0.50				a) (50	197	7' 			•
TRUSTEE		X			_	1	42.76	0.	0.	0.
(3) VIRGILIO ACEVEDO	0.50		da.		ĝ <sub>e s</sub>	ð			,	0
TRUSTEE		X	190A	ŠĄ.	£ 100	┡	<u> </u>	0.	0.	0.
(4) CAROL BAUER, SC	0.50	X						0.	0.	0.
TREASURER	0 50	X	Base	Х	_	-	-	<u> </u>	0.	<u> </u>
(5) SAM RINEHART, CFP, CLU	0.50	x		x				0.	0.	0.
CHAIR	A E O	1		^	_	<u> </u>	-	<u> </u>		0.1
(6) ROBERT COPELAND	€0.50	x						0.	0.	0.
TRUSTEE	0 50	┝	┢		⊢	╁	-	0.	0.	
(7) DENSIL PORTEOUS	0.50	x		х				0.	0.	0.
VICE-CHAIR	0.50	┢	-		$\vdash$	╁—	╫	<b>\</b>		
(8) SE-SE YENNES TRUSTEE	0.50	X						0.	0.	0.
(9) BARRY S. MCCORKLE, MD. FACE	0.50	T					Г			
TRUSTEE		X						0.	0.	0.
(10) KIRK STAGER	0.50						1	_		•
TRUSTEE		Х		L	<u> </u>		Ļ	0.	0.	0.
(11) EVAN STEFFENS, RN, MS, MS	0.50				Ĺ		1			,
TRUSTEE		X	<u> </u>	_	<u> </u>	ļ	╄	0.	0.	0.
(12) KAARINA ORNELAS	0.50	٠.,						0.	0.	0.
TRUSTEE	0 50	X	╀		-	-	┼	0.	U ·	
(13) CHAD BRAUN, MD	0.50	┨,,,						0.	0.	0.
TRUSTEE	0 50	Х	-	-	╀	╀	╀┈	0.		· ·
(14) STEVE PAXTON	0.50	٠,		١,,				0.	0.	0.
SECRETARY	40 00	X	╁	X	╄	╫	╄	0.	<u> </u>	
(15) WILLIAM HARDY	40.00	$ _{\mathbf{x}}$		x				398,259.	0.	23,119.
PRESIDENT/CEO	0.50	<del> </del> ^	+	1^	$\vdash$	╁┈	╂	370,233.		20,220.
(16) STEVE COONEY	0.50	$ _{\mathbf{x}}$		1		1		0.	0.	0.
TRUSTEE (17) JAMES FERGUSON	0.50	127	+	╁┈	$\vdash$	+	十	<u> </u>		
TRUSTEE	0.30	$\mathbf{x}$						0.	0.	0.
TIVOTIMA	1		•				-	<u></u>		Form <b>990</b> (2016)

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Emi	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(A) (B) (C)				(D)	(E)	(F)			
Name and title	Name and title Average Position		one	Reportable	Reportable	Estimated				
	hours per week	box	, unle	ss pe	rson i	is both or/trus	n an	compensation from	compensation from related	amount of other
	(list any	├		Π		T	Ĺ	the	organizations	compensation
	hours for	gie				g		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al fr	onal ti		loyee	lie e				and related organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer			Organizations
(18) FRAN SCOTT	0.50	트	_=	8	포	= 2	纽			
TRUSTEE		x						0.	0.	0.
(19) PEGGY ANDERSON	40.00			Г		Τ			á	
CHIEF OPERATING OFFICER		1		x		<u> </u>		259,293.	0.	12,915.
(20) CYNTHIA VANDENBERG	40.00			Π						
CHIEF FINANCIAL OFFICER				X				87,676.	<u></u> 0.	12,838.
(21) JOEL DIAZ	40.00									4 = 4 = -
CHIEF MRKTG & COMMUNITY AF				X	1		<u> </u>	136,680.	0.	15,255.
(22) MICHELE GREGORY	40.00	1								0 170
CHIEF DEVELOPMENT OFFICER		<u> </u>	ļ	X			<u> </u>	121,500.	0.	8,178.
(23) FIKRU NIGUSSE	40.00	-		١.,				39,242.	0.	0 272
CHIEF FINANCIAL OFFICER	40 00	⊢	1	X		$\vdash$	-	39,242.	U •	8,273.
(24) AARON CLARK	40.00	-			х			191,236.	0.	17,404.
DIRECTOR OF PHARMACY SERVI (25) PATRICK BEATTY	40.00	╁	$\vdash$	<del> </del>	^	-	100	101,230.	<u> </u>	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CHIEF PUBLIC POLICY OFFICE	40.00	1				x	> \	143,828.	0.	13,430.
CHIEF FORMIC TORREST OFFICE		╁	T	T		<b>*</b>	Against Sec.			
		1			377		100	]		
1b Sub-total					de.		<b>▶</b>	1,377,714.	0.	
c Total from continuation sheets to Part	VII, Section A		9° \$1553 <sub>3</sub>				$\blacktriangleright$	0.	0.	
d Total (add lines 1b and 1c)		4		۵	<i>y</i>		>	1,377,714.	0.	111,412.
2 Total number of individuals (including bu		iose	liste	d a	bove	e) wł	no re	eceived more than \$100,	000 of reportable	11
compensation from the organization			<u> </u>							11   Yes   No
								Lite to the second and an		res No
3 Did the organization list any former offic	702a 23									3 X
line 1a? If "Yes," complete Schedule J fo	r such individual							or componentian from t	he organization	
4 For any individual listed on line 1a, is the and related organizations greater than \$										4 X
5 Did any person listed on line 1a receive of										
rendered to the organization? If "Yes."	1/2									5 X
Section B. Independent Contractors	ompiete Schedu	<u> </u>	ior s	ucii	Der:	2011				
1 Complete this table for your five highest	compensated in	depe	ende	nt c	ontr	racto	rs th	hat received more than S	100,000 of compens	ation from
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	ithin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and busine	ss address							Description of s	services	Compensation
DANIS BUILDERS LLC	raniina a		4 5	· ว 4	2			CONTRIBUTORIONI		223,445.
3233 NEWARK DRIVE, MIAM	LSBURG, C	Щ	40	34	<u> 4</u>			CONSTRUCTION		223,443.
									Ta control	
2 Total number of independent contractor		ot li	imite	d to			sted	l above) who received m	ore than	
\$100,000 of compensation from the orga	nization >					1			*******	Form <b>990</b> (2016)
										Futin 900 (2010)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Related or Total revenue from tax under sections 512 - 514 business exempt function revenue revenue 157,465. Contributions, Giffs, Grants and Other Similar Amounts. 1 a Federated campaigns b Membership dues ..... 1b 285,898. 10 c Fundraising events 1d d Related organizations 10,001,120. Government grants (contributions) f All other contributions, gifts, grants, and 1,307,100. similar amounts not included above ..... 113,629. g Noncash contributions included in lines 1a-1f: \$ 11,751,583 Total. Add lines 1a-1f ... Business Code 1,252,616 2 a MEDICAL INCOME 624100 1,252,616. Program Service f All other program service revenue ...... 1,252,616 Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,652 13,652. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) ...... d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ..... d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Revenue 285,898, of including \$ contributions reported on line 1c) See 919,144. Part IV, line 18 Other 523,282 b Less: direct expenses b 395,862. 395,862 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 51,772,919. and allowances 40,068,814. b Less: cost of goods sold \_\_\_\_\_ 11,704,105 11,704,105. Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 91,790. 11 a MISCELANEOUS INCOME 900099 91,790 d All other revenue 91,790. e Total. Add lines 11a-11d 501,304. 12,956,721 25,209,608. Total revenue. See instructions.

40000081

o no	Check if Schedule O contains a respon of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations			The state of the s	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,160,755.	1,160,755.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 400 000	040 445	220 -0 60	45 745
	trustees, and key employees	1,123,228.	849,415.	228,7068.	45,745
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14 000 000	0 254 405	7 204 202	458,611
	Other salaries and wages	11,097,008.	8,354,195.	2,284,202.	430,011
	Pension plan accruals and contributions (include		2	No.	
	section 401(k) and 403(b) employer contributions)	0 000 471	1,834,289.	<i>3</i> 82,637.	75,545
	Other employee benefits	2,292,471.	702,102	184,262.	38,182
	Payroll taxes	924,546.	102,104;	104,202.	30,102
	Fees for services (non-employees):	006 100	185,960.	81,003.	29,217
а	Management	296,180.		16,587.	5,983
b	Legal	60,649.	38,079.	9,456.	3,411
C	Accounting	34,575.	21,708.	4,923.	1,776
	Lobbying	18,001.	11,302.	4,943.	1,770
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	1 000 014	CON 120	296,259.	106,857
	column (A) amount, list line 11g expenses on Sch O.)	1,083,244.	680,128. 701,499.	50,012.	22,925
	Advertising and promotion	774,436.	257,666.	59,940.	38,886
	Office expenses	356,492.	237,000.	39,340.	30,000
	Information technology	\$ *			
5	Royalties	1 150 406	979,692.	147,098.	31,636
6	Occupancy	1,158,426.	291,015.	45,125.	13,459
7	Travel	349,599.	Z91,U13.	40,140+	10,40.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	237,443.	73,900.	163,110.	433
9	Conferences, conventions, and meetings		30,393.	2.	
0	Interest	30,395.	30,393.	4.	
1	Payments to affiliates	287,617.	79,554.	208,063.	
2	Depreciation, depletion, and amortization	Z0/,01/+	15,334.	200,0031	
3	Insurance				
4	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	24e amount exceeds 10% of line 25, column (A)	The Administration of the Control of			
	amount, list line 24e expenses on Schedule O.)	775,905.	775,654.	251.	
	MEDICAL EXPENSES	511,460.	347,419.	104,775.	59,266
b	SUPPLIES GERVICES	213,092.	213,092.	101///01	22,20
C	CONTRACT SERVICES	138,254.	413,034		138,25
d	DONATED MATERIALS	367,749.	277,270.	76,795.	13,68
	All other expenses	23,291,525.	17,865,087.		1,083,87
5	Total functional expenses. Add lines 1 through 24e	43,431,343.	11,000,007.	±,3±4,300+	_,000,07
6	Joint costs. Complete this line only if the organization	]			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	I	I	1	

40000081

rt X	Balance Sheet		·	
	Check if Schedule O contains a response or note to any line in this Part X	(A)	1	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	5,803,914.	1	5,261,559.
2	Savings and temporary cash investments	206,090.	2	0.
3	Pledges and grants receivable, net	2,179,877.	3	2,593,391.
4	Accounts receivable, net	3,737,112.	4	4,372,548.
5	Loans and other receivables from current and former officers, directors,			
٦	trustees, key employees, and highest compensated employees. Complete			And the second s
	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	ALTONOMIC CONTROL CONT		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L	J.	6	<b>\</b>
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	605,104.	8	1,423,613
9	Prepaid expenses and deferred charges	196,335.	9	350,585
	Land, buildings, and equipment: cost or other			
'	hasis Complete Part VI of Schedule D 10a 3,582,263.			
l b	Less: accumulated depreciation 10b 1,129,298.	<i>≸</i> 1,130,743.	10c	2,452,965
11	Investments - publicly traded securities	965.	11	718
12	Investments - other securities. See Part IV, line 11	Andrew St.	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	**	14	
15	Other assets. See Part IV, line 11	112,594.	15	13,971
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,972,734.	16	16,469,350
17	Accounts payable and accrued expenses	3,887,030.	17	4,217,328
18	Grants payable		18	
19	Deferred revenue	104,642.	19	10,849
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,	A service of the serv		
	key employees, highest compensated employees, and disqualified persons.			1
	Complete Part II of Schedule L		22	4 4 5 4 6 6 6
23	Secured mortgages and notes payable to unrelated third parties	810,757.	23	1,171,080
24	Unsecured notes and loans payable to unrelated third parties		24	/
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	10 005		0
-	Schedule D	18,295.	25	U 100 257
26	Total liabilities. Add lines 17 through 25	4,820,724.	26	5,399,257
1	Organizations that follow SFAS 117 (ASC 958), check here X and			35 (5) (1) (1) (1) (1)
	complete lines 27 through 29, and lines 33 and 34.	0 010 473	760 P.S.	10,965,345
27	Unrestricted net assets	8,919,473.	27	10,965,345
28	Temporarily restricted net assets	232,537.	28	104,740
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.	The second secon	20	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	9,152,010.	32	11,070,093
33	Total net assets or fund balances	13,972,734.	33 34	16,469,350
34	Total liabilities and net assets/fund balances	13,314,134.	ა4	Form <b>990</b> (201

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Employer identification number

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization							identification number			
	AS HEALTH						<u>1-1126780                                    </u>			
Part I Reason for Public Ch					instructions	S				
The organization is not a private foundation										
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 A school described in section										
3 A hospital or a cooperative ho	spital service orgar	nization described in se	ction 170(	b)(1)(A)(iii)	).					
4 A medical research organization	on operated in conj	junction with a hospital o	lescribed i	in section	i 170(b)(1)(A	)(iii). Enter t	the hospital's name,			
city, and state:	city, and state:									
5 An organization operated for t	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). (Con	nplete Part II.)				ć					
6 A federal, state, or local gover	nment or governme	ental unit described in s	ection 17	0(b)(1)(A)( <sup>,</sup>	v).	N.				
7 X An organization that normally	receives a substan	tial part of its support fro	om a gove	rnmental u	nit or from th	ie general p	ublic described in			
section 170(b)(1)(A)(vi). (Com					A Paris	J.				
8 A community trust described i	in section 170(b)(1	I)(A)(vi), (Complete Part	H.)		i i					
9 An agricultural research organ	ization described i	n section 170(b)(1)(A)(i	x) operate	d in conjui	nction with a	land-grant	college			
or university or a non-land-grai	nt college of agricu	Iture (see instructions). I	Enter the n	ame, city,	and state of	the college	or			
university:					Ø.					
10 An organization that normally	receives: (1) more t	than 33 1/3% of its supp	ort from c	ontribution	is, members	hip fees, an	d gross receipts from			
activities related to its exempt	functions - subject	t to certain exceptions, a	and (2) no	more than	33 1/3% of i	ts support f	rom gross investment			
income and unrelated busines	ss taxable income (	less section 511 tax) fro	n busines	ses acquir	ed by the org	ganization a	fter June 30, 1975.			
See section 509(a)(2). (Comp	lete Part III.)	€.								
11 An organization organized and	d operated exclusiv	ely to test for public saf	ety See s	ection 50	9(a)(4).					
12 An organization organized and	d operated exclusiv	ely for the benefit of, to	perform th	e function	s of, or to ca	arry out the	purposes of one or			
more publicly supported organ							neck the box in			
lines 12a through 12d that de	scribes the type of	supporting organization	and comp	lete lines	12e, 12t, and	112g.				
a Type I. A supporting organiz	zation operated, su	ipervised, or controlled t	y its supp	orted orga	inization(s), t	ypically by (	giving			
the supported organization(			majority o	the direct	tors or truste	es of the su	pporting			
organization. You must cor	mplete Part IV, Se	ctions A and B.				<b>73</b> L. Isaa	t			
b Type II. A supporting organ	ization supervised	or controlled in connect	ion with its	supporte	d organizatio	n(s), by nav	ing			
control or management of ti			me persor	is that cor	itroi or mana	ge the supp	orrea			
organization(s). You must o					1 6 17	II !	ماهایات ام			
c Type III functionally integr	ated, A supporting	g organization operated i	n connect	ion with, a	na functiona	lly integrate	a witri,			
its supported organization(s	s) (see instructions)	. You must complete F	art IV, Se	ctions A, I	D, and E.	1				
d Type III non-functionally in	ntegrated. A supp	orting organization opera	ated in cor	nection w	ith its suppo	rted organiz	ation(s)			
that is not functionally integ	irated. The organiza	ation generally must sati	sfy a distri	bution req	uirement and	an attentiv	reness			
requirement (see instruction	s). You must com	plete Part IV, Sections	A and D,	and Part	V. T T	U. T 111				
e Check this box if the organi					Type I, Type	п, туре ш				
functionally integrated, or T		nally integrated supporting	ig organiza	ation.						
f Enter the number of supported org										
g Provide the following information a	ibout the supported	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	of monetary	(vi) Amount of other			
organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document?	support (see	•	support (see instructions)			
o, ganzation		above (see instructions))	165	140						
				*****						
			100000000000000000000000000000000000000							

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2016 EQUITAS HEALTH INC 31-1126

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.)

Sec	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not					44554500	45000064		
	include any "unusual grants.")	6655576.	8683078.	9763883.	10245144.	11751583.	4/099264.		
2	Tax revenues levied for the organ-						:		
	ization's benefit and either paid to			ı					
	or expended on its behalf								
3	The value of services or facilities					,			
	furnished by a governmental unit to	44 44 5	00 100	41 772	102 105	10 527	346,981.		
	the organization without charge	41,415.	92,168.	41,/36.	123,125. 10368269.	11000100	A7446245		
	Total. Add lines 1 through 3	6696991.	8775246.	9805619.	10368269.	TTOOOTZO.	4/440243.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included				Section for the Control of the Contr	250 (100 (100 (100 (100 (100 (100 (100 (1			
	on line 1 that exceeds 2% of the					The second secon			
	amount shown on line 11,								
	column (f)				727 727 122 123 123 124 125 125 125 125 125 125 125 125 125 125	Control of the Contro	47446245.		
	Public support. Subtract line 5 from line 4.						12/12/02/19		
	tion B. Total Support	4 1 0010	#N 0013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2012 6696991.	(b) 2013 8775246.	9805619	10368269.	11800120.			
	Amounts from line 4	00909911	0773240.	3003025.	103002021				
8	Gross income from interest,		e e e						
	dividends, payments received on			J.					
	securities loans, rents, royalties	1,730.	18,695.	4,313.	5,391.	13,652.	43,781.		
	and income from similar sources	1,750.	# U U U U U U U U U U U U U U U U U U U	2,020.					
9	Net income from unrelated business								
	activities, whether or not the	į.							
40	business is regularly carried on  Other income. Do not include gain								
10	or loss from the sale of capital		<b>*</b>						
		235.	40,966.	17,112.	14,131.	91,790.	164,234.		
44	assets (Explain in Part VI.)	A second of the	** - *********************************	101 101 101 101 101 101 101 101 101 101	The state of the s	No. of the Control of	47654260.		
	Gross receipts from related activities,	etc (see instruction	ns)			12 128	3,724,723.		
12	First five years. If the Form 990 is fo	r the organization's	first, second, thir			n 501(c)(3)			
	- 123						<b>&gt;</b>		
Sec	organization, check this box and sto ction C. Computation of Publ	ic Support Per	centage						
14	Public support percentage for 2016 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.56 %		
	Public support percentage from 2015					15	99.73 <u>%</u>		
162	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>		
£	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/3%	6 or more, check tl	his box		
	and stop here. The organization qua	lifies as a publicly	supported organiza	ation			▶∟		
172	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,		
	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
ŧ	10% -facts-and-circumstances tes	t - 2015. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
-	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	man and the second make	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction			
							0 or 990-EZ) 2016		

# Schedule A (Form 990 or 990-EZ) 2016 EQUITAS HEALTH INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			ļ	1		
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-			1	ļ I		
	formed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that					4	
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				, Akrosti		
•	ization's benefit and either paid to					# 4	
	or expended on its behalf					<u>ji</u>	
5	The value of services or facilities				( 4	]	
-	furnished by a governmental unit to						
	the organization without charge	<u> </u>			9 2		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			l & À	300 m		
	3 received from disqualified persons						
ł	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		يوني				
	Add lines 7a and 7b		l f				
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	-	Contraction of the second				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest,	,					
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		<b>*</b>				
,	unrelated business taxable income						
Ľ	(less section 511 taxes) from businesses						
	1 . 1 . (I I 00 . 107F				l	<u> </u>	
	acquired after June 30, 1975						
	Net income from unrelated business						
. 1	activities not included in line 10b	150		[			
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		<del>                                     </del>				
14	or loss from the sale of capital	1	1				
	assets (Explain in Rart VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	r the organization's	s first second this	d fourth or fifth to	x vear as a section	n 501(c)(3) organiza	ation.
14							
<u>-2</u>	check this box and stop here ction C. Computation of Publ	ic Sunnort Par	centage:	4484			
	Public support percentage for 2016 (			olumn (A)		15	%
				column (1))		16	%
16 C-	Public support percentage from 2015 ction D. Computation of Investigation	stment Income	Percentage			1	
				3e 13 column (A)		17	%
	Investment income percentage for 2					18	%
18	Investment income percentage from	2015 Schedule A,	rarrim, line 1/	on line 44 and the	s 15 io more than f		
19	a 33 1/3% support tests - 2016. If the	e organization did ۱	TOT Check the box	on line 14, and line	e io is more man :	ation	, 13110t
	more than 33 1/3%, check this box a	na <b>stop nere.</b> The	e organization qua	mes as a publicly	oupported organiz	auun	🚩 🗀
,	b 33 1/3% support tests - 2015. If the	e organization did t	not check a box of	i iine 14 or line 19a	a, and line 16 is ma	orted organization	
	line 18 is not more than 33 1/3%, che	eck this box and s	stop nere. The org	anization qualifies	as a publicly supp	orteu organization	
	Private foundation. If the organization	an did not check a	hox on line 14, 19	a or 19h check th	his hox and see in:	structions	

#### 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.	ΑII	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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	Hanny	
1		
SWEET SE		
2		
_	**************************************	N. A. S.
<u>3a</u>	\$500 H #55000	100000000000
.550,650,000,000	1-0000000000000000000000000000000000000	E-CHTSHASS
3b	STATE OF THE PARTY.	
3с		l
	\$500,000 A	
	THE STATE OF	
4a		
PARASI		
Barrani Barrani	Systems.	Peropeti.
4b		<u> </u>
	and o	0.0000000000000000000000000000000000000
E NEW YORK		
40		ŀ
4c	Sig(State	40000000
TO SUBSTRUCTION OF THE PARTY OF		
ecores control		
		2002000
5a	1	
	15/25/402	100 100 100 100 100 100 100 100 100 100
5b		L
5c		
500000000000000000000000000000000000000	Service Co.	925000000
50000000		
500000		
6		I
	The second secon	The second secon
The second secon	A construction of the cons	
Texture :	Salate	
7	l	
	X200000	10110 (1010) 10110 (1010) 10110 (1010)
The second secon		
8	<u> </u>	<u> </u>
And the second s	2000	
35.555.555		
200000000000000000000000000000000000000		
9a	ļ	l
	Strann	
	1 Streeting	5 <u>2000</u> 000000000000000000000000000000000
9b		
The state of the s	Indiana,	
مما	1	_ surrection tribé
9c_	SHEER	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	STATISTICS OF THE PROPERTY OF	
10a	108888	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.830.0	
10b	1	1
		1 2016

	dule A (Form 950 of 950-E2) 2010 10 20 1 1110	12070	U Fa	ige 5
Par	t IV   Supporting Organizations <sub>(continued)</sub>		Yes	No
	the following page 20		res	INU
11	Has the organization accepted a gift or contribution from any of the following persons?	100 to 10	Sugar	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	gederation.	1200/0220020
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	110		
	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.	<u> </u>		<u>.                                    </u>
Sec	tion B. Type I Supporting Organizations		Yes	No
	country to the state of the state of the property of the prope			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		770 (C) (C)	
				200
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			2000-00 2000-00
	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	710 Pd. 01 671. 20 Pd. 10 Pd. 020.		
	describe non the period of approximation	1	22.00.22.00	535055
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported		-50000000000 50000000000000000000000000	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	50000000000000000000000000000000000000		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated	52455	Single Si	1
		2	2011/12/2015	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<b></b>	
360	tion of Type is cupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	58 (200 Feb.	5077 (4 m/s) (1) 5077 (4 m/s) (1) 5077 (4 m/s) (1)	1,100,000
,	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI. how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			2000
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	The second secon	SAUCE CO.	
	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		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	The state of the s		18 to 2 to
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	17.77 (mm/d/25/24)		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		100000000000000000000000000000000000000
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Control of		100 mg
	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	STREETS SE		
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а				
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	).	Т
2	Activities Test. Answer (a) and (b) below.	2025500000	Yes	No
а		The second secon		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	7 (1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (1000 (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (10	30000000000000000000000000000000000000	
	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			i dinas
	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	5725		
	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			FIRST
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		s cestă O marki	
а				5 8-960 G
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	AL.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	.1	

Schedule A (Form 990 or 990-EZ) 20	Sc	hedule	A (Form	990 or	990-EZ	2016
------------------------------------	----	--------	---------	--------	--------	------

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015
 e Excess from 2016

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Name of the organization

Employer identification number

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

	EQUITAS HEALTH INC	31-1126780
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Bule and a Spec	cial Rule. See instructions.
General Rule		
For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received during the year, contributions t any one contributor. Complete Parts I and II. See instructions for determining a contr	totaling \$5,000 or more (in money or libutor's total contributions.
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su )(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the 0-EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	d from any one contributor, during the or educational purposes, or for
year, contribut is checked, en purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received ions exclusively for religious, charitable, etc., purposes, but no such contributions tot ter here the total contributions that were received during the year for an exclusively represented to the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc., ause it received <i>nonexclusively</i>
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	ule B (Form 990, 990·EZ, or 990·PF), 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.

Name of orga	ANIZATION		r.mproy.	or recommens number
EOUITA	S HEALTH INC		31	-1126780
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 contribution	าร	(d) Type of contribution
1		\$ 5,316,7	89.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	24 V.Chi	(d) Type of contribution
2		\$ 2,076,4	30.	Person X Payroli Noncash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$ <u>1,124,1</u>	20.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$ <u>665,8</u>	99.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5_		\$549,2	37.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contribution	กร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

## EOUITAS HEALTH INC

31-1126780

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	4 O
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(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 l	(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
		\$	990 990-F7 or 990-PF) /2016

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Fo Tax) (see separate instructions), then	rm 990, Part IV, line 5 (Prox	y Tax) (see separate ir	nstructions) or Form 990-E	Z, Part V, line 35c (Proxy
<ul> <li>Section 501(c)(4), (5), or (6) organizations</li> </ul>	s: Complete Part III.		Fig	
Name of organization			Emplo	oyer identification number
EQUITAS H	EALTH INC			31-1126780
Part I-A Complete if the organ	ization is exempt unde	er section 501(c) c	or is a section 527 org	janization.
<ol> <li>Provide a description of the organization</li> <li>Political campaign activity expenditures</li> <li>Volunteer hours for political campaign activity</li> </ol>	s		<b>→</b> \$	
Part I-B Complete if the organ	ization is exempt unde	er section 501/6\(		
1 Enter the amount of any excise tax incl	ization is exempt und	er section 4055	Mercana S	
1 Enter the amount of any excise tax incl	irred by the organization manage	er section 4900 🦏		
2 Enter the amount of any excise tax incl	arred by organization manage	for this year?	ΨΨ	Yes No
3 If the organization incurred a section 49	955 tax, did it file Form 4/20	ior tris year f		Yes No
4a Was a correction made?				
b If "Yes," describe in Part IV.  Part I-C Complete if the organ	ization is exempt unde	er section 501(c),	except section 501(c)	(3).
Enter the amount directly expended by	the filing organization for sec	tion 527 exempt functi	ion activities > \$	
2 Enter the amount of the filing organizat	ion's funds contributed to oth	ner organizations for se	ction 527	
exempt function activities		)	<b>&gt;</b> \$	
3 Total exempt function expenditures, Ad	dd lines 1 and 2. Enter here a	nd on Form 1120-POL,		
line 17b			▶\$	
4 Did the filing organization file Form 11:				
5 Enter the names, addresses and emplo made payments. For each organization contributions received that were promy political action committee (PAC). If add	oyer identification number (Elf I listed, enter the amount paid otly and directly delivered to a	N) of all section 527 pol I from the filing organiz a separate political orga	itical organizations to which ation's funds. Also enter the mization, such as a separate	the filing organization amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 : Part II-A   Complete if the org	EQUITAS HEA	LTH INC	501(c)(3) and file	31-1: Form 5768 (elec	126780 Page 2		
Part II-A Complete if the org section 501(h)).	anization is exe	libi alider section	30 I(C)(O) and med				
	tion belongs to an aff	iliated group (and list in	Part IV each affiliated g	roup member's name	, address, EIN,		
	e of excess lobbying						
B Check > if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.				
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	rence public opinion	(grass roots lobbying)					
b Total lobbying expenditures to influ	rence a legislative bo	dy (direct lobbying)					
c Total lobbying expenditures (add li							
d Other exempt purpose expenditure		******************************	i i				
e Total exempt purpose expenditure	s (add lines 1c and 1	d) (b		<u> </u>			
f Lobbying nontaxable amount, Ente	er the amount from th	e following table in both	columns.				
If the amount on line 1e, column (a) o	r (b) is; The lo	bbying nontaxable ame					
Not over \$500,000		the amount on line 1e.					
Over \$500,000 but not over \$1,000		00 plus 15% of the exce					
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce					
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces	ss over \$1,500,000.				
Over \$17,000,000	\$1,000	,000.			And the second s		
	tov OEO/ of line 16						
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zer							
i Subtract line 1f from line 1c. If zero	Ch. 10082						
j If there is an amount other than ze	ro on either line 1h o	line 1i, did the organiza	ition file Form 4720				
reporting section 4911 tax for this					Yes No		
	4-Year A	veraging Period Under	section 501(h)				
(Some organizations t	hat made a section	501(h) election do not l rate instructions for lir	nave to complete all o nes 2a through 2f.)	f the five columns be	elow.		
		enditures During 4-Yea					
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total		
2a Lobbying nontaxable amount							
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>							
(100/0 01 11110 224, 00:01:111(0))							
c Total lobbying expenditures							
O TOTAL COST AND STATE OF THE S							
d Grassroots nontaxable amount							
e Grassroots ceiling amount				The second secon			
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures				Schedule C (Form	n 990 or 990-EZ) 2016		
				Schedule o (Loui			

Schedule C (Form 990 or 990-EZ) 2016 EQUITAS HEALTH INC 31-11267

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b	)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?		X X		
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?	X 🦠	X	18	3,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?	¢ 1	X	18	3,000.
j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912		X		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)(	5), or sec	tion	
Sol(c)(6).		,,	Yes	No
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c)( I "No," OF	b), or sec	ction III-A, line	3, is
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ul>	tical			
b Carryover from last year c Total				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdees the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	4		
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES:	ıp list); Part I	I-A, lines 1 a	and 2 (see	
THE ORGANIZATION PAID A LOBBYING FIRM \$18,000 OF WHICE	H A PO	RTION	WAS	
FOR LOBBYING/GOVERNMENT AFFAIRS ON BEHALF OF SYRINGE	ACCESS	, HARM	<u> </u>	· · · · · · · · · · · · · · · · · · ·
REDUCTION AND OTHER RELATED ISSUES.				

### **SCHEDULE D**

(Form 990)

OMB No. 1545-0047 2016 Open to Public Inspection

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.irs.gov/form990. Employer identification number Name of the organization 31-1126780 EQUITAS HEALTH INC

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	}	(a) Dorior advised funds	(a) I didd did onto dooddid
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		in the same of the
5	Did the organization inform all donors and donor advisors in w	nting that the assets held in donor adv	Yes No
	are the organization's property, subject to the organization's e	xclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant furios can b	e conforme
	for charitable purposes and not for the benefit of the donor or		
Ena:	<del></del>	prinction anguard "Vac" on Form 90/	
Par			planery more
1	Purpose(s) of conservation easements held by the organization		istorically important land area
	Preservation of land for public use (e.g., recreation or ed		ertified historic structure
	Protection of natural habitat	Freservation of a c	Braned Historic addotors
	Preservation of open space  Complete lines 2a through 2d if the organization held a qualific	d consequetion contribution in the form	n of a consequation easement on the last
2		ed Conservation Contribution In the form	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic stru-		
c .	Number of conservation easements on a certained historic students of conservation easements included in (c) acquired at	ter 8/17/06 and not on a historic struc	sture
ď	listed in the National Register		
	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by t	
3	· · · · · · · · · · · · · · · · · · ·	addd, oxilligaidhad, or loillimaide by t	
	year ▶ Number of states where property subject to conservation east	ement is located	
4	Does the organization have a written policy regarding the peri	edic monitoring, inspection, handling of	<del></del> of
5	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, i	andling of violations, and enforcing co	onservation easements during the year
Ŭ	<b>&gt;</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conser	vation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
	conservation easements.		OVI O'II AI
Pa	TIII Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items,	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of	oublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	sures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS 11		<b>.</b> .
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
IHA	For Panerwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016

Schoo	dule D (Form 990) 2016 EQUITAS	HEALTH INC	2				3	1-11:	26780	Page 2
Par		ollections of Ar	t, Histo	rical Tre	asures, or	Other	Similar	Assets	(continue	ed)
	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	are a siç	nificant us	e of its co	ollection ite	ms
Ū	(check all that apply):	•		-						
а	Public exhibition	d	ı 🔲 L	oan or excl	hange progra	ıms				
b	Scholarly research	e		Other						
c	Preservation for future generations									
1	Provide a description of the organization's co	lections and explain	n how the	y further th	e organizatio	n's exen	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art. hist	torical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organi:	zation's col	lection?				Yes	No_
Par		gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
	is the organization an agent, trustee, custodi		iary for co	ontributions	or other ass	ets not i	ncluded		_	
	on Form 990, Part X?							á. C	Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII						A. Cont.		<u></u>	
,	11 TOO, Oxplain the distangement in the action	<b>,</b>	Ü				100	***	Amount	
С	Beginning balance									
_	Additions during the year					6	ad l			
d e	Distributions during the year					15.	∦le			
	Ending balance					La	1f			
20	Did the organization include an amount on F	orm 990. Part X. line	21. for es	scrow or cu	stodial acco	unt liabil	ity?		Yes	No No
Za L	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	colanation	has been	provided on I	Part XIII				
Par	Contract to the contract of th	if the organization ar	swered "	Yes" on Fo	rm 990, Part	JŶ, line≐	10.			
1000000		(a) Current year		rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
10	Beginning of year balance		\\	4	No.					
1a	* • •			1/1/2	The second					
b	Contributions Net investment earnings, gains, and losses			North All	F.					
C			45777							
d	Grants or scholarships		- Access							
е	Other expenditures for facilities									
_	and programs		& A	danger .						
f	Administrative expenses									
g	End of year balance		o/line 1a	column (a	// held as:					
2	Provide the estimated percentage of the cur		e (iiie iy	, commi (a	)) 11 <del>6</del> 10 as.					
а	Board designated or quasi-endowment									
	Permanent endowment	% %								
C	Temporarily restricted endowment	<u> </u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						tion		
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are neid ai	na aaministe	rea for ti	ie organiza	LUOI I	Г	es No
	by: (i) unrelated organizations	A. Company								es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment fu	unds.						
Pa	rt VI Land, Buildings, and Equipm					. D. 4.V	E 40			
	Complete if the organization answere								/-/\ D oli	· · ok · o
	Description of property	(a) Cost or		` '	t or other	, , ,	Accumulate epreciation		(d) Book	value
	`	basis (invest	ment)	Dasis	(other)	l de	hi eciarion			
1a	Land				.,,	200 mm - 100 mm		eritelijo jalan		
b	Buildings			1 6	71,722.	<del>                                     </del>	426,1	40.	1,245	582
C	Leasehold improvements						377,3			,723.
d	Equipment				2,058.	-				,660.
	Other				8,483.	<u> </u>	325,8	20.	2,452	
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must</i>	egual Form 990. Pan	X, colum	n (B), line 1	10c.)				4, tJ4	, , , , , , ,

Schedule D (Form 990) 2016

(8)

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

, ....

## Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	HEALTH INC				31-1126'	ntification number 780
Part Fundraising Activities.	Complete if the organization answe	red "Y	es" on	Form 990, Part IV, lin		
required to complete this part  Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Internet and ema	ed funds through any of the following Solicitate    g Solicitate    g Special    or oral agreement with any individual    art VII) or entity in connection with providuals or entities (fundraisers) pursus	ion of ion of fundra (includ	non-ge governising e ing of onal fu	overnment grants nment grants events ficers, directors, truste undraising services?	Yes L	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have o or con contribu	Did alser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			F.			
				<i>F</i>		
			<i>.,69</i> 			
			<del></del>			
		<u>.l</u>				
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	t is exempt from re	gistration
or licensing.						

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain: \_

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 EQUITAS HEALTH INC	31-1126780 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or	other entity formed
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special en	vents books and records:
Name ▶	
15a Does the organization have a contract with a third party from whom the organization receives	gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
<b>( )</b>	
Name >	4
Address >	
16 Gaming manager information:	
Name >	
Gaming manager compensation  \$  Description of services provided  \$	
	AND THE PROPERTY OF THE PROPER
Director/officer Employee Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming	proceeds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt	organizations or spent in the
organization's own exempt activities during the tax year > \$	•
Part IV Supplemental Information, Provide the explanations required by Part I, line 2b, co	lumns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instru	ctions
190, 10, 410 19, 44 49	
# · · · · · · · · · · · · · · · · · · ·	

Schedule G (Form 990 or 990-EZ) EOUITAS HEALTH INC	31-1126780 Page 4
Schedule G (Form 990 or 990-EZ) EQUITAS HEALTH INC  Part IV Supplemental Information (continued)	
1 The state of the	
	4
	A Company of the Comp
	<u> </u>
	2
	,
19	

Employer identification number 31-1126780▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

EQUITAS HEALTH INC

Inspection

Parti	General Information on Grants and Assistance	nd Assistance				William.		
l D		o substantiate the	amount of the grants	or assistance, the g	grantees' eligibility for the	e grants or assist	ance, and the selection	
ō	criteria used to award the grants or assistance?	tance?				1 G		X Yes No
2	Describe in Part IV the organization's procedures for monitoring the	cedures for monito	ring the use of grant f	use of grant funds in the United States.	States.			
ᇤ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiza	ations and Domestic	Governments. C	omplete if the organizati	on answered "Ye	is" on Form 990, Part IV	/, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can b	oe duplicated if additic	onal space is neede		Ç		
7	1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
8	Enter total number of section 501(c)(3) and government organization	ind government org	ganizations listed in the line 1 table	e line 1 table				
8	Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					<b>A</b>
Η̈́	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)

31-1126780

Page 2

Schedule | (Form 990) (2016) EQUITAS HEALTH INC | Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HECT SERVICES AND SUPPORT FOR INDIVIDUALS LIVING	5928	1,160,755.	• 0		
		neest			
			550 QL		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, Ii	ne 2: Part III, column	(b); and any other ac	Iditional information.	
FORM 990, SCHEDULE I PART III					
	ÆS	PROVIDED IN CC	COMPLIANCE W	<b>МІТН ТНЕ</b>	
ORGANIZATION'S CLIENT SERVICES POLICIES	ÎCÎES AND	D FEDERAL AND	STATE	PROGRAM	
REGULATIONS, INCLUDING THOSE OF THE		DEPARTMENT OF	HOUSING	AND	
URBAN DEVELOPMENT HOUSING ORPORTUNITIES	IITIES FOR	R PEOPLE WITH	TH AIDS,	RYAN	
WHITE TREATMENT MODERNIZATION ACT OF	OF 2006,	AND FEDERAL	AL EMERGENCY	X.	
ASSISTANCE ACT IMPLEMENTATION. THESE	- 1	ACTIVITIES ARE	ARE MONITORED		
ם	AND REGULARLY		BY THE GOVERNMENTAL	TAL	
GRANTORS. THE COMPLIANCE OFFICER A	AND THE A	ANNUAL INDEPENDENT		AUDIT.	THE PROPERTY OF THE PROPERTY O
tes de la companya de					Schedule I (Form 990) (2016)

Schedule I (Form 990)

## **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EQUITAS HEALTH INC Employer identification number <u>31-1</u>126780

ra	Questions Regarding Compensation	Vaa	No
	Million Co.	Yes	INO
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel Housing allowance or residence for personal use		
	Travel for companions Payments for business use of personal residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	in in the second	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	For Graphs (Art	nematika dia
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	50.000.00	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a 2		armeng ag 1223
		619 17 1600 619 17 1600 1617 17 1600 1617 1600 1600 1600 1600 1600 1600 1600 1600	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	proprietation, community of the communit	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee Written employment contract	Salatan I	
	X Independent compensation consultant X Compensation survey or study		300225
	X Approval by the board or compensation committee		
	[21] FORTH SOO OF OUTCH ORGANIZATION OF		
A	During the year, did any person listed on Form 990, Part VII, Section Alline 1a, with respect to the filing		
4	organization or a related organization:	Section 2	
_	Receive a severance payment or change-of-control payment?		X
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b		Х
b	Participate in, or receive payment from, an equity-based compensation arrangement?  4c		Х
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	The second and provide the persons and provide the deposition of the second and provide the second and the second		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
~	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
5			
	contingent on the revenues of:  The complication?  5a	************	X
a -	The organization T		Х
b	Any related organization?		1765 FS
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the net earnings of:  The proprietion?	X	4 102500 CO
а	THE Organization:	<del></del>	Х
b	Any related organization?		10000000000000000000000000000000000000
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3 22/28/59	X
	TIDE DESCRIPED OF BITES 3 AND 0: IF 175, DESCRIPE AFT AFT II		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		1^
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1 80005000	
	Regulations section 53.4958-6(c)?		1 0040
LH/	For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule J (For	m 990	2016

632111 09-09-16

EQUITAS HEALTH INC Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) JiY(a)	reported as deferred on prior Form 990
(1) WILLIAM HARDY	E	398,259.	0	0.	10,600	12,519.	421,378.	0
r.	<u> </u>		0	0.	€ 0 🤅	1 1		0.
(2) PEGGY ANDERSON	18	259,29	0.	0.	9,171.	3,744.	272,208.	0.
崮	Ξ		0	0.	.0 0.			0.
(3) JOEL DIAZ	Ξ	136,680.	0.	.0	S 5,508.	9,747.	151,935.	0.
CHIEF MRKIG & COMMUNITY AF	: 🗉	0	0	• 0	AT STATE OF	• 0		0.
(4) AARON CLARK	18	166,913.	24,323.	.0	7,177.	10,227.	208,64	0.
မ	: 🗉		0.	(•,0'≅>	0 0		- 1	0.
	1	143,828.	0	.0	4,945.	8,485.	157,258.	0.
144	Ξ		0	· Out Comment	• 0	• 0	0.	0.
	15			::::::::::::::::::::::::::::::::::::::				
	2 🛢			N. S.				
	€							
	3							
	13							
	9							
	€							
	3							
	Ξ		<b>&gt;</b>					
	<u> </u>	Ŷ	(A)					
S. Control of the Con	€		Asian					
	Ξ							
	Ξ							
	€							
	0							
	Ē							
	ε							
	Ξ							
	ε							
# T T T T T T T T T T T T T T T T T T T	Ξ							
	Ξ							
	(E)	)						
							Sched	Schedule J (Form 990) 2016

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:
THE DIRECTOR OF PHARMACY, AARON CLARK, RECEIVES A BONUS OF UP TO 15% OF HIS
SALARY FROM A RELATED ORGANIZATION, AMC OHIO PHARMACY, THAT IS CONTINGENT
ON THE ACHIEVEMENT OF VARIOUS GOALS. ONE OF THESE GOALS IS EQUITAS, HEALTH
D.
9
Schedule J (Form 990) 2016

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

**2016** 

OMB No. 1545-0047

➤ Attach to Form 990.

➤ Information about Schedule M (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open To Public Inspection

Name of the organization

Employer identification number 31-1126780

	EQUITAS HEAL	TH INC				<u>-1126780</u>	
Par		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining stribution amounts	i
4	Art - Works of art		Items contributed	TOTAL COO, 1 dr. Viii, lines 19			
1 2	Art - Historical treasures						
3	Art - Fractional Interests				6		
4	Books and publications				L		
5	Clothing and household goods				19		
6	Cars and other vehicles				S. //		
7	Boats and planes			Á			
8	Intellectual property			V energy	, )		
9	Securities - Publicly traded				\$		
10	Securities - Closely held stock			, Annali	275.		
11	Securities - Partnership, LLC, or			A D			
	trust interests						
12	Securities - Miscellaneous			C Livery			
13	Qualified conservation contribution -						
10	Historic structures						
14	Qualified conservation contribution - Other		Į.				
15	Real estate - Residential		49770				
16	Real estate - Commercial		A N				
17	Real estate - Other						
18	Collectibles						
19	Food inventory		7 68				
20	Drugs and medical supplies	1988					
21	Taxidermy	. 4. 5					
22	Historical artifacts	ACTION (	#				
23	Scientific specimens						
24	Archeological artifacts	San A					
25	Other (MISCELLANEOUS)	X	102	113,629.	RETAIL V	ALUE	
26	Other ( MISCELLANEOUS ) Other ( Other ( )						
27	Other (						
28	Other (Other (Ot						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	ontributions			
20	for which the organization completed Form 82	283. Part IV.	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive b	v contribution	on any property rep	orted in Part I, lines 1 throug	jh 28, that it	200 (200 (200 (200 (200 (200 (200 (200	
oou	must hold for at least three years from the dat	e of the initia	al contribution, and	I which isn't required to be u	sed for	100 mm 1	1000 1000 1000 1000
	exempt purposes for the entire holding period					30a	X_
h	If "Yes," describe the arrangement in Part II.	***************************************					7 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	31 X	
	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncash			
~~11	contributions?		-			32a	X
b							
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	cked,		STATE OF
-	describe in Part II.	(-)		- · ·		The Control of Control	

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

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016)

632142 08-23-16

### **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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EOUITAS HEALTH INC

Employer identification number 31-1126780

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LGBTQ COMMUNITY, AND FOR THOSE SEEKING A WELCOMING HEALTHCARE HOME.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC POLICY:
AT LOCAL, STATE AND FEDERAL LEVELS, EQUITAS HEALTH CONTINUALLY SEEKS TO
BUILD PUBLIC SUPPORT AND POLICY CHANGE INCLUDING INCREASED FUNDING AND
ENHANCED ACCESS FOR HIV RELATED CARE, SERVICES AND PREVENTION
ACTIVITIES. THESE ACTIVITIES ALSO BUILD CLIENT/PATIENT, COMMUNITY, AND
PROVIDER KNOWLEDGE ABOUT HIV.
EXPENSES \$ 321,863. INCLUDING GRANTS OF \$ 1,918. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE FILING. A COPY IS MADE
AVAILABLE TO THE GOVERNING BODY ON THE ORGANIZATION'S WEBSITE AFTER IT IS
FILED.
FORM 990, PART VI) SECTION B, LINE 12C:
EQUITAS HEALTH INC COMPLIES WITH ALL APPLICABLE LAWS AND REGULATIONS AND
EXPECTS ITS DIRECTORS, OFFICERS, AND EMPLOYEES TO CONDUCT BUSINESS IN
ACCORDANCE WITH THE LETTER, SPIRIT AND INTENT OF ALL RELEVANT LAWS AND
REFRAIN FROM ANY ILLEGAL, DISHONEST, OR UNETHICAL CONDUCT. ALL STAFF AND
BOARD MEMBERS ARE EXPECTED TO FULLY UNDERSTAND AND ADHERE TO THE CODE OF
ETHICS WRITTEN, DETAILED POLICIES OUTLINING SPECIFIC TYPES OF CONFLICTS OF
INTEREST AND THE APPEARANCE OF SUCH CONFLICTS ARE PROVIDED AND SIGNED BY  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

ALL EMPLOYEES AND BOARD MEMBERS. ALL EMPLOYEES, TRUSTEES, AND OFFICERS ARE
OBLIGED TO AVOID ANY SITUATION IN WHICH AN ACTUAL OR POTENTIAL CONFLICT OF
INTEREST COULD ARISE, ANY SITUATION OR ACTIVITY INVOLVING A POTENTIAL
CONFLICT OF INTEREST MUST BE DISCLOSED IN ADVANCE, IN WRITING, TO EQUITAS
HEALTH INC'S HUMAN RESOURCES DEPARTMENT IN ACCORDANCE WITH THIS POLICY.
COMPLIANCE WITH THESE POLICIES IS MONITORED BY THE COMPLIANCE OFFICER.

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

THE ORGANIZATION'S CEO COMPENSATION IS DETERMINED BY THE BOARD OF TRUSTEES

AND IS BASED UPON COMPARABILITY DATA. THIS PROCESS WAS LAST UNDERTAKEN IN

2015. COMPENSATION OF KEY EMPLOYEES IS REVIEWED AND APPROVED ANNUALLY BY

THE CEO BASED UPON PERFORMANCE INDICATORS AND COMPENSATION DATA FOR

FUNCTIONALLY COMPARABLE POSITIONS AND QUALIFICATIONS AT SIMILAR

ORGANIZATIONS. THIS PROCESS IS ASSISTED BY THE USE OF AN EXTERNAL HR

COMPENSATION FIRM TO DETERMINE REASONABLE COMPENSATION SCALES. POSITION

AND YEAR DETERMINATION LAST UNDERTAKEN CHIEF OPERATING OFFICER, 2015, CHIEF

FINANCIAL OFFICER, 2015, CHIEF DEVELOPMENT OFFICER 2015, CHIEF PUBLIC

POLICY OFFICER, 2015, CHIEF COMMUNICATIONS OFFICER, 2015.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
FINANCIAL STATEMENTS, AND TAX RETURNS AVAILABLE FOR PUBLIC INSPECTION UPON
THE REQUEST OF THIS INFORMATION.

FORM 990: PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R Form 990)

Related Organizations and Unrelated Partnerships

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

▼ Attach to Form 990,

EQUITAS HEALTH INC

Name of the organization

Department of the Treasury Internal Revenue Service

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

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 31-1126780

Schedule R (Form 990) 2016 (g) Section 512(b)(13) ş controlled entity? Direct controlling 26,167,427. EQUITAS HEALTH INC Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section 501(c)(3)) Public charity 51,808,470. Total income Exempt Code 3 section 冟 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) OHIO Primary activity Primary activity <u>@</u> or Paperwork Reduction Act Notice, see the Instructions for Form 990. PHARMACY Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity AMC OHIO LLC - 32-0377156 4400 N HIGH ST, SUITE 300 OH 43201 COLUMBUS, Part II Part

632161 09-06-16 LHA

31-1126780

Page 2

Schedule R (Form 990) 2016 EQUITAS HEALTH INC

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

( <del>K</del>	General or Percentage managing ownership partner?											
9	General or managing partner?											
(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)											
(u)	Disproportionate allocations?											
(6)	Share of end-of-year assets											
(£)	Share of total income			(1999)	Page (							
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)						4	Ů,		e proposition de la constantina della constantin	A CONTRACTOR OF THE PARTY OF TH	
(q)	Direct controlling entity											
(၁)	Legal domicile (state or foreign country)											
(9)	Primary activity											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a)	Name, address, and EIN of related organization											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete of 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.

	- 100°							
(a)	(9)	(3)	9	(e)	€	(6)	ε	
Name, address, and EIN of related organization	Primary activity Legal domicile Direct is take or e foreign	Legal domicile (state or foreign	Direct controlling Type of entity Si entity (C corp. S corp.)	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	<u>8</u> .0-	Section 512(b)(13) controlled entity?
		country)		OI titusty		doodio		Yes No
	Alle Rest							
	\$1000							
TOTAL								
	ý							
								•
$\mathcal{A}_{n}$								

632162 09-06-16

Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.	ith one or more re	le. transactions with one or more related ovosopiostions listed in Bate II.N/2	254c II.N/2	Yes No
Beceiot of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a con		ated organizations ilsted in		7
			*65	1p
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d.
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				+
			······································	
g is a assets to related digalication(s)  b. Purchase of assets from related organization(s)				- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
				-
k Lease of facilities, equipment, or other assets from related organization(s)	***************************************			복
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	ation(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	ation(s)			: -
	s) (s			11
o Sharing of paid employees with related organization(s)				10
p Reimbursement paid to related organization(s) for expenses				1 <sub>0</sub>
q Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				Separation of the control of the con
s Other transfer of cash or property from related organization(s)	***************************************			18
2 If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	is line, including covered rela	mation on who must complete this line, including covered relationships and transaction thresholds.	***************************************
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining amount involved	t involved
[4]				
(9)				
(9)				
32.153 09-06-16	48		Schedu	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 partnerships.

הימי אמס וואנו שמיטר טוקשוויבמוטוי. כילי ווייייין אינייין אינייין איניין איין א	Spiroto Simon Barrana		Suitelle pararies inps.	(1)	4	J	19	9	9	(1)
(a)	(a)	(S)	ē.	Are all	E	<u>.</u>	Ē	(i)	∋ '	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated,	100	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispriptor- Code V-UBI General ori Percentage tonder amount in box 20 managing ownership allocations? of Schedulo K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
					Page 1	¢				
					65	13				
				J.						
				7						
				30°						
			in a							
				Fig.						
				Ž.						
		Z	9							
		ž								
			۵.							
		The state of the s								
	\$									
	p					•				
		\$								
									1	
	<i>y</i>									
						•				
	>								<u> </u>	
									]!	***************************************
								Schedule	R (For	Schedule R (Form 990) 2016

Schedule R (Form 990) 201	6 EQUITAS HI	EALTH INC	31-1126780	Page !
Part VII Suppleme	6 EQUITAS HI ntal Information.			
	onal information for responses to		instructions.	
· · · · · · · · · · · · · · · · · · ·				
		<del></del>		
		4		
		***		
	,			
		/ A		
<i>f</i>				
	<del>?</del>			
	÷			
			·	