# PUBLIC DISCLOSURE COPY

# Form 990

## **Return of Organization Exempt From Income Tax**

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

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047\_

A F	or th	e 2015 calendar year, or tax year begir	ning , 2015	, and ending			, 20	
_		C Name of organization LITTLE SIS	TERS OF THE POOR		D Employer id	entificat	tion number	
Вс	heck if ap	MULLEN HOME FOR THE AC	GED		84-052	8531		
	Addres		<del> </del>					
$\vdash$	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone n	umber		
$\vdash$	1	2000 timom 20mii burbiile	Ť i		(303) 4	33-7	221	
$\vdash$	Final r		and ZIP or foreign postal code		(303/ 4.			
	termin	ated	ate att or locality poster own		C Conne manin		7 220	105
<u> </u>	Amend	DERVER, CO OUZII			G Gross receip			2,185.
	Applica pendin	9	SR PATRICIA MARY MET	ZGAR	subordinate	ıs?	H	111
		3629 WEST 29TH AVENUE	DENVER, CO 80211		H(b) Are all subo			∐ No
1	Tax-exe	empt status: X 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1)	or 527	If "No," att	ach a list.	(see instructions)	
J	Websit	e: ▶ WWW.LITTLESISTERSOFTHEP	OORDENVER.ORG		H(c) Group exe	nption nu	imber 🕨 0	928
K	Form o	f organization: X Corporation Trust	Association Other ▶	L Year of fo	rmation: 1954 M	State	of legal domicile	: CO
	irt I	Summary						
		Briefly describe the organization's mission or	most significant activities: TO CA	RE FOR THI	E ELDERLY PO	OOR V	WITH HUME	3LE
_	'	SERVICE WHICH WAS RECEIVED	FROM TRANNE THEAN T	HEY WELCO	ME THE			-=
Governance		ELDERLY AS WOULD JESUS CHRI						
Ē								
Ž	l	Check this box 🕨 🔲 if the organization d				1 1		_
	3	Number of voting members of the governing	body (Part VI, line 1a)			3		3.
ون ده	4	Number of independent voting members of t	he governing body (Part VI, line 1b) .					3.
ŧ.	5	Total number of individuals employed in cale	ndar year 2015 (Part V, line 2a)			5		157.
Activities &		Total number of volunteers (estimate if necess				6		225.
Ac		Total unrelated business revenue from Part V				7a		0.
	l	Net unrelated business taxable income from				7b		0.
_	L)	Net unrelated positiess taxable income from	1 din 550-1, inte 04		Prior Year	100	Current '	
				- F	1,538,5	63		,664.
욮	l	Contributions and grants (Part VIII, line 1h)				_		,445.
Revenue		Program service revenue (Part VIII, line 2g)			3,796,0	_		
Š	10	Investment income (Part VIII, column (A), line	es 3, 4, and 7d)		76,8			479.
-	11	Other revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		58,4	_		<u>,763.</u>
	12	Total revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12).	<u> </u>	5,469,9	72.		,351.
_	13	Grants and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)		150,0	00.	324	1,751.
		Benefits paid to or for members (Part IX, colu				0.		0.
	t	Salaries, other compensation, employee bene			3,729,5	43.	3,655	794.
80	l .					0.		0.
Ē		Professional fundraising fees (Part IX, column						
Expenses		Total fundraising expenses (Part IX, column (I			2 020 2	15	1 771	,003.
_		Other expenses (Part IX, column (A), lines 11		1	2,038,3	_		
	18	Total expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)		5,917,8	$\rightarrow$		,548.
		Revenue less expenses. Subtract line 18 from	n line 12		-447,9	$\overline{}$		,803.
088				LE	Beginning of Current	_	End of Ye	
퓦	20	Total assets (Part X, line 16)		L	8,942,2	86.	10, <u>475</u>	,805.
<u>88</u>	21	Total liabilities (Part X, line 26)			230,6	12.	207	7,988.
真	20 21 22	Net assets or fund balances. Subtract line 21	from line 20		8,711,6	74.	10,267	,817.
	rt II	Signature Block		* * * * * * * * * * * * * * * * * * * *				
			is return, including accompanying sched	ules and stateme	nts, and to the best	of my k	nowledge and I	bellef, it is
true	corre	alties of perjury, I declare that I have examined the ct, and complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has a	any knowledge.	,		
					007	15/2/	216	
Sig		Signature of officer			Date	15/20	110	
_		•			Date			
He	re	SR PATRICIA MARY METZGAR	R PRESID	ENT				
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Date	Check	If P	חוד	
Paid	1	RITA F WORSTER , CPA			self-empk		P002906	81
Pre	parer		<u> </u>		Firm's EIN ▶	-		
Use	Only						471-4290	
6.0-	. 6ln - 50	Firm's address >111 SOUTH TEJON, SUITE 80		148	Phone no.	117		
		RS discuss this return with the preparer show				• • • •	X Yes	No
For	Daner	work Reduction Act Notice, see the separat	e instructions.				Form 313	0 (2015)

Cumulative E-File History 2015

FED

Locator: 1073JK
Taxpayer Name: LITTLE SISTERS OF THE POOR
Return Type: 990, 990

Submitted Date 5/1/2016 6:01:32 PM
Acknowledgement Date 5/1/2016 6:26:50 PM
Status Accepted
Submission ID 84022720161225000022

Print Close

Form	n 990 (2015) Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	
	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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 \$ 4,543,308. including grants of \$ 324,751. ) (Revenue \$ 4,005,445. )
	PROGRAMS INCLUDE 24 HOUR NURSING CARE, RESTORATIVE NURSING
	PROGRAMS 5 - 6 DAYS A WEEK, FOOD/NUTRITION SERVICES WITH A
	CONTRACTED REGISTERED DIETICIAN, SOCIAL SERVICES, STIMULATING
	RECREATIONAL PROGRAMS, FULL-TIME CHAPLAIN AND SPIRITUAL
	ACCOMPANIMENT AND VOLUNTEER PROGRAMS. OTHER PROGRAMS AVAILABLE
	FOR THE NURSING AND ASSISTED LIVING RESIDENTS INCLUDE CONTRACTED
	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY AS NEEDED BY THE
	INDIVIDUAL RESIDENTS AND COVERED UNDER THE RESIDENTS' MEDICARE
	PART B PLAN. SEE SCHEDULE O FOR MORE INFORMATION.
	IMI D I MIT. Out Doubled of Lot Hotel District
4h	(Code: ) (Expenses \$including grants of \$) (Revenue \$)
40	(Odds
_	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
Art	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$)
4-	Total program service expenses ► 4,543,308.
JSA	
	10111 - 1011

Form 9	90 (2015)		F	Page 3
Part	IV Checklist of Required Schedules		3700	- <del></del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١	.,	
	complete Schedule A	1	X	<b>—</b>
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		X
	candidates for 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)	4		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II			<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		x
	Part III			<u> </u>
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
~	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del>-</del>		<u> </u>
8	complete Schedule D, Part III	8		l x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		100	
• • •	VII, VIII, IX, or X as applicable.			2000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
=	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
		11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reperior in a term and	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	igsquare	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	*	12a	Х	
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
p	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	446		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	,	x
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	- 0		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>		<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
1.5	If "Yes," complete Schedule G, Part III	19	x	
	The state of the s		200	

Part I	V Checklist of Required Schedules (continued)			
		00-	Yes	No
	Did the diganization operate one of more hospital delines. It is a surpline delines in the contract of the con	20a		X
b	It 185 to like 20a, did the diganization attach a copy of its addited interior distribution to the constitution	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		$\vdash $
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
	employees? If "Yes," complete Schedule J	23		- A
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a	24b		<del></del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	_		
þ	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Pert I	25b	Ì	x
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-30		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
_	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part 1	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	١,,
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		l x	
	or IV, and Part V, line 1		<del>  ^</del>	X
35 a	Did the digetterment and the state of the st	35a	-	<u> -</u> ^-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	-	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		x
	Part VI		<del>                                     </del>	† <u>``</u>
38		38	x	
	19? Note. All Form 990 filers are required to complete Schedule O.			(2015

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		1
		17000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	RIFE		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		33	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	х	
_	reportable gaming (gambling) winnings to prize winners?			1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 157			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1010	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Ja h	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶			100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			100
	(FBAR).		2010	-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	90		1000
7			150	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		х
	and services provided to the payor?	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	required to file Form 8282?	7c		Х
all.	If "Yes," indicate the number of Forms 8282 filed during the year	22000		0.00
a •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		line.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	Towns of
10	Section 501(c)(7) organizations. Enter:		332	
a	Initiation fees and capital contributions included on Part VIII, line 12			130
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			100
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members of shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	13.3		
	adainst amounts due of feceived from them./	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	Wind	139	1688
	If 165, effet the amount of tax-exempt interest received of accided during the year.	LES!		W.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
а	Note. See the instructions for additional information the organization must report on Schedule O.	17.74		(F)
-	Enter the amount of reserves the organization is required to maintain by the states in which		15	1985
D	the organization is licensed to issue qualified health plans			2000
c	Enter the amount of reserves on hand			PEL
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
ISA		Form	. ๆๆก	/2015

18 Enter the number of voting members of the governing body at the end of the tax year	<u>Secti</u>	on A. Governing Body and Management	-	Yes	No
there are material differences in voting rights among members of the governing body, of if the governing body delegated broad subnority to an executive committee or similar committee, epian 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person?  Did the organization have members or stockholders?  Did the organization have members, and the poverning body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons 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?  Each committee with authority to act on behalf of the governing body?  Is here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization malling address? If "8"s. provide the names and addresses in Schedule O.  Did the organization have written posicies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization follow a written whistleblower policy?  Did the organization have a written organization and out policies not required by the Internal Policy in the Schedule O the process, if any, used by the organization to review this Form 990 is required to be organization to evaluate its participat		149	3	1 .03	140
body delegated broad subority to an executive committee or similar committee, explain in Schedula 0.  Effect 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 with any other officer, director, trustee, or key employee?  Did the organization delegate control over management dulies customarily performed by or under the direct 3 at 2 km any other officer, director, or trustee, or key employees to a management company or other person?  4 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members, stockholders, or other persons who had the power to elect or spopint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization malling address? If Yes, provide the names and addresses in Schedule O,	1a	Enter the number of voting members of the governing body at the end of the tax year		NI	700
b Elter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing			14.3
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3		
any other officer, director, trustee, or key employee?  3 Did the organization degate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Did the organization have members of the governing body?  9 Did the organization outermore one or more members of the governing body?  10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  11 The governing body?  12 Each committee with authority to act on behalf of the governing body?  13 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization shalling address? if "Yes," provide the mannes and addresses is "Schadulo C and the organization have written policies and procedures governing the Activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exampl purposes?  10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization branches and procedures governing the activities of such chapters, be secured to schedule O her process, if any, used by the organization of well with 5 Form 990 to all members of its governing body before filing the form?  10 Did the organization have a written organization organization to the deliberation and decision?  11 Did the organization have a written organization organization or the deliberation and decision?  12 Did the organization have a writt	b	Enter the number of voting members included in line 12, above, who are independent 1.1.1.			
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supervision of efficers, directors, or trustees, or key employees to a management company or other person?		any other officer, director, trustee, or key employee?	• •	<del> </del>	+
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stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  I the state any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization from alling address? II "Yes," provide the names and addresses in Schedule O.  Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code.)  I the organization have local chapters, branches, or affiliates?  I the "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  I the bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  I the way a written conflict of interest policy? If "Yes," go to line 13.  I the very describe in Schedule O how this was done  I the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  I blid the organization have a written whistleblower policy?  I blid the organization have a written whistleblower policy?  I blid the organization have a written monitor and enforce compliance with the policy?  I blid the organization in have a written monitor and enforce compliance with the policy?  I blid the organization have a written monitor and enforce compliance with the policy?  I blid the organization have a written policy or procedure requiring the deliberation and decision?  I blid the organization follow a written policy or procedure requiring the organization to evaluate its participation	b	Are any governance decisions of the organization reserved to (or subject to approval by) members	bers,	l v	
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b Each committee with authority to act on behalf or the governing body:  Is there any officer, director, trustees, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)  It is a bit "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  It is as the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  It is as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  It is a the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  It is a the organization have a written whistleblower policy?  It is the organization have a written whistleblower policy?  It is the organization and a written whistleblower policy?  If yes, to line 15a or 15b, describe the process in Schedule O (see instructions).  It is a the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If yes, to line 15a or 15b, describe the process in Schedule O (see instructions).  It is the states with which a copy of this Form 990 is required to be filed because of the organization in year the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization for public inspection, indicate how you made these available (check all that appl	а	The governing body?		_	-
the organization's mailling address? If "Yes," provide the names and addresses in Schedule O.   3	b	Each committee with authority to act on behalf of the governing body?	· · ·	+^	┼
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Ves   No   No   No   No   No   No   No   N		the organization's mailing address? If "Yes," provide the names and addresses in Schedule U	· · · · · · · ·	70.1	ΙΛ.
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Did the organization have a written conflict of interest policy? If "No," go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  ff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed process of 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply.  Common between the process of the process	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	The same
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  Section 6104 requires and		Did the organization have a written conflict of interest policy? If "No," go to line 13	—	1 X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  18 The organization's CEO, Executive Director, or top management official  19 Other officers or key employees of the organization  19 The organization in 15a or 15b, describe the process in Schedule O (see instructions).  10 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  10 Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  10 Section C. Disclosure  11 List the states with which a copy of this Form 990 is required to be filed ▶  12 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply.  12 Own website Another's website Upon request Other (explain in Schedule O)  13 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  19 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  18 Section 6104 Requires and telephone number of the person who possesses the organization's books and records: ▶	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give	١	
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13 Did the organization have a written whistleblower policy?		describe in Schedule O how this was done	120	-	<del> </del>
Did the organization have a written document retention and destruction policy?	13	Did the organization have a written whistleblower policy?		_	-
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14	X	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official		Did the process for determining compensation of the following persons include a review and approve	al by		100
The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization					
b Other officers or key employees of the organization	а				-
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		151	3 X	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			F
with a taxable entity during the year?	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		with a taxable entity during the year?	168	1	X
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its		
organization's exempt status with respect to such arrangements?		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguare	the		
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financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  SR. PATRICIA MARY METZGAR 3629 WEST 29TH AVENUE DENVER, CO 80211 303-433-7221  Form 990 (2015)		Own website Another's website X Upon request Other (explain in Schedule O)			
financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  SR. PATRICIA MARY METZGAR 3629 WEST 29TH AVENUE DENVER, CO 80211 303-433-7221  JSA  Form 990 (2015)	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interes	t polic	y, and
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► SR. PATRICIA MARY METZGAR 3629 WEST 29TH AVENUE DENVER, CO 80211 303-433-7221  Form 990 (2015)					,
JSA Form 990 (2015	20	State the name, address, and telephone number of the person who possesses the organization's books and	records:▶		
		SR. PATRICIA MARY METZGAR 3629 WEST 29TH AVENUE DENVER, CO 80211 303-433-7221			
		4 000	For	m 990	(2015

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	other	
	hours for related organizations below dotted line)	1 11 **	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
	40.00	Х						0.	0.	16,674.	
(2)SR PATRICIA MARY METZGAR PRESIDENT/TREASURER	40.00	Х		х				_0.	0.	16,674.	
(3)SR MARY GRACE BATES VICE PRESIDENT/SECRETARY	40.00	х		х				0.	0.	15,143.	
_(4)	<u> </u>										
_(5)	1										
_(6)											
_(7)											
_(8)											
_(9)	<u> </u>										
(10)											
(11)											
(12)											
(13)											
(14)		-									

Form **990** (2015)

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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B)  Average hours per week (list any hours for related	Average Position hours per (do not check more than box, unless person is both officer and a director/trus					ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation fr related organizations (W-2/1099-MIS		(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organization and related organizations
											_
				_							
											_
1b Sub-total	ection A 🔒						<b>A A A</b>	0.		0.	48,491 0 48,491
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose O	liste	d a	bov	e) wh	o re	eceived more than	\$100,000 o		Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual	• •		• •			• •	3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	007	? - II	"Yes	3, "	complete Schedu	sation from lile J for si	the uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es," comple	mper te Sci	sati hedu	on ile J	fror I foi	n any	un per	related organizati	on or individ	ual 	5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	pensated i compensati	ndepo ion fo	ende the	ent e ca	con	tracto dar ye	rs t ar e	that received more ending with or wit	e than \$100, hin the orgar	000 o nization	f n's tax
(A) Name and business ad	dress							(B) Description of se	ervices	С	(C) ompensation
							$\pm$				
							+				
2 Total number of independent contractors (i	ncluding b	ut no	t lin	nite	d f	o thos	ie i	listed above) who	received	19,000	

Part		(15) <u>LITT</u>			POOR		84-0528	1531 Page 9
rait	VIII	Statement of Revenue						
		Check if Schedule O contains	s a response	or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
20 20	40	Federated campaigns	. 1a					
E D		Membership dues						
D E		Fundraising events						
Contributions, Giffs, Grants and Other Similar Amounts		Related organizations						
ig.		Government grants (contributions)	1					3
P S P		All other contributions, gifts, grants,	1 1					
를	•	and similar amounts not included above	L	3,187,664.				
P G	g	Noncash contributions included in lines	1a-1f: \$	41,090.				
	h	Total. Add lines 1a-1f			3,187,664.			
- E			B	usiness Code			Service Services	
9 4	2a	MEDICAID		523000	3,652,885.	3,652,885.		
E	b	PRIVATE PAY		523000	264,875.	264,875.		
Ž	C	RENTAL INCOME		523000	87,685.	87,685.	·	
Program Service Revenue	d							+
Ta l	8					_		
o l	f	All other program service revenue .  Total. Add lines 2a-2f		•	4,005,445.	ACCOMMISSION OF THE PARTY OF TH		
		Investment income (including			4,003,443.			
	3	and other similar amounts)			86,606.			86,606
	4	Income from investment of tax-ex			0.			
	5	Royalties			0.	- Jakones		
		-		(ii) Personal			AND THE SECOND	
	6a	Gross rents						
	ь	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u> . ▶	0.			
1	7a	Gross amount from sales of (i) 5	Securities	(ii) Other				
		assets other than inventory		12,890.				
	b	Less: cost or other basis	~==					
		and sales expenses	17.					
	C	Gain or (loss)	-17.	12 890.				
	d	Net gain or (loss)	• • • • • •	<u> P</u>	12,873.	CONTRACTOR OF STREET	H3-015(1) 110	12,873
9	8a	Gross income from fundraising						
Other Revenue		events (not including \$						
5		of contributions reported on line 10						
the	h	See Part IV, line 18						The second second
0	C	Net income or (loss) from fundrais		▶	0.	N. S.		
	9a	Gross income from gaming activity				The state of the s		
		See Part IV, line 19	i	39,580.				
	b	Less: direct expenses		12 817				
	C	Net income or (loss) from gaming		<u> </u> ▶	26,763.			26,763
1	I0a		less					
		returns and allowances			Kenner State			
	b	Less: cost of goods sold Net income or (loss) from sales of i		▶	0.			
	_	Miscellaneous Revenue		usiness Code	San	C TOWN NOW IN		
1	—— 11a	MISCELLANEOUS REVENUE	39	900099				
	b							
	C							
	d	All other revenue	L					
	e	Total. Add lines 11a-11d			0.	The same of the sa	S WI BOAR	
	12	Total revenue. See instructions		🕨	7,319,351.	4,005,445.		126,242

Part IX Statement of Functional Expenses

		ns. All other organizations must complete column (A).
- O 11 E04/-1/91 E04/-1/41 occord	sationa much complete all collimi	ne. Ali athar amanizatians milst cambiele chilittic (Al
- Second ou dellat And ou remet bluede	canuns musi comunata an conum	13. All biller orderitzelloris must complete column try.
	tanena maar aan piran	10.10

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	324,751.	324,751.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0.			
individuals. See Part IV, lines 15 and 16	0.	_		HERAMONT - FR
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59,278.	50,022.	7,350.	1,906.
6 Compensation not included above, to disqualified			-	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,995,356.	2,530,832.	368,881.	95,643.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	81,713.	68,954.	10,132.	2,627.
9 Other employee benefits	235,344.	198,596.	29,182.	7,566.
10 Payroll taxes	284,103.	239,741.	35,228.	9,134.
11 Fees for services (non-employees):				
a Management				
b Legal	0.			
c Accounting	42,582.		42,582.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees ,	0.			<del></del>
g Other, (if line 11g amount exceeds 10% of line 25, column	60 643	CE 274	2 260	
(A) amount, list line 11g expenses on Schedule O.)	68,643.	65,274.	3,369.	<u> </u>
12 Advertising and promotion	0.	14.063	16,803.	33,917.
13 Office expenses	65,683. 7,069.	14,963.	7,069.	33,317
14 Information technology	7,009.		7,005.	
15 Royalties	351,971.	185,488.	165,427.	1,056
16 Occupancy	12,485.	12,485.	100/12/	2,000
17 Travel	12,403.	12/1001		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
	0.		· · · · · · · · · · · · · · · · · · ·	
	0.			
20 Interest	0.			
22 Depreciation, depletion, and amortization	446,380.	235,242.	209,799.	1,339
23 Insurance	78,076.	78,076.		
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If	_12 N			
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a HOUSEKEEPING	272,974.	203,911.	68,244.	819
bMEALS	227,347.	198,442.	28,905.	
cRESIDENT SUPPLIES	68,183.	68,183.		
dBAD DEBT EXPENSE	44,151.	44,151.		
e All other expenses	85,459.	24,197.	46,620.	14,642
25 Total functional expenses. Add lines 1 through 24e	5,751,548.	4,543,308.	1,039,591.	168,649
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	0.		1	

5E1052 1.000

Part		Balance Sheet	art Y		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	4	Cash - non-interest-bearing	583,448.	1	1,101,707.
		Savings and temporary cash investments	0.	2	0.
		Pledges and grants receivable, net	47,813.	3	1,074,910.
		Accounts receivable, net	237,125.	4	268,459.
	5	Loans and other receivables from current and former officers, directors,		77.73	
	Đ	trustees, key employees, and highest compensated employees.			
- [		Complete Part II of Schedule L	0.	5	0.
	6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	7	Inventories for sale or use	4,641.	8	4,989.
۲	8	Prepaid expenses and deferred charges	51,347.	9	22,686.
l.	9	Land, buildings, and equipment: cost or		\$ V	W = 8 = 3 ( )
	ıva	other basis. Complete Part VI of Schedule D 10a 16, 665, 999.			
	ь	Less: accumulated depreciation 10b 10,882,879.	6,057,131.	10c	5,783,120.
١.		Investments - publicly traded securities	1,528,534.	11	1,799,347.
- 1	11 12	Investments - other securities. See Part IV, line 11	432,247.	12	420,587.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,942,286.	16	10,475,805.
$\rightarrow$	10 17	Accounts payable and accrued expenses	230,612.	17	207,988.
	17 18	Grants payable	0.	18	0.
- 1	19	Deferred revenue		19_	0.
_ i	20	Tax-exempt bond liabilities	0.	20_	0.
- 1	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21_	0.
- 1	22	Loans and other payables to current and former officers, directors,		. 24	
Liabilities	22	trustees, key employees, highest compensated employees, and	- W. William I.	800	
量		disqualified persons. Complete Part II of Schedule L	0.		0.
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0.
- 1	23 24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
- 1	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 Schedule D		25	0.
	26	Total liabilities. Add lines 17 through 25	230,612.	26	207,988.
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	8,118,149.	$\rightarrow$	8,624,270.
3ali	28	Temporarily restricted net assets	161,278.		1,222,960.
힏	29	Permanently restricted net assets	432,247.	29	420,587.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
9	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
풀	33	Total net assets or fund balances	8,711,674	_	10,267,817.
71			8,942,286	34	10,475,805.

1158850

Form 990 (2015)

JSA

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LITTLE SISTERS OF THE POOR

➤ Attach to Form 990 or Form 990-EZ.

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

Employer Identification number

MULLEN	HOME FOR THE AGED					84-	-0528531
Part I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	rt.) See instructions	
The organ	ization is not a private four	ndation because it	is: (For lines 1 through	h 11, ch	eck only	one box.)	
1 A	The second secon						
2   A	school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	00 or 990	-EZ).)	
3   A	hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4 HA	medical research organiz	ation operated in	conjunction with a hos	pital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
	ospital's name, city, and st		•	•			
5 A	n organization operated t	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	ection 170(b)(1)(A)(lv). (C		-				
6 \ A	federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(	b)(1)(A)(v).	
7 X A	n organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	lescribed in section 170(b)						
	community trust describe			Part II.)			
9 🗆 🛭	In organization that norma	ally receives: (1) m	nore than 331/3% of	its suppo	ort from	contributions, member	ership fees, and gross
r	eceipts from activities rela	ated to its exempt	t functions - subject	to certai	іп ехсер	tions, and (2) no mo	re than 331/3% of its
s	upport from gross invest	lment income and	d unrelated business	taxable	income	e (less section 511	tax) from businesses
а	equired by the organizatio	n after June 30, 19	75. See section <b>509</b> (	a)(2). (C	Complete	Part III.)	
10 A	n organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11 \ \ \ \ \ \ \ \ \ \	In organization organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	rry out the purposes of
	ne or more publicly suppo						
t	he box in lines 11a through						
a 🗌	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organization	n(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or trus	tees of the supporting
_	organization. You must c	omplete Part IV, S	ections A and B.				
b 📖	Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
	control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	organization(s). You must	complete Part IV	, Sections A and C.				
с 📙	Type III functionally inte						lly integrated with,
	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d 📙	Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
	that is not functionally inte						d an attentiveness
	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
e	Check this box if the orga						і, туре ііі
	functionally integrated, or	• •	ionally integrated sup	porting o	organizai	tion.	
	r the number of supported			• • • •	• • • • •		
	ride the following information			that to the		(v) Amount of monetary	(vi) Amount of
(I) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	I * *	other support (see
		33	above (see instructions))	docu	mant?	Instructions)	instructions)
				Yes	No		
				1			
(A)							
(B)							
(0)							
(C)							
(D)							
(D)		]					
(E)							
(E)	<u> </u>						

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

Schedule A (Form 990 or 990-EZ) 2015

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.) Part II

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 201 <u>2</u>	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,523,197.	1,245,126.	1,905,834.	1,538,563.	3,187,664.	9,400,384.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,523,197	1,245,126	1,905,834.	1,538,563.	3,187,664.	9,400,384.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,290,696.
6	Public support. Subtract line 5 from line 4.		2-	L			8,109,688.
	tion B. Total Support	1-1 0011	(6) 2042	(c) 2013	(d) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	557 1766	1,538,563.	3,187,664.	9,400,384.
7 8	Amounts from line 4	1,523,197.	1,245,126.	1,905,834.	SELPTR 2846	93,000,000	11-A-12-W-66-20-V
	sources	112,735.	108,774.	136,897	96,204	86,606.	541,206
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10					10	9,941,590.
12	Gross receipts from related activities, etc. (s					12	19,046,440.
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge	44 1 70)		44	81.57%
14	Public support percentage for 2015 (li	ne 6, column (f	) divided by line	11, column (I))		15	87.12%
15	Public support percentage from 2014 331/3% support test - 2015. If the o	Schedule A, Pa	art II, line 14	hav an line 13	and line 14 is	331/3 % or mor	
16a	this box and stop here. The organizati						
b	331/3% support test - 2014. If the	organization dic	I not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The org 10%-facts-and-circumstances test - 3	anization qualifi	es as a publicly :	supported organ	on line 13 16:	and li	ine 14 is
17a	10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box a	nd stop here. E	xplain in
<b>.</b>	Part VI how the organization meets organization						▶ Ш
D	15 is 10% or more, and if the org	zvi4. II lile oli anization meet	ganization did ii s the "facts-and	l-circumstances	" test. check t	his box and st	op here.
	Explain in Part VI how the organization	ion meets the	facts-and-circun	nstances" test.	The organization	on qualifies as a	publicly
	supported organization						▶ ⊔
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	·
	instructions	<u></u>				Cabaduta A (Form 9	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sect	tion A. Public Support					1	i
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		<u></u>		·		
2	Gross receipts from admissions, merchandise	=		:			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4						1	
	organization's benefit and either paid					1	
	to or expended on its behalf					-	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<del>                                     </del>
6	Total. Add lines 1 through 5						<u> </u>
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			XXXII XX — X—III			
_	line 6.)						
Sec	tion B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(-,	(4,7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	,,,	· .,	· · ·	
9	Amounts from line 6						
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	·	<u> </u>	-			
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		Alasta Basta assa	and Abrical Sociation	an didah kasa sa		501/0\(2\
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.			<u> </u>			
Sec	tion C. Computation of Public Sup					1 1	
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investmer	t Income Per	centage			,	
17	Investment income percentage for 2015 (lin	ne 10c, column (	f) divided by line	13, column (f)) 🚬		17	<u> </u>
18	Investment income percentage from 2014					18	- %
	331/3% support tests - 2015. If the org					re than 331/3%,	and line
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2014. If the orga						
.,	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
JSA	THIS TOURISHED IN THE ORGANIZATION	als high offect	- ver en inte	,	.,	Schedule A (Form	990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

**Supporting Organizations** Part IV

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and Complete Par	1 V.)		
Secti	ion A. All Supporting Organizations		Voe	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	165	NO
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).	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.	3a		
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.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	Зс	1000	1914
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		44,0000
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).	7	1188	
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).	8	17.00	
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.	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		II.
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			144

10b

determine whether the organization had excess business holdings.)

	le A (Form 990 or 990-EZ) 2015			Page 3
Part	Supporting Organizations (continued)		Yes	No
	the state of the second st		163	140
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?			-
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
			163	140
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			100
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		WIII.	11111
	controlled the organization's activities. If the organization had more than one supported organization,	L, III	11_	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			N. S.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			-
	supervised, or controlled the supporting organization.	2		Į
Secti	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			17700
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			31110
	the organization's governing documents in effect on the date of notification, to the extent not previously	118	. 8	
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 0		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's	1		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-37	
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ions):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	l <sub>es</sub>
_			Yes	No
2	Activities Test. Answer (a) and (b) below.	P/S		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		20	100	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		i will	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1/2	19	
	reasons for the organization's position that its supported organization(s) would have engaged in these	25		
	activities but for the organization's involvement.	2b_		£ 000
3	Parent of Supported Organizations. Answer (a) and (b) below.			33
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		102000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	1

LITTLE SISTERS OF THE POOR

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015

Part '		Supporting Organizat	ions (continuea)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			·
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		<u> </u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	<u> </u>		<u></u>
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
d	From 2013			
	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	D/WAVEEN_E_		
h	Applied to 2015 distributable amount			
ī	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section	F 500		MIE E DE TOUR
	D, line 7: \$			
a	Applied to underdistributions of prior years		18.19	
b	Applied to 2015 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			Victoria de la composição
	any. Subtract lines 3g and 4a from line 2 (if amount	11 11		
	greater than zero, see instructions).			(which is the state of the stat
6	Remaining underdistributions for 2015. Subtract lines 3h		MICH S.	
•	and 4b from line 1 (if amount greater than zero, see	DO IN THE RESERVE OF	- BE - L	
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
-8	Breakdown of line 7:			
a		The state of the s		
		(July 1997)		
	Excess from 2013		HAMIN PIERKER H	Latin Williams
d	Excess from 2014	LUTE HER BOOK OWN		
e	Excess from 2015			
_			Schedule	A /Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasur

Name of the organization

## **Schedule of Contributors**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Employer identification number

LITTLE SISTERS OF THE MULLEN HOME FOR THE AC	LITTLE SISTERS OF THE POOR  MULLEN HOME FOR THE AGED 84-0528531				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion			
	501(c)(3) taxable private foundation				
Check if your organization is con Note. Only a section 501(c)(7), instructions.	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of hat received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)			
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re e year, total contributions of more than \$1,000 exclusively for religious, ch I purposes, or for the prevention of cruelty to children or animals. Complet	aritable, scientific,			
contributor, during the contributions totaled r during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respectively. It is perfectly that the second section of the	t no such that were received parts unless the , etc., contributions			
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line F certify that it does not meet the filing requirements of Schedule B (Form 990)	of its Form 990-EZ or on its			

JSA 5E1251 2 000 Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Name of organization LITTLE SISTERS OF THE POOR MULLEN HOME FOR THE AGED

Employer identification number 84-0528531

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$909,627.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ 422,018.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization LITTLE SISTERS OF THE POOR MULLEN HOME FOR THE AGED

Employer identification number 84-0528531

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization LITTLE SISTERS OF THE POOR

Employer Identification number

	MULLEN HOME FOR THE AGED	84-0528531
Part III	Exclusively religious, charitable, etc., contributions to organizations described	in section 501(c)(7), (8), or
	(10) that total more than \$1,000 for the year from any one contributor. Comp	lete columns (a) through (e)

Exclusively religious, charitable, etc., contributions to organizations described in section 301(c)(1), (0), or
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and
the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.
contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$
Use duplicate copies of Part III if additional space is needed.

	Jse duplicate copies of Part III if addition	iai space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<del>_</del>	
}		(e) Transfer of gift	
		(4)	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
ľ			
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti		-	
		(e) Transfer of gift	
	Transferee's name, address, and	7ID ± 1	Relationship of transferor to transferee
	I fansieree a name, address, and	ZIF 1 4	Transaction por trains and trains
		200	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<u>.                                    </u>	
		<u> </u>	
ŀ		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
		<u> </u>	
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Faiti			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

## Supplemental Financial Statements

► Attach to Form 990.

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. LITTLE SISTERS OF THE POOR

Employer identification number

Name of the organization 84-0528531 MULLEN HOME FOR THE AGED Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 

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

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

Sched	ule D (Form 990) 2015										_		age 2
	Organizations Maintainir	g Collec	tions of	Art, Hist	orical T	reasur	es, c	r Oth	er Simila	r Asset	ts (con	tinue	id)
3	Using the organization's acquisition	n, access	ion, and c	ther record	ds, check	any o	f the	follow	ing that ar	e a sign	ificant (	ise o	fits
	collection items (check all that appl			10.0									
а	Public exhibition			d	4	or excha		_					
b	Scholarly research			е	Other				- 1/2				_
C	Preservation for future gener	rations											_
4	Provide a description of the organ	nization's d	collections	and expla	in how t	hey fur	ther t	the org	janization's	exempl	t purpos	e in	Part
	XIII,												
5	During the year, did the organization	n solicit o	r receive d	lonations o	f art, histo	orical tre	easur	es, or c	ther simila	, ר	¬,,,		١
	assets to be sold to raise funds rath			ained as pa	rt of the c	organiza	ation's	collec	tion?		Yes		No
Раг	t IV Escrow and Custodial Ar	rangeme	nts.		000 0	-4 15 / 13	O	01.101	roded an	amaunt	on For	m	
	Complete if the organizat	on answe	erea "Yes	on Form	990, Pa	art IV, II	ne 9,	orre	onted an a	amount	OIIFOI	111	
	990, Part X, line 21.	<u> </u>					iono	vr other	eccole not				
1a	Is the organization an agent, truste	e, custodi	an or othe	er intermea	lary for c	οπτισυι	ions c	or otner	assets not	Г	X Yes		No
	included on Form 990, Part X?			a a a a a a a a a a a a a a a a a a a	la coma da la	do:	• • •			٠٠٠ ا	<u>v</u> 162	_	] 140
þ	If "Yes," explain the arrangement is	n Part Alli	and comp	nete the lot	iowing tac	Jie.			An	nount			
	Desirate halance						10			100111		12.1	20.
	Beginning balance												)47.
	Distributions during the year											<u> </u>	59.
e	Ending balance						1f					_	08.
2 =	Did the organization include an am	ount on F	orm 990.	Part X. line	21. for e	scrow		todial	account liab	oility?	Yes	X	No
h	If "Yes," explain the arrangement in	n Part XIII	. Check h	ere if the ex	colanation	has be	en pro	ovided (	on Part XIII		<u> </u>		
	t V Endowment Funds.												
ı uı	Complete if the organizat	ion answ	ered "Yes	s" on Form	990, Pa	art IV, I	ine 1	0.					
-	<u> </u>		rent year	(b) Prio		(c) Tw			(d) Three ye	ars back	(e) Foul	years	back
1a	Beginning of year balance												
. –	Contributions												
_	Net investment earnings, gains,												
_	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
	and programs					<del>                                     </del>			_				
f	Administrative expenses					-			<u> </u>		-		
g	End of year balance												
2	Provide the estimated percentage	of the cur	rent year	end balance	e (line 1g,	, column	ı (a)) l	neld as	:				
a	Board designated or quasi-endown			_%									
þ	Permanent endowment	%	0.4										
C	Temporarily restricted endowment The percentages on lines 2a, 2b, a			100%									
_	Are there endowment funds not in				tion that	are hel	d and	Ladmir	istared for t	the			
3a		tua hosse	:55 0   0  1	ne organiza	ition that	ale liei	a ana	agiiii	illiatered for	,,,,,	ſ	Yes	No
	organization by: (i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
	If "Yes" on line 3a(ii), are the relate	od organiz	rations lists	d as require	ed on Sch	edule R					3b		
4	Describe in Part XIII the intended												
_	Land Buildings and Equ	inmont										4.0	
1 0	Complete if the organiza	<u>ıtion ansy</u>	vered "Ye	es" on For	n 990, F	<u>Part IV,</u>	line '	<u>11a. S</u>	ee Form 9	<u> 190, Pai</u>	rt X, line d) Book va	<u> 10.</u>	
	Description of property			r other basis stment)	(b) Cost (	or ower ba other)	3515		cumulated eciation		u) Book va		
1a	Land					33,50	00.						500.
b	Buildings				15,€	632,80	01.	10,3	47,432.		5,2	85,3	369.
С	Leasehold improvements												
d	Equipment	[				999,69	98.	5	35,447.		4	64,2	251.
	Other												
Tota	al. Add lines 1a through 1e. (Column	ı (d) must	equal For	m 990, Part	X, colum	n (B), lii	ne 100	<del>:.)</del>	<u></u> ▶		5,7	83,1	120.

5,783,120. Schedule D (Form 990) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (s) Description of security or calegory (children and the complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 12.  (a) Closely-held equity interests (c) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part VII	Investments - Other Securities.	l "Yes"	on Form 990	Part IV. line	11b. See Form 99	0. Part X. line 12.
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (A) (B) Other (A) (B) (B) (Column (b) must equal Form 990, Part X, col. (B) line 12) ►    Part VIIII Investments - Program Related. (b) Book value (c) Mence (d)		(a) Description of security or category				(c) Method of value	ation:
20 Closely-held equity interests						Cost of end-or-year ma	Inct value
(3) Other (1) (5) (5) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8						<del></del> .	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C							
(B) (C) (D) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D			-	= =			
(C)	450			·			
(G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F							
(5) (7) (8) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	(D)					_	
(G) (Hithod of valuation: (G) (Hithod of valuation: (G) Book value (C) Method of valuation: (G)	(E)					<u></u>	<u> </u>
(+)  Total, Column (a) must equal Form 990, Part X, col. (B) line 13)  (a) Description of investment  (b) Book value  (c) Method of valuation.  (a) Description of investment  (b) Book value  (c) Method of valuation.  Cost or end-of-year market value  (d) Method of valuation.  Cost or end-of-year market value  (e) Method of valuation.  Cost or end-of-year market value  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g)	(F)						
Part VII	(G)					<u></u>	
Part VII		All and and For age Part V and 191 line 421 by					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation.  (c) Method of valuation.  (d) Cost or end-di-year market value  (1)					101		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-di-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Labellities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total: (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total: (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total: (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶	Part VIII	Complete if the organization answered	l "Yes"	on Form 990	, Part IV. line	11c. See Form 99	0, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶					,		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶		(4)	``			Cost or end-of-year ma	rket value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶	(1)						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	,						=
(5) (6) (7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(3)						
(8) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (6) (9)  101  102  103  104  105  106  107  108  109  109  109  109  109  109  109	(4)						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶							
(8) (9) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (77) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 25.) ▶			_				· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)   ■					<u> </u>		
Part IX							
Part IX		(b) must equal Form 990, Part X, col. (B) line 13.)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Other Assets.	1	·		<del></del>	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Complete if the organization answered	l "Yes'	on Form 990	, Part IV, line	11d. See Form 99	0, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(a) De	scription	Π			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)					<del></del> .	
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(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		<u> </u>					-
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		ımn (b) must equal Form 990, Part X, col. (B) i	line 15.	<u>) </u>		<u></u>	<u> </u>
1.	Part X	Other Liabilities.			Double Co.	44 446 C F	000 Dad V
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			1 "Yes	on Form 990	, Paπ IV, line	11e or 11f. See Fo	orm 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				(h) Book valu		A SO SMOOTH SE	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				(D) BOOK Valu			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		at income taxes					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		· · · · · · · · · · · · · · · · · · ·	<del> </del> -				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					200		
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	-						
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					100		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					je skalj		
		<u> </u>		the feet-ste to	the erective	le financial statements	that caparts the

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	гаув -
Part 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,338,755
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Hori-	
a	Net unrealized gains (losses) on investments	- 9	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	19,404
3	Subtract line 2e from line 1	3	7,319,351
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	100	
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,319,351
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 1	5,782,612
1	Total expenses and losses per audited financial statements	1	3,762,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1	
b	Prior year adjustments	100	
C	Other losses	1777	
d	Other (Describe III Part Alli.)	1	31,064
e	Add lines 2a through 2d	2e	5,751,548
3	Subtract line 2e from line 1	3	3,731,340
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
	Add lines 4a and 4b	_	5,751,548
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 5 1	- 07.027010
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V, li	ne 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.	
SEE	PAGE 5		
<u> </u>			
			7
- III-			
io III			
			<u>-</u>

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

MANAGEMENT ASSESSES THE LIKELIHOOD OF THE FINANCIAL STATEMENT EFFECT OF A
TAX POSITION THAT SHOULD BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT
THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING
AUTHORITY BASED ON THE TECHNICAL MERITS OF THE TAX POSITION,
CIRCUMSTANCES, AND INFORMATION AVAILABLE AS OF THE REPORTING DATE.
MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY TAX POSITIONS THAT WOULD
RESULT IN AN ASSET OR LIABILITY FOR TAXES BEING RECOGNIZED IN THE
FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

SPECIAL EVENT EXPENSES RECLASSED TO REVENUE

12,817

CHANGE IN BENEFICIAL INTEREST OF IRREV. TRUST

-11,660

TOTAL

1,157

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENT EXPENSES RECLASSED TO REVENUE

12,817

SCHEDULE D, PART IV, LINE 1B

DESCRIBE CUSTODIAL ARRANGEMENTS:

THE ORGANIZATION HOLDS TWO TRUST ACCOUNTS WHICH ARE USED FOR NURSING HOME AND ASSISTED LIVING RESIDENTS. MONEY IS HELD IN THE ACCOUNTS AND DISTRIBUTED TO THE RESPECTIVE RESIDENTS AS NECESSARY.

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

OMB No.: 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

lame :	of the organization LITTLE SISTERS	OF THE POOR			,	Employer identification	on number
	EN HOME FOR THE AGED					84-0528531	
Part	Eundraising Activities Com	plete if the orga	nization a	answered	"Yes" on Form !	990, Part IV, line	17.
1	Indicate whether the organization rais	ed funds through a	any of the	following	activities. Check a	ill that apply.	
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f			government grants		
_	Phone solicitations	g			ising events	-	
C	In-person solicitations	8	oper	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ioning divented		
d			ith any inc	dividual (in	oludina officers d	iractore trustees	
	Did the organization have a written of or key employees listed in Form 990. If "Yes," list the ten highest paid indi	Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	Yes No
_	compensated at least \$5,000 by the	organization.	•	, ,	Ū		
	(I) Name and address of individual or entity (fundraiser)	(li) Activity	custody o	draiser have r control of outions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vI) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3		-					
4							
5						-	
6							
7	· · · · · · · · · · · · · · · · · · ·						
8	· · · · · · · · · · · · · · · · · · ·						
9		<u> </u>					
10	<u> </u>						
			<u> </u>				
Total	List all states in which the organiza		- 1			has been patified	it is evernat from
3	registration or licensing.	tion is registered o	r ncensed	i to solicii	, contributions of	nas been notned	it is exempt from
				185 135			
	- A						
						100	
11120		200			- No. 207	Nacional Control	
					1007		
					11000		

		49
'ao	8	4

	gross receipts greater than \$5,0	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col (c))
שפגפווום					
	1 Gross receipts				
1	2 Less: Contributions				
	3 Gross income (line 1 minus				
4	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
3	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
- 1					
·	10 Direct expense summary. Add lines 11 Net income summary. Subtract line 11 III Gaming. Complete if the org	10 from line 3, column anization answered '	(d)	<u></u>	orted more
<sup>o</sup> a	11 Net income summary. Subtract line	10 from line 3, column anization answered '	(d)	<u></u>	orted more  (d) Total gaming (add col. (a) through col. (c))
a	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	rt IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
a	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	rt IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
a	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-I  1 Gross revenue	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	rt IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
a Wevening	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	rt IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
a Wevening	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-I  1 Gross revenue	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	rt IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
Expellees Reveline	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	(c) Other gaming 39,579.	(d) Total gaming (add col. (a) through col. (c))  39,579
a	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue	10 from line 3, column anization answered ' EZ, line 6a. (a) Bingo	(d)	rt IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))  39,579
Expelleds Neveline	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	10 from line 3, column anization answered ' EZ, line 6a.  (a) Bingo	(d) "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  "Yes% No	(c) Other gaming  39,579.  10,000.	(d) Total gaming (add col. (a) through col. (c))  39,579  10,000
·	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines	Yes No	(d)	(c) Other gaming  39,579.  10,000.  2,817.  Yes%  No	(d) Total gaming (add col. (a) through col. (c))  39,579  10,000
Expellees Reveline	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines  8 Net gaming income summary. Subtr	Yes No  2 through 5 in column (act line 7 from line 1, column (act line 7 from line 8 from	(d) "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  "Yes% No  (d)  column (d)	(c) Other gaming  39,579.  10,000.  2,817.  Yes%  No	(d) Total gaming (add col. (a) through col. (c))  39,579  10,000
Palled Expenses Neverine 9	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines  8 Net gaming income summary. Subtr  Enter the state(s) in which the organiza	Yes No  2 through 5 in column (act line 7 from line 1, column)	(d)  "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  "Yes%  No  (d)  column (d)	(c) Other gaming  39,579.  10,000.  2,817.  Yes%  No	(d) Total gaming (add col. (a) through col. (c))  39,579  10,000  2,817
Pa Palled Expelled Acading a a	11 Net income summary. Subtract line rt III Gaming. Complete if the org than \$15,000 on Form 990-t  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines  8 Net gaming income summary. Subtr  Enter the state(s) in which the organiza	Yes No  2 through 5 in column (act line 7 from line 1, column gaming activities in eact	(d)  "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  "Yes% No  (d)  column (d)  activities: CO, ch of these states?	(c) Other gaming  39,579.  10,000.  2,817.  Yes%  No	(d) Total gaming (add col. (a) through col. (c))  39,579  10,000  2,817

## LITTLE SISTERS OF THE POOR

Sched	ule G (Form 990 or 990-EZ) 2015 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► SR. PATRICIA MARY METZGAR
	Address ► 3629 W 29TH AVENUE DENVER, CO 80211
4E a	Does the organization have a contract with a third party from whom the organization receives gaming
104	revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
	If "Yes," enter name and address of the third party:
•	11 100; Office matter and addition of the time party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ► SR MARY EMILIE SIMON
	Gaming manager compensation ▶ \$
	Description of services provided ► ORGANIZES RAFFLE
	Director/officer X Employee Independent contractor
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
Par	

Schedule G (Form 990 or 990-EZ) 2015

#### SCHEDULE I (Form 990)

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

QMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE SISTERS OF THE POOR

Employer identification num 84-0528531

MULLEN HOME FOR THE AGED
Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	N <sub>1</sub>
	Describe in Dark N/ the accompationic accordance for monitoring the use of great funds in the United States	

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(a) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appress), other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LITTLE SISTERS OF THE POOR							
80 WEST HW HMY PALATINE, IL 60067	36-2443793	501(C)(3)	324,751.		PHV		TO CARE FOR ELDERLY
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)		-					
2 Enter total number of section 501(c)(3) and	i governmen	t organizations	listed in the line 1 t	able			1.

Schedule I (Form 990) (2016)

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	_		 							

Page 2 Part III Grants and Other Assistance to Individuals in the United States. 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 sesistence	(e) Method of valuation (book, FMV, appress), other)	(T) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

LITTLE SISTERS OF THE POOR ONLY PROVIDES MUTUAL AID TO LITTLE SISTERS OF THE POOR, CHICAGO PROVINCE AND THEIR AFFILIATE LITTLE SISTERS OF THE POOR FACILITIES IN ORDER TO AID THEM IN THEIR CARE OF THE ELDERLY POOR.

Schedule i (Form 990) (2015)

### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MULLEN HOME FOR THE AGED

LITTLE SISTERS OF THE POOR

Employer identification number

84-0528531

Par	Part I Types of Property												
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of лопсаsh cont								
1	Art - Works of art			- 10									
2	Art - Historical treasures												
3	Art - Fractional interests												
4	Books and publications												
5	Clothing and household												
	goods			_									
6	Cars and other vehicles												
7	Boats and planes												
8	Intellectual property												
9	Securities - Publicly traded												
10	Securities - Closely held stock		<u></u>										
11	Securities - Partnership, LLC,												
	or trust interests												
12	Securities - Miscellaneous												
13	Qualified conservation												
	contribution - Historic												
	structures												
14	Qualified conservation												
	contribution - Other												
15	Real estate - Residential												
16	Real estate - Commercial												
17	Real estate - Other												
18	Collectibles. ,		154	40.005	FMV								
19	Food inventory	Х	154.	40,095.	PMV								
20	Drugs and medical supplies												
21	Taxidermy												
22	Historical artifacts												
23	Scientific specimens												
24	Archeological artifacts	Х	4.	995.	FMV								
25	Other ►( OFFICE SUPPLIES )		7.	, ,,,,,	1111								
26	Other ►()				<u> </u>								
27	Other ►()				! 								
28	Other ►()  Number of Forms 8283 received	h., 45	animation during the tax w	eer for contributions for									
29	which the organization completed F	by the orga	anization during the tax y	ear for contributions for	29								
	which the organization completed i	-01111 0203,	rattiv, Dollee Ackilowledg	Jenient			Yes	No					
30-2	During the year, did the organizat	ion receive	by contribution any prone	rty reported in Part I. line:	s 1 through		111						
Jua	28, that it must hold for at least th					100							
	to be used for exempt purposes for					30a		Х					
h	If "Yes," describe the arrangement in		ording portion			WE Y		4 23					
31	Does the organization have a		ance noticy that require	s the review of any r	on-standard	nw.							
٠,	contributions?					31	Х						
322	Does the organization hire or use												
420	contributions?					32a		X					
h	If "Yes." describe in Part II.					100							
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a)	) is checked.		= 1						
	describe in Part II.												

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

Schedule M (Form 990) (2015)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2015

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

QMB No. 1545-0047

Name of the organization

LITTLE SISTERS OF THE POOR

MULLEN HOME FOR THE AGED

Employer Identification number 84-0528531

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION IS FORMED AS A CHARITABLE CORPORATION WITH MEMBERS.

THE CORPORATION HAS ONE CLASS OF MEMBERS, MADE UP OF THOSE WHO HAVE

TAKEN THE VOWS OF THE CONGREGATION OF THE LITTLE SISTERS OF THE POOR.

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

THE CORPORATION HAS ONE CLASS OF MEMBERS. EACH MEMBER IS ENTITLED TO ONE

VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS INCLUDING ELECTION

OF ITS GOVERNING BOARD OF DIRECTORS.

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

GOVERNANCE DECISIONS RESERVED TO PERSONS OTHER THAN THE GOVERNING BODY

INCLUDE APPOINTMENT OF SISTERS TO THE CORPORATION BY LITTLE SISTERS OF

THE POOR, CHICAGO PROVINCE, INC. WHICH IS AN AFFILIATED ORGANIZATION.

ADDITIONALLY, AMENDMENTS TO THE ARTICLES OF INCORPORATION MUST BE

APPROVED BY TWO-THIRDS OF THE MEMBERS OF THE ORGANIZATION.

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

BEFORE SUBMISSION TO THE IRS, THE PREPARER PROVIDES EACH MEMBER OF THE

BOARD OF DIRECTORS AND THE BUSINESS MANAGER A FINAL DRAFT OF THE RETURN,

REVIEWS THE ORGANIZATIONS ACTIVITIES AND INFORMS THEM OF TAX LAWS

PERTAINING TO LITTLE SISTERS OF THE POOR. THE PROCESS ENSURES LITTLE

SISTERS OF THE POOR MEET ALL NECESSARY REQUIREMENTS.

Employer identification number 84-0528531

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

DIRECTORS, OFFICERS, AND ALL EMPLOYEES WHO INFLUENCE THE ACTIONS OF

LITTLE SISTERS OF THE POOR ARE COVERED UNDER THE POLICY. CONFLICT OF

INTEREST MAY BE DEFINED AS AN INTEREST, DIRECT OR INDIRECT WITH ANY

PERSONS OR FIRMS INVOLVED WITH LITTLE SISTERS OF THE POOR. TRANSACTIONS

WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN

ONLY IF THE CONFLICTING INTEREST IS FULLY DISCLOSED, THE PERSON WITH

THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL

OF SUCH TRANSACTION, A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS

AND THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED

THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

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

COMPENSATION FOR THE PRESIDENT IS REVIEWED ANNUALLY BASED ON REASONABLE

COMPENSATION THAT WOULD BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES

UNDER LIKE CIRCUMSTANCES. THE PRESIDENT, OFFICERS, DIRECTORS AND TRUSTEES

ARE MEMBERS OF THE CONGREGATION OF THE LITTLE SISTERS OF THE POOR AND

TAKE A VOW OF POVERTY RENDERING THEM INELIGIBLE FOR CASH COMPENSATION

BEYOND THEIR INCIDENTAL MONTHLY STIPEND.

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

COMPENSATION FOR THE OFFICERS AND EMPLOYEES IS REVIEWED ANNUALLY BASED ON REASONABLE COMPENSATION THAT WOULD BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE OFFICERS, DIRECTORS AND TRUSTEES ARE MEMBERS OF THE CONGREGATION OF THE LITTLE SISTERS OF THE POOR AND TAKE A VOW OF POVERTY RENDERING THEM INELIGIBLE FOR CASH

Name of the organization LI

LITTLE SISTERS OF THE POOR

MULLEN HOME FOR THE AGED

Employer identification number 84-0528531

COMPENSATION BEYOND THEIR INCIDENTAL MONTHLY STIPEND.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND THE FINANCIAL STATEMENTS CAN BE REVIEWED ON SITE OR, BY A REQUEST IN WRITING, THE INFORMATION WILL BE DISTRIBUTED ACCORDINGLY.

FORM 990, PART XI, LINE 9

CHANGE IN BENEFICIAL INTEREST OF IRREV. TRUST

-11,660

FORM 990, PART III, LINE 4A

FROM PAGE 2 CONTINUED: CONTRACTED HOSPICE SERVICES ARE AVAILABLE FOR

RESIDENTS NEEDING HOSPICE OR PALLIATIVE CARE COVERED UNDER THEIR MEDICARE

A PLAN. THE FACILITY CONSISTS OF 42 LICENSED NURSING HOME BEDS, 5

AVAILABLE ASSISTED LIVING UNITS AND 17 INDEPENDENT LIVING APARTMENTS.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE LITTLE SISTERS OF THE POOR OPERATE THE SACRED HEART HOME FOR THE AGED IN DENVER, COLORADO, WHICH PROVIDES NURSING AND RESIDENTIAL CARE FOR THE NEEDY ELDERLY. THE HOME IS PART OF THE INTERNATIONAL CONGREGATION OF THE LITTLE SISTERS OF THE POOR, WHICH WAS FOUNDED IN FRANCE IN 1839 AND SERVES THE ELDERLY IN 31 COUNTRIES.

LITTLE SISTERS OF THE POOR

SCHEDULE R (Form 990)

(5) (6)

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

Department of the Treesury Internal Revenue Service Name of the organization

LITTLE SISTERS OF THE POOR MULLEN HOME FOR THE AGED

Inspection 84-0528531

OMB No. 1545-00<u>47</u>

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Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33, Part I (e) End-of-year assets (f) Direct controlling (c) Legal domicle (state or foreign country) (b) Primary activity (d) Total income (a)
Name, address, and EIN (if applicable) of disregarded entity entity (1) (2) (3) (4)

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
						Yes	No	
(1) LITTLE SISTERS OF THE POOR, CHICAGO PROV 36-2443793 BO WEST HORTHWEST HIGHWAY PALATINE, IL 60067	ELDERLY CARE	IL	501 (C) (3)	LINE 7	N/A		х	
(2)							<u> </u>	
(3)								
(4)								
(5)								
(6)					Ĺ			
(7)								

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

Schedule R (Form 990) 2015

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Page 2 Schedule R (Form 990) 2015 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III (c) Legal domicile (state or foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (k) Percentage {d} Direct controlling entity (f) Share of total Income (b) Primary activity (i) Code V-UBI (a) Name, address, and EIN of related organization (g) Share of end-ofamount in box 20 of Schedule K-1 (Form 1065) ownership Yes No Yes No (1) (2) (3) (4) (5) (6) (7) Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of lotal income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13 controlled entity?
							Yes No
(1)							
(2)							
(3)		<del></del>					
(4)							
(5)		<del></del> -			_		
(6)							
(7)							

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Schedule R (Form 990) 2015

Par	Transactions With Related Organizations Complete if the organization answered "You	es" on Form 990, Pari	IV, line 34, 35b, or 36.		2.25	3023	
Not	e. Complete line 1 if any entity is tisted in Parts It, till, or IV of this schedule.			_		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?		200		6851
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[	1a		X
b				[	15	Х	
					1c		X
d	A A A A A A A A A A A A A A A A A A A			[	1d		X
_	Loans or loan guarantees by related organization(s)			[	1e		Х
	Coming of local Services of sources of sourc				200		1
f	Dividends from related organization(s)				1f		
a	and the second s			[	1g		X
h				[	1h		X
ï	Exchange of assets with related organization(s)			[	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				11		X
	seemen at the state of the stat						Ent
þ	Lease of facilities, equipment, or other assets from related organization(s)			[	1k		Х
ï	Performance of services or membership or fundraising solicitations for related organization(s)			[	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)			[	1m		X
ก	and the second s			[	1n		Х
	Sharing of paid employees with related organization(s)				10		X
	Stiding of paid disposed with related disposed of						
_	Reimbursement paid to related organization(s) for expenses,			[	1p	X	
P	Reimbursement paid to related organization(s) for expenses			[	19		X
ч	Maillonisation barn of tending at any analysis arbaness					50%	550
	Other transfer of cash or property to related organization(s)			1	1r		X
r	Other transfer of cash or property from related organization(s).				18		Х
-3	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thres	hold	В.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method o			19
		Aba (e-s)					
		Ti-					
(1)							
4-7							
(2)							
1-1							
(3)							
1-1							
(4)							
7-1							
(5)							
1-1		-					
(6)							
-		<del>-</del>	Sch	redule R (F	orm '	990}	2015
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## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal demicile (state or foreign country)	(d) Predomnant income (related, unretated, excluded from tax under	Are all 501	partners tion c)(3) ations?	Share of total income	Share of end-of-year easets	Degres	h) ertlerate situru?	(f) Code V - USI amount in box 20 of Schedule K-1 (Form 1065)	n box 20 men tule K-1 pari		(k) Percentage ownership
			sections 512-514)	Yes				Yes	No	<u> </u>	Yes	No	<u> </u>
(1)													
(2)													
(3)	-			$\Box$									
(4)													
(5)													
(6)													
(7)													
(8)				1		-							
(9)	-							-					
(10)				$\vdash$									
(11)				1-				$\vdash$			$\vdash$		
(12)				$\vdash$				-					
(13)					$\vdash$	<u> </u>				<u>                                     </u>		_	
(14)											_		
(15)				-				$\vdash$					
(16)				-				-	_		-		-
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Schedule R (Form 990) 2015

Page 5

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see