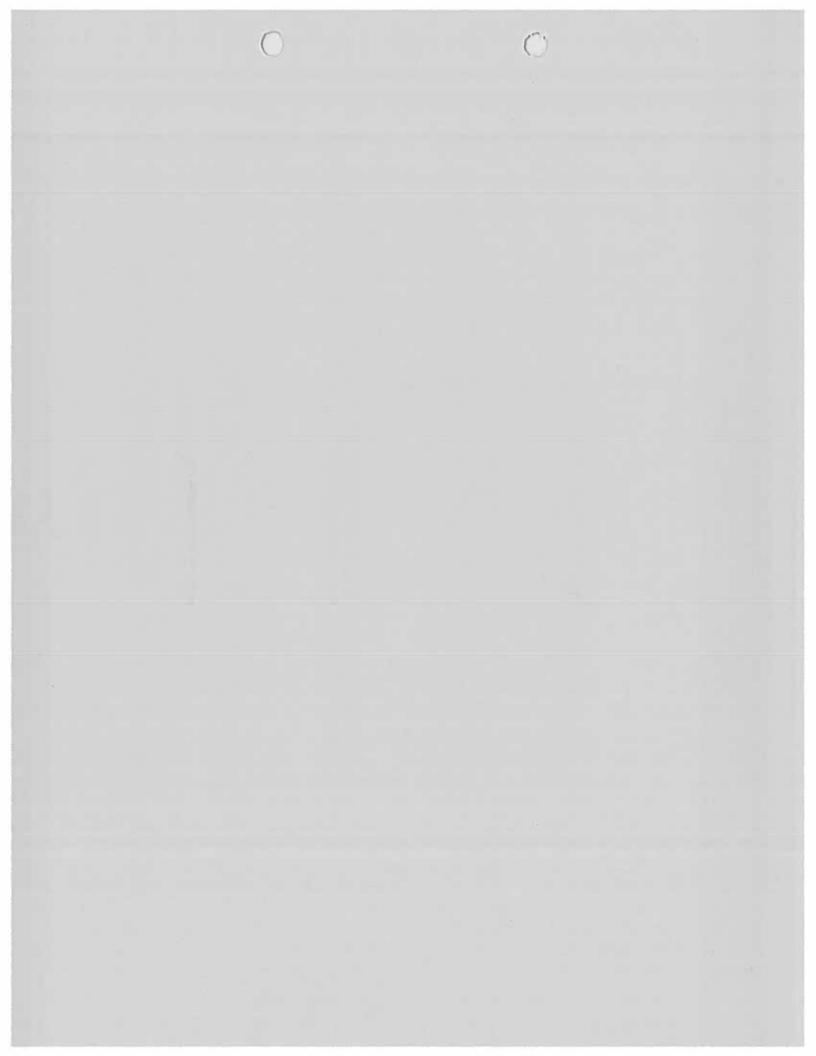
PUBLIC DISCLOSURE COPY



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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For th	e 2017 calendar year, or tax year beginning , 201	7, and end	ing			, 20
_		C Name of organization LITTLE SISTERS OF THE POOR			D Employer idea	ntifica	ation number
В	Check if a	MULLEN HOME FOR THE AGED			84-0528	8531	1
	Addre	Plaing hydrager on				100	50
		change Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Telephone nui	mber	
	Initial	rehen 3629 WEST 29TH AVENUE			(303) 43	3-7	221
	Final	city or town, state or province, country, and ZIP or foreign postal code	1		13037 13	<u> </u>	
	Amer	med DENVER CO 80211			G Gross receipts	4 S	8,096,422.
		E Name and address of principal officer CD DATEDICTA MADY ME	TZGAR		H(a) Is this a grou		
_	! pend	3629 WEST 29TH AVENUE DENVER, CO 80211			Subordinates' H(b) Are all autord		
_	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1 7 55		list. (see instructions)
<u>:</u>		te: > WWW.LITTLESISTERSOFTHEPOORDENVER.ORG) Or	321	1.		
<u>-</u>		of organization: X Corporation Trust Association Other	1. V.		H(c) Group exemption: 1954 M		
	art I	Summary	14.16	ar or iormai	(ion: 1904 M :	State	of legal domicile: CO
		Briefly describe the organization's mission or most significant activities: TO CA	DE FOR	mur r	IDERTY DO	0.0	MTMH WHAT
m						JK I	WITH HUMBLE
nce		ELDERLY AS WOULD JESUS CHRIST HIMSELF AND SERVE	THEY WE				
Ē	_						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo				1 1	
- M	3	Number of voting members of the governing body (Part VI, line 1a)				3	2.
60	4	Number of independent voting members of the governing body (Part VI, line 1b)				4	= 2.
7	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)				5	171.
\ct	6	Total number of volunteers (estimate if necessary).				6	225.
	1 4	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 34				7b	
	_	O 11 11 11 11 11 11 11 11 11 11 11 11 11		<u> </u>	Prior Year	_	Current Year
93	8	Contributions and grants (Part VIII, line 1h)			1,535,54	\rightarrow	2,293,175.
Revenue	9	Program service revenue (Part VIII, line 2g)		٠ ٠ ⊨	4,191,03	_	4,013,745.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d),		٠ ٠	67,47	_	42,559.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			48,70		110,867.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			5,842,75		6,460,346.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			871,95		621,471.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			3,911,16		3,925,330.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		• •		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 172, 14				100	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,895,82	$\overline{}$	1,809,486.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			6,678,93	\rightarrow	6,356,287.
L 10	19	Revenue less expenses. Subtract line 18 from line 12			-836,17	_	104,059.
ts or				Begin	ining of Current Y	_	End of Year
Net Assets o Fund Balance	20	Total assets (Part X, line 16)			9,742,61	\rightarrow	9,860,960.
A Pu	21	Total liabilities (Part X, line 26)			288,99	\rightarrow	256,652.
		Net assets or fund balances. Subtract line 21 from line 20			9,453,62	5.	9,604,308.
	art II	Signature Block					
Un tru	der per e. corre	nalties of perjury, I declare that I have examined this return, including accompanying scheect, and complete. Declaration of preparer (other than officer) is based on all information of w	dules and si	latements, a	and to the best of	í my ¥	knowledge and belief, it is
Sig	112						
He		Signature of officer			Date		
110	16						
_		Type or print name and title		1.000			
Paid	d	Print/Type preparer's name Preparer's signature	Date		Check	if F	PTIN
	parer	ADAM R SMITH, CPA			self-employ	_	P00958966
	Only	Firm's name ▶BKD, LLP		The same of the sa	Firm's EIN ► 4	4-0	160260
		Firm's address 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-	848	T	Phone no. 7	19	471-4290
Ma	y the	IRS discuss this return with the preparer shown above? (see instruction	s)				. X Yes No
For	Papa	rwork Reduction Act Notice, see the separate instructions.		~	-		Form 990 (2017)

Cumulative e-File History 2017

FED

Tax Return 1073JK Return Type 990

Taxpayer

Little Sisters of the Poor

 Submitted Date
 2018-05-04 10:08:43

 Acknowledgement Date
 2018-05-04 10:26:54

 Status
 Accepted

 Submission ID
 84022720181245000020

SUPPORT COPY



	m 990 (2017) Page	2
P	art III Statement of Program Service Accomplishments	_
_	Check if Schedule O contains a response or note to any line in this Part III	\perp
1	Briefly describe the organization's mission:	
	ATTACHMENT 1	_
		_
_		_
2		1
	prior Form 990 or 990-EZ? Yes X N If "Yes," describe these new services on Schedule O.	0
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	
	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	þγ
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	_
	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.	
	FART B FLAN. SEE SCREDOLE O FOR MORE INFORMATION.	—
		—
		—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	-
		_
		_
		_
		_
		_
4.	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		_
		_
		_
		_
		_
		_
		_
		_
40	d Other program services (Describe in Schedule O.)	_
_	(Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses ► 5, 131, 554.	_
JS/	A	

PAGE 2

Pari	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	6
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			14.
	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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	1
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		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		500	
	VII, VIII, IX, or X as applicable,			200
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1000000
	the organization's liability for uncertain tax positions under FtN 48 (ASC 740)? If "Yes." complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ŀi		
	"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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			8
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Š.
	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			W.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	Į.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			4
	If "Yes," complete Schedule G. Part III	19	X	

Form 990 (2017)

Page 4

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Part	Checklist of Required Schedules (continued)			-age 4
b II "Ves" to line 20a, did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 II "Yes," complete Schedule I, Parts I and II". 21 Did the organization from organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22 II" "Yes," complete Schedule I, Parts I and III". 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization of the organization of under the organization of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. "And yes of the Schedule II", or 3 to line 25a. 24 Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24 Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception?. 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule I. Part I. 25 Did the organization as an on behalf of Issuer for bonds outstanding at any time during the year? 26 Did the organization as an one of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction bas not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction bas not been reported on any of the organizations proof Forms 990 e90-E27 If "Yes," complete Schedule I. Part II. 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, direc				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line ? If "Yes," complete Schedule I, Part I and III. 22 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensated employees? If "Yes," complete Schedule I, Part I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensated employees? If "Yes," complete Schedule I. Part I and III. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, Intal was issued after December 31, 2002? If "Yes, "answer lines 24 th Intrough 24d and complete Schedule K If "No," go to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the "Yes," complete Schedule I. Part I is and that the transaction with a disqualified person during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I is an interest of the organization engage in an excess benefit transaction with a disqualified person of the year in the proper of the organizations prior Forms 990 or 990-EZ? 28 Did the organization appropriation and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or framity member of any of three persons? If "Yes," complete Schedule I. Part II. 29 Did the or		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II. 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III. 22 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, irustees, key employees, and highest compensate employees? If "Yes," complete Schedule I, "Yes," and highest compensate employees? If "Yes," complete Schedule I, "Yes," and highest compensate employees? If "Yes," complete Schedule II. 23 Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception?. 24b Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception?. 25c Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception?. 25d Did the organization and soft (c)(23) organizations. Did the organization with a disqualified person during the year? 25d Did the organization and soft (c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, eye employees, or disqualified persons? If "Yes," complete Schedule I, Part II 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV. 25d Did the organization provide a grant or other assistance to an officer, direct	b				
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 If "Yes," complete Schedule I, Parts I and III.	21				
Part IX, column (A), line 2? If "res," complete Schedule I, Parts I and III. 20 Did the organization answer "res" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 21 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. "Ymo," go to line 25a. 22 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception". 23 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception". 24 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 If "Yes," complete Schedule L, Part I. 28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization part that the part of the part of the organization part that the part of the organization part that it is part of the organization part that it is part of the organization pa				X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, rustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 242 through 24d and complete Schedule K. If "No," go to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 28 Section 50f1(c)(3), 50f1(c)(4), and 50f1(c)(23) organizations. Did the organization repage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 990 or 9906–627 (17**) for year, and that the transaction has not been reported on any of the organization proms 990 or 9906–627 (17**) for year, and that the transaction has not been reported on any of the organization for proms 990 or 9906–627 (17**) for year, and that the transaction has not been reported on any of the organization propose, or disqualified persons? If "Yes," complete Schedule L. Part II. 25 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thresholds, conditions, and exceptions? 26 X 27 Was the organization applicable fling thresholds, conditions, and exceptions? 28 Was the organization applicable fling thresholds, conditions, and exceptions? 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV. 29 A cur	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Pes" complete Schedule J. 21			22		_ X
employees? If "res," complete Schedule J. 24a Did the organization have a lax-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 "res," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 24a X. 24b Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b Did the organization misest any proceeds of tax-exempt bonds? 24c Did the organization misest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the ten reported on any of the organization for Forms 990 ero 990-E27 If "Yes," complete Schedule L. Part I. 25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have been reported on any of the organizations for Forms 990 ero 990-E27 If "Yes," complete Schedule L. Part II. 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part IV. 25d Vas the organization as party to a business transaction with one of the following parties (see Schedule L. Part IV. 26d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV. 27d Vas the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L. Part IV. 27d Did the organization receive more than \$25,000 in non-	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization maintain an escretor account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a 25c 25					
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through 24d and complete Schedule K. If "No," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Parl 1. 25a X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, 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, Parl II. 27	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 99 or 990-E27 If "Yes," complete Schedule L, Part I. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. Did the organization or provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A carent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A really instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A really of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A really of which a current or former officer, director, trustee, or key employee (or a family member thereof) wa					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					X
to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II II Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, itsee, or key employee? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R. Part IV. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," and Part V, line 1. Did the organization			24b		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?	G	the organization maintain an escrow account other than a refunding escrow at any time during the year			
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transaction with a disqualified person during the year/ if "Yes," complete Schedule L, Part 1					
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I	230				,,
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, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27	h				Α_
## 17'es," complete Schedule L, Part I . Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ## 17'es," complete Schedule L, Part II . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? ## 17'es," complete Schedule L, Part III . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? ## 17'es," complete Schedule L, Part IV . 28a	~				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		If "Yes" complete Schedule 1. Part I			v
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Did the organization report any amount on Part X line 5.6 or 22 for receivables from or payables to any			
disqualified persons? If "Yes," complete Schedule L, Part II. 26					
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			26		7
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	Did the organization provide a grant or other assistance to an officer director trustee key employee			
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 Did the organization conduct more than 5% of its activities t			i 1		X
Part IV instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28		1000	TEXX	3000
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part N	а		28a		X
Schedule L, Part N. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Schedule L, Part IV	28b		Х
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	1)		X
conservation contributions? If "Yes," complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
Part I. 31		conservation contributions? If "Yes," complete Schedule M			X
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complete Schedule N, Part II		Part I	31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		complete Schedule N, Part II			X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33				
or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25-	Or IV, and Part V, line 1	-	<u> </u>	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		bid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	D	in tes to line soa, did the organization receive any payment from or engage in any transaction with a			
related organization? If "Yes," complete Schedule R, Part V, line 2	26	Section 501(a)(3) properties Did the appearant of the Properties Section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	30	related experience if "Yes "complete Seterate B. Bod V." - 2			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	Did the ercenization conduct more than 5% of its position that the ercenization conduct more than 5% of its position than 5% o	36		
Part VI	31	and that is treated as a partnership for fodoral income town numbers & K. W. C. T. C.			
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Part VI			17
400 Nete All Form 000 Flore on required to according to 0.	38	Did the organization complete Schedule O and provide evaluations in Schedule O for Bod St.	37		X
38 X				v	
Form 990 (201)		The same are responded to complete deficable of			(2012)

84-0528531

Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number of Pornes W-26 included in line 1a. Enter 4- find applicable. 1a 3-5	Form	990 (2017)		F	age 5
a Enter the number reported in Box 3 of Form 1096. Enter -0-If not applicable. 1a 35 b Enter the number of Forms W-2G included in line 1s. Enter -0-If not applicable. 1b 3 c Did the organization or more with a security with bolding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witners?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1996. Enter 4-if not applicable		Check if Schedule O contains a response or note to any line in this Part V			\Box
b Eller the number of Forms W-26 included in line 1s. Enter-0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gentiling) winings to price winners? 2a Enter the number of employees reported on Form W-3. Transmittel of Wage and Tax 2a 171 b if at least one is reported on Form W-3. Transmittel of Wage and Tax 2a 171 b if at least one is reported on line 2a, did the organization file all required toe-file centructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year. 3b if "Yes," has if filed a Form 980-T for this year? If "No! to line 3b, provide an explanation in Schedule O. 3b If "Yes," center the name of the foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FABR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-T. 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible exchariable se schariable contributions or gifts were not tax deductible accounts of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5b If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for young gifts were not tax deductible contributions under section 170(c). 6b If "Yes," did the organization make a payment in excess of \$75 made partly as a contribution and partly for work in it was required to f					
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Statements, field for the calendar year ending with or within the year covered by this return. Statements, field for the calendar year ending with or within the year covered by this return. Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see Instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3b If "Yes," has it field a Form 990-T for this year? If "No to line \$3, provide an explanation in Schedule 0. 3c If "Yes," has it field a Form 990-T for this year? If "No to line \$3, provide an explanation in Schedule 0. 3c If "Yes," has it field a Form 990-T for this year? If "No to line \$3, provide an explanation or or other financial accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization an party to a prohibited tax shelter transaction at any time during the tax year?. 5a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible esc charitable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282 filed during the year. 9 Did the organization self, exchange, or otherwise dispose of tangible personal benefit contract? 10 Did the organization self, exchange, or otherwise dispose of tangible personal benefit contract? 11					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. Statements, Ried for the calendar year ending with or within the year covered by this return. 2a 171 b if at least one is reported on line 2a, did the organization file all required to e-file (see Instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X 3b if "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b If Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b If Yes," enter the name of the foreign country. So If the organization have an interest, in, or a signature or other suthority over, a financial account in a foreign country. So If Yes, enter the name of the foreign country. So If Yes, enter the name of the foreign country. So If Yes, enter the name of the foreign country. So If Yes, the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as charitable contributions? 5c If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 2b If Yes, did the organization receive a payment in excess of \$75 made parity as a contribution on draw of the year. 2c If Yes, if dictate the number of Forms 8282 filed during the year or gradiated to file Form 8282? 2c If Yes, if the organization receive any funds, dir	C		1.00	Kan.	
Statements, field for the calendar year ending with or within the year covered by this return.			1c	X	
b If all least one is reported on line 2a, did the organization file all required (educal employment tax returns?) Note. If the sum of lines 13 and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X b If "Yes." has if lined a Form 990-T for this yea? If "No" to line 3b, provide an explanation in Schedule 0. 3b A At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b X b Id any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-TY. 5c Dase the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible? 7 Organizations that may receive deductible contribution under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization seceive accordant to the value of the goods or services provided? 7 D	2a				
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3a Did the organization have urrelated business gross income of \$1,000 or more during the year?	þ		2b	X	
b if "Yes," has it filed a Form 990-T for his year? if "No" to line 3b, provide an explanation in Schedule 0,	_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		277	281,585
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	5a		5a	100.001	Х
c if "Yes" to line Sa or 5b, did the organization file Form 8886-72. 8a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?					$\overline{}$
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 11 If "Yes," indicate the number of Forms 8282 filed during the year. 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 14 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 15 If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file Form 1098-C? 15 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? 15 Did the sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organization make any taxable distributions under section 4966? 17 Did the sponsoring organization make any taxable distributions under section 4966? 18 Did the sponsoring organization make any taxable distributions under section 4966? 29 Did the sponsoring organization make any taxable distributions under section 4966? 29 Did the sponsoring organization make any tax					
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? 10 If "Yes," indicate the number of Forms \$282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4 Did the organization full prome and the payment of the temperature of the organization file a Form 1098-C? 8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organization and access business holdings at any time during the year? 9 Sponsoring organization make any texable distributions under section 4966? 9 Did the sponsoring organization make any texable distributions under section 4966? 9 Did the sponsoring organization make any texable distributions under section 4966? 9 Did the sponsoring organization make any texable distributions under section 4966? 9 Did the sponsoring organization make any texable distributions under section 4966? 9 Did the sponsoring organization make any texable distributions under section 4966? 9 Did the sponsoring organization make any texable distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any texable distribution sunder section 4966? 10 Did the organization flore organization secret flore the amount of tex-exempt interest received or accrued durin			6a		Х
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and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? h If the organization make and intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? h If the organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? By Sponsoring organization make any taxable distributions under section 4966? By Did the sponsoring organization make any taxable distributions under section 4966? By Did the sponsoring organization make any taxable distributions under section 4966? By Did the sponsoring organization make any taxable on Part VIII, line 12 By Did the organization form members or shareholders. Coross income from members or shareholders. Coross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 10 Section 501(c)(219) qualified honprofit health insurance issu	7				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	а			100	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		and services provided to the payor?	7a		X
required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year	C				
a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13b C Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				1000	322
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a Bection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand. Label 13a The provided funds and the property of the					
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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?					
sponsoring organization have excess business holdings at any time during the year?		In the organization received a contribution of cars, locats, airplanes, or other venicles, did the organization file a Form 1098-C?.	/n	3899	Edders.
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	٠	· ·		Search	00000000
a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	q.		100	Little	2000
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_		9a	escarco.	
Initiation fees and capital contributions included on Part VIII, line 12					
a Initiation fees and capital contributions included on Part VIII, line 12			1988	575.00	E1182-4
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
against amounts due or received from them.)	а	Gross income from members or shareholders	1000		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			12a		
a Is the organization licensed to issue qualified health plans in more than one state?					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				NYC.	1820
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		1 1
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			14-	o poredict	y
	h	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O			

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Par		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2			100
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b		30.25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	200		1400
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			100
	the year by the following:			
a	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х	
b	and the second of the second o			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u></u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	1122		2003
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	101 375 (0.00)
	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	2002		2000
	with a taxable entity during the year?	16a	0.170(0)	X
В	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			3.5
	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?	20000		255
Secti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed >	-	1.15	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	e(E)(:	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
40			**	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20				
~0	State the name, address, and telephone number of the person who possesses the organization's books and record SR. PATRICIA MARY METZGAR 3629 WEST 29TH AVENUE DERVER, CO 80211 303-433-7221	S. >		
JSA 7E1042	1,000	Form	990	(2017)
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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	orga	niza	tion	CO1	mpen	sate	ed any current offic	er, director, or trus	itee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direc	unle	Pos heck ss pe	rson lirect	n of the Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)SR MARY GRACE BATES-THRU JUN/17	40.00									
VICE PRESIDENT/SECRETARY	0.	Х		Х				0.	0.	8,158.
(2)SR DARA VISHNEFSKI-THRU AUG/17	40.00	ļ								
VICE PRESIDENT/SECRETARY	0.	X		Х				0.	0.	10,877.
(3)SR PATRICIA MARY METZGAR	40.00	١.,								
PRESIDENT/TREASURER	0.	X	-	Х	_			0.	0.	15,564.
(4)SR AGNES LAM BOARD MEMBER	40.00	X							ا	0.140
(5)	0.	Î	-	-				0.	0.	9,142.
(6)										
(7)										
(8)										
(9)				İ						
(10)							Г			
(11)					Г					5
(12)										
(13)										
(14)							N			

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										ed Employees (JOHNHUE WY
	(A) Name and title	(B) Average hours per week (list any hours for	bax,	unles r and	Pos heck ss pe	rson Urect	than c is both or/trust	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A limited to t		liste				o re	0. 0. eceived more than	0. 0. 0. \$100,000 of	0
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	er, directo	or, or	trı	uste vai	e,	key e	emp	oloyee, or highes	t compensated	Yes No
	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15 	0,0	003		"Yes	s,"	complete Schedu	le J for such	4 X
	for services rendered to the organization? If "You be in the contractors for services rendered to the organization? If "You be in the contractors for services or the contractors for services rendered to the organization?	es,"comple	te Scl	nedu	ıle .	l for	such	per	son		5 X
_	Complete this table for your five highest comcompensation from the organization. Report of year.	pensated is compensati	ndepe	ende the	ent e ca	con	tracto dar ye	ors t	that received more ending with or with	than \$100,000 on the organization	of on's tax
	(A) Name and business add	Iress	-			1 2			(B) Description of se	ervices	(C) Compensation
148 1423						Shirt Market					
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite		tho:	se I	isted above) who	received	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or Unrelated Revenue business exempt excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a Membership dues 1b 1¢ c Fundraising events 94,373 1d d Related organizations e Government grants (contributions)... 1e f All other contributions, gifts, grants, and similar amounts not included above . 1f 2,198,801 g Noncash contributions included in lines 1a-1f. \$. 39.447 Total. Add lines 1a-1f Program Service Revenue **Business Code** 2a MEDICAID 623000 3,601,071 3,601,071 PRIVATE PAY 623000 308,800. 300,800 C PATIENT RENTAL INCOME 623000 103,874 103,874 All other program service revenue . . Total. Add lines 2a-2f 4,013,745 (including dividends, interest, Investment income 54,126 Income from investment of tax-exempt bond proceeds . > 0. 5 9,300 9,300. (i) Real (ii) Personal 6a Gross rents b Less: rental expenses . . . c Rental income or (loss) . . 1,646 d Net rental income or (loss). 4,646 4,646. (I) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 1,539,142 -11,567. c Gain or (loss) -11,567 -11,567. 8a Gross Income from fundraising Other Revenue events (not including \$ _____94,373. of contributions reported on line 1c). See Part IV, line 18 a 150,682 b Less: direct expenses b 78.605 c Net income or (loss) from fundraising events. 72.077 72,077 9a Gross income from garning activities. See Part IV, line 19 a 43, 173 18,329 b Less: direct expenses b c Net income or (loss) from gaming activities...... 24,644 24,644. 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory. . Miscellaneous Revenue **Business Code** 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. . . 4,013,745 153,426. J\$A

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 621,471. 621,471 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 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 0. 5 Compensation of current officers, directors, 43,741. 36,555. 6,091 1,095. 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 3,298,763. 2,745,808. 461,760 91,195. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 78,044. 65,557. 10,926 1,561. 211,863. 242,652. 27,138 9 Other employee benefits 3,651. 262,130. 220,189. 36,698 5,243. 11 Fees for services (non-employees): 0. a Management 0. c Accounting 675. 675 34,505. 34,505 0. e Professional fundraising services. See Part IV. line 17. f Investment management fees 0. g Other, (if line 11g amount exceeds 10% of line 25, column 69,814. 9,608 46,839. (A) amount, list line 11g expenses on Schedule O.). 13,367. 25,098. 25,098 153,422. 24,585. 106,745 22,092. 14 Information technology..... 16,696. 16,696. 15 Royalties............ 0. 414,759. 275,550. 116,269. 22,940. 17,472. 17,472. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. 0. Payments to affiliates........ 0. 21 22 Depreciation, depletion, and amortization 456,441. 305,816. 150,625 136,974. 124,008. 11,345 1,621. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aHOUSEKEEPING 42,424 33,271. 6,538 2,615. 217,406. **bMEALS** 217,406. CRESIDENT SUPPLIES 95,876. 95,876. dBAD DEBT EXPENSE 87,774. 87,774. 40,150. 18,986. All other expenses 14,399 6,765. 6,356,287. 25 Total functional expenses. Add lines 1 through 24e 5,131,554. 1,052,588. 172,145. 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

7E1052 1.000

Form 990 (2017)

Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,000.	1	1,000.
	2	Savings and temporary cash investments	1,897,183.	2	1,119,903.
	3	Pledges and grants receivable, net	34,939.	3	433,880.
	4	Accounts receivable, net	264,819.	4	50,395.
	5	Loans and other receivables from current and former officers, directors,		1600	
		trustees, key employees, and highest compensated employees.			
	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	0.	5_	0.
un-		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	4,989.	8	4,989.
	9	Prepaid expenses and deferred charges	42,979.	9	41,955.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 17, 939, 837.			
	b	Less: accumulated depreciation 10b 11,749,369.	5,862,250.	10c	6,190,468.
	11	Investments - publicly traded securities	1,191,886.		1,532,245.
	12	Investments - other securities. See Part IV, line 11	442,574.	$\overline{}$	486,125.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	0	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,742,619.		9,860,960.
	17	Accounts payable and accrued expenses.	288,994.		248,017.
	18	Grants payable		18	0.
	19	Deferred revenue		19	8,635.
	20	Tax-exempt bond liabilities	0.	20	0,033.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0.
w	22	Loans and other payables to current and former officers, directors,	DECEMBER OF THE PROPERTY OF TH	21	
itie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties.		23	0.
	25	Other liabilities (including federal income tax, payables to related third	V.	24	0.
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	26	of Schedule D	200 004	25	0.
_ sa	20	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	288,994.	26	256,652.
3UC	27	Unrestricted net assets	8,962,612.	27	8,983,367.
3alë	28	Temporarily restricted net assets	48,439.	28	134,816.
DG E	29	Permanently restricted net assets	442,574.	29	486,125.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	1.0,011.		700,125.
51	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds			
<u>fe</u>	33	Total net assets or fund balances	9,453,625.	32	0 604 303
~	34	Total liabilities and net assets/fund balances		33	9,604,308.
		THE REPORT OF THE PROPERTY OF	9,742,619.	34	9,860,960. Form 990 (2017)

Form 990 (2017) Page 12 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI. X 1 6,460,346. 1 2 6,356,287. 2 Revenue less expenses. Subtract line 2 from line 1............... 104,059. 3 9,453,625. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 3,073. 6 0. 7 0. 0. 8 Other changes in net assets or fund balances (explain in Schedule O) 43,551. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 9,604,308. Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis __ Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2017)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE SISTERS OF THE POOR

Employer identification number

MU.	اظللا	N HOME FOR THE AGED					84-05285	
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	Ш	A school described in secti						
3	Ш	A hospital or a cooperative						
4	\square	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and si	tate:					
5		An organization operated section 170(b)(1)(A)(iv). (C		a college or universi	y owne	d or ope	erated by a governme	ental unit described in
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v)	
7	Х	An organization that norm						om the general nublic
		described in section 170(b)	(1)(A)(vi), (Compl	ete Part II.)		3-		on the general papilo
8		A community trust describe			Part II.)			
9	П	An agricultural research or	anization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	riculture (see instruct	ions). E	nter the	name, city, and state of	f the college or
		university:		,			,,,	. are compactor
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	nent income and u in after June 30, 1	nrelated business tax 975. See section 509	able inco (a)(2). ((ome (les: Complete	s section 511 tax) from : Part III.)	nip fees, and gross n 331/3 %of its businesses
11	Н	An organization organized						
12	\Box	An organization organized	and operated excli	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t						
а	L	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization				ajority of	the directors or truste	es of the
	_	ຼຸ supporting organization. ՝						
b	L							
		control or management of			the sam	e persor	s that control or man	age the supported
		ຸ organization(s). You must						
C	L	Type III functionally integ its supported organization						ly integrated with,
d		Type III non-functionally						ted organization(s)
		that is not functionally into						
		_ requirement (see instruct						
е		lacksquare Check this box if the orga						I. Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting (organizat	ion.	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	Ent	er the number of supported	organizations					
g	Рго	vide the following information	on about the suppo	orted organization(s).				
	(i) Na	ame of supported organization	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see mandenons);	Yes	No	instructions)	instructions)
(A)							-	
·~/						1		
(B)						!		
(C)								
(D)							+23	
(E)								
				STANDON STANDS		Filterania		
Tota	al				1200	15.5		

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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants. contributions, membership fees received. (Do not include any "unusual grants.") 1,905,834 1,538,563. 3,187,664. 10,460,779. revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1,538,563. Total. Add lines 1 through 3..... 1,905,834. 3,187,664 1,535,543 2.293.175 10,460,779. The portion of total contributions by person (other than governmental Of publicly unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 1,243,812. Public support. Subtract line 5 from line 4 9,216,967. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1,905,834 1,538,563 3, 187, 664 1,535,543 2,293,175 10,460,779. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 136.887 96,204 86,606 89,656. similar sources 68,072 477, 425. Net income from unrelated business activitles, whether or not the business is regularly carried on 54,821 46,527 26,763. 26,523 96,921 251,555. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10,474 2,000 12,474. Total support. Add lines 7 through 10... 11,202,233. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 82.28% Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 82.66% 16a 331/3 % support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization...... b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						7,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the					-	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			20			
	organization without charge					1	
6	Total. Add lines 1 through 5					-	
7 a	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons		1				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						
	line 6.)				782-2007		
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar				-	**	
	sources,						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		201				
12							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add fines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here	· · · · · · · · ·					▶ 🗍
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche	dule A. Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2017 (fi	ne 10c, column (f) divided by line	3, column (f))		17	%
18							
19 a	a 331/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line						
	17 is not more than 331/3%, check th	is box and stop	here. The org	anization qualifie:	s as a publicly	supported organi	zation . >
b	33 1/3 % support tests - 2016. If the orga	inization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3%, check	this box and st	lop here. The or	ganization qualifi	es as a publicly	supported organi	zation 🕨
JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
707					S	chedule A (Form 9	90 or 990-EZ) 2017

Part IV Supporting Organizations

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

Secti	ion A. All Supporting Organizations		7	
		272.00	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	1 1:25 kg	10:07tb	2015.1
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	Mar	
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.	3ь		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	18	188
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		Ball
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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	H.E.	
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		
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		
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	SSS.	
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	pro siz	Distance of
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		100000
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	J	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	CASE:	16186	Sile

determine whether the organization had excess business holdings.)

organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

1 2

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). By reason of the relationship described in (2), did the organization's supported organizations have a

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E.	Type III F	unctionally	Integrated	Supporting	Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
a	The organization satisfied the Activities Test Complete line 2 helow

The organization satisfied the Activities Test. Complete line 2 below.

Ь The organization is the parent of each of its supported organizations. Complete line 3 below.

The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

Activities Test. Answer (a) and (b) below.

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.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

- 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.
- 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.

2a 2b <u>3a</u>

Yes No

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	-in-4l	_	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	nization	S Nov. 20, 4070 / av-la	in in Day 1 (D. C.
instructions. All other Type III non-functionally integrated supporting organi	g trust of zations r	n Nov. 20, 1970 (expla	on Part VI). See
	2000113 1	must complete Section	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	-	
4 Add lines 1 through 3.	4	· · · · · · · · · · · · · · · · · · ·	
5 Depreciation and depletion	5	**	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
		**	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	986		(aptional)
instructions for short tax year or assets held for part of year):	1083		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	165367		
factors (explain in detail in Part VI):	1121		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		***	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	K S		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		802
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		o building a market	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting	a organization (see
instructions).	, integra	inee is the manipulation	y organization (See

Schedule A (Form 990 or 990-EZ) 2017

LITTLE SISTERS OF THE POOR

84-0528531 Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 From 2013 From 2014 From 2015 From 2016 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: Applied to underdistributions of prior years Applied to 2017 distributable amount Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j Breakdown of line 7: a Excess from 2013....

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014.... Excess from 2015.... Excess from 2016.... Excess from 2017....

Schedule A (Form 990 or 990-EZ) 2017

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

OMB No. 1545-0047

201

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990, 990-EZ,

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

Form 990-Form 990 for the latest information.

Name of the organization

LITTLE SISTERS OF THE POOR MULLEN HOME FOR THE AGED

Employer identification number

84-0528531

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

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

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

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

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

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

Name of organization LITTLE SISTERS OF THE POOR

Employer identification number 84-0528531

84-0528531 MULLEN HOME FOR THE AGED Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution 1 Person Payroll 193,285. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution 2 Person Payroll 380,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person **Pavroll** 100,000. Noncash (Complete Part If for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 80,000. Noncash (Complete Part It for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution 5 Person Payroll 194,308. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (For	n 990.	. 990 -EZ .	or 990	-PF)	(2017)
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Page 3

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

Employer identification number

84-0528531

Part II	Noncash Property	(see instructions). Us	e duplicate copies of Pa	art 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
Si .			
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
	The state of the s		
		•	
		•	
		. \$	
	,		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		.	
:		\$	
(=) N=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
	A CONTRACTOR OF THE CONTRACTOR		
		\$	

MULLEN HOME FOR THE AGED



Employer identification number
84-0528531

(10 the cor Us	clusively religious, charitable, etc., of that total more than \$1,000 for the following line entry. For organization of \$1,000 or less for the eduplicate copies of Part III if addition	ne year from any one co ns completing Part III, ent year. (Enter this informati	ntributor. Co	mplete columns (a) through (e) a exclusively religious, charitable, e			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_							
_	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relations	hip of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee			
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee			
) No. rom art l	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gift	sfer of gift Relationship of transferor to transferee				
_							

JSA 7E1255 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name	e of the organization LITTLE SISTERS OF THE POOR	Employer identification number
MUI	LEN HOME FOR THE AGED	84-0528531
Pa	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	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	irt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year ▶	, <u></u>
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
	>	• • • • • • • • • • • • • • • • • • • •
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	> \$	3 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control of the footnote to its financial statements.	cation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	vices diese items.
-	works of art, historical treasures, or other similar assets held for public exhibition, educ	stion of research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ s
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	:
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
<u>b</u>	Assets included in Form 990, Part X	▶ \$
For I	Paperwork Reduction Act Notice, see the instructions for Form 990.	Schedule D (Form 990) 2017
JSA 7E126	88 2.000	

Sched	dule D (Form 990) 2017								Page 2
Par	t III Organizations Maintaining Co	llections of	Art, Hist	orical T	reasure	s, or Ot	her Similar A	ssets (continu	ed)
3	Using the organization's acquisition, acc	ession, and o	ther recor	ds, check	k any of	the follow	ving that are a	significant use	of its
	collection items (check all that apply):							-	
а	Public exhibition		d [Loan	or exchar	nge progra	ms		
b	Scholarly research		e l						
С	Preservation for future generations		_	_		-		-	
4	Provide a description of the organization XIII.		and expla	in how t	they furtl	ner the oi	ganization's exe	empt purpose in	Part
5	During the year, did the organization solid	it or receive o	Innations o	fart histo	orical tre	selirae or	other similar		
_	assets to be sold to raise funds rather than							Yes	No
Par	t IV Escrow and Custodial Arrange		211100 00 PD	11 01 1110 (organizat	10113 60116	Cuomi ,	. Tes	1 140
1 641	Complete if the organization ar		s" on Forn	1990 P	art IV lin	ne 9 or re	enorted an am	ount on Form	
	990, Part X, line 21.			1 550, 1 1	urc 14 , 16	10 0, 01 10	sported all alli	ount on a onn	
12	Is the organization an agent, trustee, cus	todian or othe	ar intermed	iany for c	ostributio	on or othe	r coccio cot		
164								[2] v [٦
	included on Form 990, Part X? If "Yes," explain the arrangement in Part	VIII and same	· · · · · ·					. X Yes	No
U	ir res, explain the arrangement in Falt	Ani and comp	piete trie foi	lowing tat	ле: Г				
	Daningian balanca				<u> </u>		Amou		
С	Beginning balance								485.
d	Additions during the year	• • • • • • •				1d		375,	
	Distributions during the year				🗀	1e		372,	
f	Ending balance				🗀	1f		21,	212.
	Did the organization include an amount o								i No
	If "Yes," explain the arrangement in Part	XIII. Check he	ere if the ex	φlanation 	has bee	n provided	on Part XIII		
Par	t V Endowment Funds.		. –	000 5		4.0			
	Complete if the organization an								
	(a)	Current year	(b) Prio	r year	(c) Two	years back	(d) Three years b	ack (e) Four years	s back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships			7.					
е	Other expenditures for facilities				İ				
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year	end balance	e (line 1a.	column ((a)) held a	3:		
а	Board designated or quasi-endowment					(-//			
Ь	Permanent endowment >	2/6							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c	should equal '	100%.						
3a	Are there endowment funds not in the po	ssession of th	ne organiza	ition that	are held	and admi	nistered for the		
	organization by:							Yes	No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related orga								+-
4	Describe in Part XIII the intended uses of							[]	<u> </u>
Par	4 VI Land, Buildings, and Equipmen	ıt.							
	Complete if the organization a								
	Description of property		other basis tment)		or other bas ither)		cumulated reciation	(d) Book value	_
1a	Land		277,0711)	,,,	33,500		rooidion	33	500.
Ь	Buildings			8.4	329,752		311,828.	1,317,	
c	Leasehold improvements	-		,			, 020 -	1,311,	723.
d	Equipment			1.0	29,45	5 4	522,965.	406,	490
	Other			***************************************	247,130		314,576.	4,432,	
Tota	al. Add lines 1a through 1e. (Column (d) m	ust equal For	n 990 Part				174,0101	6,190,	_
	I work in an east of the footening (o) in	uquur i Offi	TVV, (UII	-sy occurre	·· (60/) 11111C			U, 17U,	7 UO.

Schedule D (Form 990) 2017

Complete if the organization answere (a) Description of security or category	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			a., p., 0
Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11c. See Form 99	0, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of value	
(4)		Cost or end-of-year ma	irket value
(1)			
(2)			
(3)			
(4)			
(5)			*
(6)			
(7)			
(8)			
(9)	58		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		ESSENTIAL PROPERTY OF THE SECOND PROPERTY OF	
art IX Other Assets.	d "Vaa" on Form 004	0 Ded IV II 444 C E 00	0.5
Complete if the organization answere	escription	U, Part IV, line 11d. See Form 99	
(1)	Cocription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		<u> </u>
art X Other Liabilities. Complete if the organization answere	d "Vas" on Form 00	0 Port IV line 11 115 Co. Fr	000 D4 V
line 25.	d tes difform se	o, Faitiv, line Tie or Tit. See Fo	orm 990, Part X,
(a) Description of liability	(b) Book val	ue Eksterning at the state	
(1) Federal income taxes		A STATE OF THE STA	
(2)			
(3)			
(4)			
(5)			
101			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8)			

ISA

Part XIII Supplemental Information (continued)

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 D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

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

REVENUE ON BOOKS, NOT ON RETURN:

EVENT EXPENSES RECLASSED TO REVENUE 96,934

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 43,551

TOTAL 140,485

SCHEDULE D, PART XII, LINE 2D

EXPENSES ON BOOKS, NOT ON RETURN:

EVENT EXPENSES RECLASSED TO REVENUE 96,934

SCHEDULE G (Form 990 or 990-EZ)

Supplemental information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 5a.

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Go to union for con/Enree000 for the lettest best continued

Internal Revenue Service		P 00 to WWW.03.t	_	rioi the late	at instructions.		Inspection
Name of the organizatio		S OF THE POOR	2			Employer identification	on number
MULLEN HOME I						84-0528531	
Form	raising Activities. Con 990-EZ filers are not	required to comp	lete this p	oart.			17.
1 Indicate who	ther the organization rai	sed funds through	any of the	following	activities. Check	all that apply.	
a Mail sol	licitations	e	Solid	itation of	поп-government g	rants	
b Internet	and email solicitations	f	Solid	citation of	government grant	S	
	solicitations	g	Spe	cial fundra	ising events		
	on solicitations						
or key empl	nization have a written obyees listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
compensate	the 10 highest paid indi d at least \$5,000 by the	organization.	(Tunoraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	I address of individual ity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		00 (//	
1							
2	7 1 1						
3							
4			1				
5							
6	···						-
7	Apparation 1.00 (1)						
8	3-4						
9			<u> </u>				
						<u></u>	
10	2						
Total		<u> </u>					
3 List all state registration of	s in which the organiza	tion is registered o	or licensed	1 to solicit	contributions or	has been notified	it is exempt from
							
							
							
			-				
	20				4/4	Process.	

Page 2

Pa	irt I	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000 of the street of	nt contributions and gros	vered "Yes" on Form 9 s income on Form 990	990, Part IV, line 18, or 0-EZ, lines 1 and 6b. I	reported more List events with
			(a) Event #1 100 YEAR GALA (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	245,055.			245,055.
L.	2	Less: Contributions	94,373.			94,373.
		line 2)	150,682.			150,682.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	37,842.			37,842.
t Exp	7	Food and beverages				
Direc	8	Entertainment	14,740.			14,740.
	9	Other direct expenses	26,023.			26,023.
Pa	11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1 Gaming. Complete if the orga than \$15,000 on Form 990-E	0 from line 3, column (d) anization answered "Y)		78,605. 72,077. orted more
Revenue		11411 4 18,000 CH 1 CHI 1 000-L	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue		0.	43,173.	43,173.
ses	2	Cash prizes			15,000.	
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs		·		
	5	Other direct expenses			3,329.	3,329.
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			18,329.
	8	Net gaming income summary. Subtra	ct line 7 from line 1, colu	ımn (d)	▶	24,844.
9 a b	Is	nter the state(s) in which the organization licensed to conduct g "No," explain:	jaming activities in each	of these states?		. X Yes No
10 a	W	ere any of the organization's gaming li "Yes," explain:	icenses revoked, susper			. Yes X No
_				-	Schedule G	(Form 990 or 990-EZ) 2017

LITTLE SISTERS OF THE POOR

84-0528531

Sched	Jule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	formed to administer charitable gaming?
a b	130
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
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
c	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ► SR AGNES LAM
	Gaming manager compensation ▶ \$9,142.
	Description of services provided ► ORGANIZES RAFFLE
	X Director/officer X Employee Independent contractor
17	Mandatory distributions:
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE

(Form 990)

Internal Revenue Service

Department of the Treasury

THE AGED

MULLEN HOME FOR

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990.

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2017

Open to Public

Inspection

Employer identification number

84-0528531

▶ Go to www.irs.gov/Form990 for the latest information. LITTLE SISTERS OF THE POOR

N_o X Yes 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? . . . Part I General Information on Grants and Assistance

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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LITTLE SISTERS OF THE FOOR, CHICAGO PROVINCE, INC. 80 WEST RORTHWEST HIGHWAY	51-0187829	501(0)(3)	621 471				THE GOOD TOST OF
							ייי כרמה ביטה בעויבת בי
(3)							411
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)				ψ.			
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	overnment o	rganizations list	organizations listed in the line 1 table.	9		A	
s enter total number of other organizations listed in the line 1 table.	ed in the line	Table				A	

1073JK 5974 5/14/2018 JSA 7E1268 1.000

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Schedule I (Form 990) (2017)

LITTLE SISTERS OF THE POOR

Schedule I (Form 990) (2017)

Page 2

84-0528531

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

	(a) Type of grant or essistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	123					
2						
6						
4						
ເດ						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	ofumn (b); and any o	ther additional

SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: 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) (2017)

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.

➤ Go to www.irs.gov/Form990 for the latest Information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE SISTERS OF THE POOR

Employer identification number

84-0528531

MULLEN HOME FOR THE AGED Pers of Property

1 (4)	Types of Floperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of deter tribution	mining on amo) eunts
1	Art - Works of art							
2	Art - Historical treasures				-			
3	Art - Fractional interests				i			
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>				1,011
11	Securities - Partnership, LLC,		·					
	or trust interests							
12	Securities - Miscellaneous	-						
13								
	contribution - Historic							
	structures	i						
14					ļ			
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	-						
17	Real estate - Other			-				
18	Collectibles							
19	Food inventory	Х	155.	36,417.	FMV			
20	Drugs and medical supplies			30,11,	2117			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens					-		
24	Archeological artifacts							
25	Other ►(FLOWERS)	Х	25.	3,030.	FMV			
26	Other ►()			3,030.	THV			
27	Other ►()							
28	Other ►()				<u> </u>			
29	Number of Forms 8283 received	hy the ora:	enization during the tay ve	ar for contributions for				
	which the organization completed F	om 8283 l	Part IV Dones Acknowledge	ement	29			
	The organization dompleted t	01111 0200, 1	artiv, bonce Ackilowieog	emem	23		Yes	Na
30a	During the year, did the organizati	on receive	hy contribution any proper	ty reported in Part I lines	- 1 through	P552804	103	CONTRACT
	28, that it must hold for at least th	ree vears fr	rom the date of the initial	contribution and which is	s i unough			
	to be used for exempt purposes for	the entire h	olli inc date of the filling i olding period?	CONTRIBUTION, AND WHICH IS	ont required	30a	PACKAGE !	Х
h	If "Yes," describe the arrangement in		Jones period:			Sua	89.35743	<u> </u>
31	Does the organization have a		ance nolicy that require	s the soview of any				
	contributions?	5 2000br	and pondy that require	a rue review or sulv l	เบเเรเสทิดสิเต	24	x	
32a	Does the organization hire or use	third partic	es or related organizations	to policit persons	oll page	31	^	
	contributions?	ama parti	oo or related bryanizations	s to solicit, process, or s	en noncash	20.		v
h	If "Yes," describe in Part II.				• • • • • •	32a	(6/29/05)	X
33	If the organization didn't report an a	amount in o	Olumn (c) for a type of area	norty for which actions (-)	in observed			
	describe in Part II.	annount iii G	orginii (o) ioi a type oi biot	serty for which column (a)	is unecked,			
							10 BYPO1	100000000000000000000000000000000000000

Page 2

Part II Supplemental Information. 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.

SCHEDULE M, PART I, COLUMN B

NON-CASH CONTRIBUTIONS:

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

2017
Open to Public Inspection

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
CLASSES OF MEMBERS OR STOCKHOLDERS:

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

MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF THE GOVERNING BODY:

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:

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 PROCESS TO REVIEW THE FORM 990:

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,

LITTLE SISTERS OF THE POOR

MULLEN HOME FOR THE AGED

Employer identification number 84-0528531

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.

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

DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED:

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
DESCRIBE PROCESS FOR DETERMINING COMPENSATION:

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.

LITTLE SISTERS OF THE POOR

MULLEN HOME FOR THE AGED

Employer identification number 84-0528531

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

DESCRIBE PROCESS FOR DETERMINING COMPENSATION:

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 COMPENSATION BEYOND THEIR INCIDENTAL MONTHLY STIPEND.

FORM 990, PART VI, SECTION C, LINE 19

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:

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 III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENT 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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST

43,551

Schedule O (Form 990 or 990-EZ) 2017

Page 2

Name of the organization

LITTLE SISTERS OF THE POOR

MULLEN HOME FOR THE AGED

Employer Identification number 84-0528531

ATTACHMENT 1

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

THE LITTLE SISTERS OF THE POOR OPERATES 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.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Open to Public 2017 Inspection

Employer identification number 84-0528531 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. LITTLE SISTERS OF THE POOR MULLEN HOME FOR THE AGED

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Ð						
(2)						
(3)						
(4)		23				
(5)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	e organization answ	ered "Yes" on Fo	rm 990, Part IV,	line 34, because	it had

g Section 512(b)(13) controlled entity?	Yes No	×						
(f) Direct controlling entity		N/A						
(e) Public charity status (if section 501(c)(3))		509(A)(1)						
(d) Exempl Code section		501 (C) (3)						
(c) Legal domicile (state or foreign country)		TI						
(b) Primary activity		PROTIDE AIMINISTRATIVE AND SPIRITUAL GUIDAMSE AND FINANCIAL SUPPORT						
(a) Name, address, and EIN of related organization		(1) LITTLE SISTERS OF THE POOR, CHICAGO PROVINCE, INC. 51-0187829 80 W. HORTHWEST HIGHWAY, PALANTINE, IE 60067	(2)	(3)	(4)	(5)	(9)	(1)

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Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

Page 2 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

(k) Percentage ownership															
(I) General or managing partner?	No													Ť,	
(I) General or managing partner?	Yes				1									Par	
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)														on Form 990,	
(h) Dispropulerate alterateur?	Yes No		_		1									"Yes"	
	۲	_			+		_						_	ered	
(g) Share of end-of- year assets														ization answ	he tax year.
(f) Share of total income														ete if the organ	or trust during the
(e) Predominant Income (retaled, unretated, excluded from itax under sections 512 - 514)														e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV	d as a corporation o
(d) Direct controlling entity														s as a Corporati	anizations treate
(c) Legal domicile (state or foreign										18			******	Taxable	ated orga
(b) Primary activity														ted Organizations	d one or more rela
(a) Name. address, and EIN of related organization														_	line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.
		E		(2)		9		(4)	(2)		(9)	E		Part IV	5

(a) (b) (c) (d) (e)	(p)	(3)	(p)	(e)	€	(a)	8	=
Name, address, and EiN of related organization	ctivity	Legal domicile	Direc	Type of entity	Share of total	Share of	Percentage	Section
		(state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets ownership 512(b)(13)	ownership	512(b)(13) controlled
		coonay	-					entity?
								Yes No
(1)								
(2)								L
(3)								
(4)								
(9)								_
(9)								_
(2)								<u> </u>
JSA ZE1108 i nm	_					Schedule R (Form 990) 2017	(Form 990) 2017

JSA 7E1308 1.000

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Schedule R (Form 990) 2017 Method of determining Yes × × amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 10 4 E 1 p S 7 9 19 4 Đ or 36. Amount involved Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity, . . . Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property to related organization(s).... Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property from related organization(s). Name of related organization Part V ٩ Ü 0.0 (2) N € 2 ල 3 9

JSA 7E1309 2,000 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

Primary actively Cutable Oricinals Primary actively Cutable Oricinals Primary actively Cutable Oricinals Primary actively Cutable Oricinals Primary actively Primary	(e)	<u> </u>	(9)	(9)	(0)		(B)	(H)	8		-	0
Vestimos Dicos Vest No	Name, address, and ERN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant Incone (related, unrelated, excluded from tax under	- 1	Share of total income	Share of end-of-year assets	Dis proporti allocator				
(2) (3) (4) (4) (5) (6) (7) (8) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19)	4.40			sections 512-514)	_				0	1.2	Yes	2
(2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(1)							•	<u>.</u>			
(4) (5) (6) (6) (7) (8) (9) (10) (11) (12) (13) (14) (16)	(2)											1
(4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)	(8)											- 1
(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)	(4)											
(6) (9) (10) (11) (12) (13) (14) (16)	(5)											
(10) (10) (11) (12) (13) (14) (15) (16)	(9)						į					
(10) (11) (12) (13) (14) (15)	(1)										1	
(10) (11) (12) (13) (14) (14)	(8)											
(10) (11) (12) (13) (14) (15) (16)	(6)											
(12) (13) (14) (15)	(10)											
(12) (13) (14) (15) (16)	(11)											
(13) (14) (15) (16)	(12)											
(14)	(13)											
(15)	(14)											
(16)	(15)											
	(16)											

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Schedule R (Form 990) 2017

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.