Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

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

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

Open to Public Inspection

| 337 | | 2016 calendar year, or tax year beginning and ending | D Employer | identification number | |
|------------|----------|---|--------------------|---------------------------|--|
| В | Check if | C Name of organization | DEmployer | identification number | |
| | Addre | ss change | 66-0 | 714681 | |
| | Name | change ISLAND GREEN LIVING ASSOCIATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | E Telephon | | |
| | Initial | return Number and Street (of 1.5. Box, in main to the company | 340-775-0533 | | |
| | termin | ated P.O. BOX 410 | F Group Ex | | |
| | Amen | | Number | | |
| L | Applica | ion pending ST. JOHN, VI 00831 | | if the organization is | |
| G | Accoun | ting wethod. ZE dash | | red to attach Schedule B | |
| 1 | Websit | e: > IGLAVI.ORG Y 501(c)(3) 501(c) () 4947(a)(1) or 527 | | 0, 990-EZ, or 990-PF). | |
| J | Tax-ex | empt status (check only one) = [22] so i(c)(3) | (10111100 | 0,000 12,000 17 | |
| K | Form of | organization: X Corporation Trust Association Other es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II | I. | | |
| L | Add line | (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | " > 5 | 105,988. | |
| | | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru | ctions for Pa | | |
| P | art I | Check if the organization used Schedule O to respond to any question in this Part I | | X | |
| _ | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 81,041. | |
| | | Program service revenue including government fees and contracts | | 24,091. | |
| | 3 | Membership dues and assessments | | 654. | |
| | 4 | Investment income | 4 | | |
| | | Gross amount from sale of assets other than inventory 5a | | | |
| | | Less: cost or other basis and sales expenses 5b | | | |
| | | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | |
| | 6 | Gaming and fundraising events | | | |
| | | Gross income from gaming (attach Schedule G if greater than | | | |
| ıne | ª | \$15,000) 6a | | | |
| Revenue | ١, | Gross income from fundraising events (not including \$ of contributions | | | |
| Re | " | from fundraising events reported on line 1) (attach Schedule G if the sum of such | | | |
| | | gross income and contributions exceeds \$15,000) 6b | | | |
| | | Less: direct expenses from gaming and fundraising events 6c | | | |
| | 4 | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| | 72 | Gross sales of inventory, less returns and allowances 7a | 3 / 4 | | |
| | | Less; cost of goods sold | | | |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| | 8 | Other revenue (describe in Schedule 0) SEE SCHEDULE O | 8 | 202. | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ 9 | 105,988. | |
| _ | 10 | Grants and similar amounts paid (list in Schedule 0) | 10 | | |
| | 11 | Benefits paid to or for members | 11 | | |
| ses | 12 | Salaries, other compensation, and employee benefits | 12 | | |
| nse | 13 | Professional fees and other payments to independent contractors | 13 | 06 688 | |
| Expens | 14 | Occupancy, rent, utilities, and maintenance SEE SCHEDULE O | 14 | | |
| Ĥ | 15 | Printing publications postage and shipping | 15 | | |
| | 16 | Other expenses (describe in Schedule 0) SEE SCHEDULE O | 16 | 40,154. | |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 20 455 | |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 39,157. | |
| set | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | | CAEAC | |
| As | | (must agree with end-of-year figure reported on prior year's return) | 19 | | |
| Net Assets | 20 | Other changes in net assets or fund balances (explain in Schedule 0) | | 100 000 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | ▶ 21 | | |
| LH | A Foi | Paperwork Reduction Act Notice, see the separate instructions. | | Form 990-EZ (2016) | |

632171 12-08-16

| | art II Balance Sheets (see the instructions for Part II) | | | | | |
|--|--|--|--|-----------------|---|---|
| | Check if the organization used Schedule O to res | | | | | |
| | | () | A) Beginning of year | | (B) E | nd of year |
| 22 | 2 Cash, savings, and investments | | 56,429 | . 22 | | 101,538. |
| 23 | 3 Land and buildings | | | 23 | | |
| 24 | 3 Land and buildings 4 Other assets (describe in Schedule 0) SEE SCHEDULE (|) | 8,117 | . 24 | | 4,940. |
| 25 | 5 Total assets | | 64,546 | . 25 | | 106,478. |
| 26 | 5 Total assets 6 Total liabilities (describe in Schedule 0) SEE SCHEDULE (| | 0 | | | 2,775. |
| 27 | | | 64,546 | | | 103,703. |
| | art III Statement of Program Service Accomplishme | | | - | F. | xpenses |
| | Check if the organization used Schedule O to res | | | X | 1,200 | for section |
| Mha | at is the organization's primary exempt purpose? SEE STATEMENT | | I III II III 5 F aI I III | 21 | 501(c)(3) | and 501(c)(4) |
| | | | | _ | organizati others.) | ons; optional for |
| | cribe the organization's program service accomplishments for each of its three largest progran oner, describe the services provided, the number of persons benefited, and other relevant infor | | s. In a clear and concise | | 01110101) | |
| | | , , , , , , , , , , , , , , , , , , , | | | | |
| 28 | SEE SCHEDULE O | | | _ | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$ 0 •) If this amount includes foreign | grants, check here | | Ш | 28a | 27,984. |
| 29 | SEE SCHEDULE O | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$ 0 •) If this amount includes foreign | grants, check here | • | | 29a | 0. |
| 30 | | Y | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign | grants check here | | | 30a | |
| 21 | A 10 4 10 10 A 10 B | | | | 004 | |
| 31 | | | | | 210 | |
| | (Grants \$) If this amount includes foreign | | | _ | 31a | 27,984. |
| 32 | art IV List of Officers, Directors, Trustees, and Key I | mployees | | | 32 | 27,304. |
| Pa | | | | see the | instructions f | |
| | Check if the organization used Schedule O to res | | | / | | X |
| | | (b) Average hours | (C) Reportable | | alth benefits, | (e) Estimated |
| | (a) Name and title | | compensation (Forms | CONTR | ibutions to | |
| | (a) wante and the | per week devoted to | compensation (Forms W-2/1099-MISC) | emplo | yee benefit | amount of other |
| _ | | per week devoted to position | | emplo plans, | | |
| | ARITH WICKREMA | position | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation | amount of other compensation |
| PR | | | W-2/1099-MISC) | emplo plans, | yee benefit and deferred | amount of other |
| DO | ARITH WICKREMA RESIDENT DUG WHITE | position | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation | amount of other compensation |
| DO | ARITH WICKREMA RESIDENT | position | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation | amount of other compensation |
| DO VI | ARITH WICKREMA RESIDENT DUG WHITE | position 15.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation | amount of other compensation |
| DO VI RO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE | position 15.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation 0. | amount of other compensation 0. |
| DO VI RO TR | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER | position 15.00 15.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation | amount of other compensation 0. |
| DO VI RO TR AK | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE | position 15.00 15.00 3.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation 0 • | amount of other compensation 0. 0. |
| DO VI RO TR AK SE | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER KHIL DESHWAL | position 15.00 15.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation 0. | amount of other compensation 0. |
| DO VI RO TR AK SE LA | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER KHIL DESHWAL ECRETARY AURIE BOTTINGER | position 15.00 15.00 3.00 3.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation 0 • 0 • | amount of other compensation 0. 0. 0. |
| DO VI RO TR AK SE LA BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER KHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS | position 15.00 15.00 3.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation 0 • | amount of other compensation 0. 0. |
| DO VI RO TR AK SE LA BO KE | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 | W-2/1099-MiSC) (if not paid, enter -0-) | emplo plans, | ovee benefit and deferred pensation O . O . O . | amount of other compensation 0. 0. 0. 0. |
| DO VI RO TR AK SE LA BO KE | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 | W-2/1099-MISC) (if not paid, enter -0-) | emplo plans, | oyee benefit and deferred pensation 0 • 0 • | amount of other compensation 0. 0. 0. |
| DO VI RO TR AK SE LA BO KE BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 3.00 | W-2/1099-MiSC) (if not paid, enter -0-) | emplo plans, | O . O . O . O . | amount of other compensation 0. 0. 0. 0. 0. |
| DO VI RO TR AK SE LA BO KE BO DA | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER CHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 | W-2/1099-MiSC) (if not paid, enter -0-) | emplo plans, | ovee benefit and deferred pensation O . O . O . | amount of other compensation 0. 0. 0. 0. |
| DO VI RO TR AK SE LA BO KE BO DA | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 | 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | emplo plans, | O . O . O . O . | amount of other compensation 0. 0. 0. 0. 0. 0. |
| DO VI RO TR AK SE LA BO DA BO DA BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 3.00 | W-2/1099-MiSC) (if not paid, enter -0-) | emplo plans, | O . O . O . O . | amount of other compensation 0. 0. 0. 0. 0. |
| DO VI RO TR AK SE LA BO DA BO DA BO CH | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 | 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | emplo plans, | ovee benefit and deferred pensation O. O. O. O. O. | amount of other compensation O. O. O. O. O. O. |
| TRAK SE LA BO DA BO CH BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER KHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 | 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | emplo plans, | O . O . O . O . | amount of other compensation 0. 0. 0. 0. 0. 0. |
| TRAK SE LA BO DA BO CH BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER WHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 | 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | emplo plans, | ovee benefit and deferred pensation O. O. O. O. O. | amount of other compensation O. O. O. O. O. O. |
| DO VI RO TR AK SE LA BO DA BO CH BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER KHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 | 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | emplo plans, | ovee benefit and deferred pensation O. O. O. O. O. | amount of other compensation O. O. O. O. O. O. |
| DO VI RO TR AK SE LA BO DA BO CH BO DA BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER KHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL DARD OF DIRECTORS AVE MINNER DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 0.50 | W-2/1099-MiSC) (if not paid, enter -0-) 0 | emplo plans, | ovee benefit and deferred pensation O. O. O. O. O. | amount of other compensation O. O. O. O. O. O. O. O. |
| DO VI RO TR AK SE LA BO DA BO CH BO DA BO SU | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER CHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL DARD OF DIRECTORS AVE MINNER DARD OF DIRECTORS JUSAN PARTEN | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 0.50 5.00 | W-2/1099-MiSC) (if not paid, enter -0-) 0 | emplo plans, | ovee benefit and deferred pensation 0 | amount of other compensation O. O. O. O. O. O. O. O. O. O |
| DO VI RO TR AK SE LA BO DA BO CH BO DA BO SU BO | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER CHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HISTY O'NEIL DARD OF DIRECTORS AVE MINNER DARD OF DIRECTORS JUSTIC DARD OF DIRECTORS AVE MINNER DARD OF DIRECTORS JUSTIC DARD OF DIRECTORS | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 0.50 | W-2/1099-MiSC) (if not paid, enter -0-) 0 | emplo plans, | ovee benefit and deferred pensation O. O. O. O. O. | amount of other compensation O. O. O. O. O. O. O. O. |
| DO VI RO TR AK SE LA BO DA BO CH BO DA BO BO GA | ARITH WICKREMA RESIDENT DUG WHITE ICE PRESIDENT DB CRANE REASURER CHIL DESHWAL ECRETARY AURIE BOTTINGER DARD OF DIRECTORS EN HALDIN DARD OF DIRECTORS AVID HALL DARD OF DIRECTORS AVE DIGIACOMO DARD OF DIRECTORS HRISTY O'NEIL DARD OF DIRECTORS AVE MINNER DARD OF DIRECTORS JUSAN PARTEN | position 15.00 15.00 3.00 3.00 0.00 3.00 0.50 6.00 0.50 5.00 | W-2/1099-MiSC) (if not paid, enter -0-) 0 | emplo plans, | ovee benefit and deferred pensation 0 | amount of other compensation O. O. O. O. O. O. O. O. O. O |

| 38 Did the organization espage in any significant activity not previously reported to the IRS? If Yes, "provide a detailed description of each activity in Schedule 0 38 Were any significant calculates made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 38 Life the organization have unrelated austiness gross income of \$1,000 or more carried the change on Schedule 0 (see instructions) 39 Life the organization have unrelated austiness gross income of \$1,000 or more carried the change on Schedule 0 (see instructions) 39 Life the organization have unrelated austiness gross income of \$1,000 or more carried the change on Schedule 0 (see instructions) 30 Life the organization activity is such as the organization life of a Form 990-T for the year? If "No," provide an explanation in Schedule 0 (see instructions) 30 Life the organization activity is such as the organization life of a Form 990-T for the year? If "No," provide an explanation in Schedule 0 (see instructions) 31 Life and the organization activity is such as the organization is Schedule (\$1,000 Life, organization such bact to section 0303(e) notice, reporting, and proxy tax requirements during the year? If "No," complete supplicable parts of Schedule IV and IV as a such asu | Pa | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this | | | X |
|---|------|--|--------|----------|--------|
| 33 | _ | , | | | |
| activity in Schedule O A Were an significant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflict a change to the organization's same. Otherwise, explain the change on Schedule O (see instructions) 34 | 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | 103 | 140 |
| 34 Were any significant changes made to the organization or governing documents? If Yes,* attach a conformed copy of the amended occuments if they reflect a change to the organization amen. Otherwise, explain the change on Schedule (0 see instructions) 35. a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 79, among of they organization and they are from the year? If Yes,* to line 63s, has the organization fall of a form 990-T for the year? If Yes, provide an explanation in Schedule 0. 35. b IV A 35. b IV A 35. b IV Set to line 63s, has the organization fall of a form 990-T for the year? If Yes, provide an explanation in Schedule 0. 36. w IV Set to line 63s, has the organization and schedule C (- Part III of the organization and provide the complete schedule C, Part III of the organization and the organization and schedule N. 37. a first amount of political expenditures, direct or indirect, as described in the instructions 38. b IV Set to line organization for year of the set of the set of the set of the organization of the set of the organization fall individually at the end of the tax year covered by this return? 38. b If the organization fall and enter the total amount involved 38. b IV A 39. section 501(c)(7) organizations. Enters 38. b IV A 39. section 501(c)(7) organizations. Enters 38. b IV A 39. section 501(c)(7) organizations for your blue use of chish facilities 39. b IV A 39. b IV A 40. s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualided persons during the year unders: 38. b IV A 39. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualided persons during the sections 4912, 4955, and 4958 40. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualided pers | | activity in Schedule 0 | 33 | | Х |
| 35. a Unified organization have unrelated business grass income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b if Yes' to line 35a, has the organization filed a Form 990-1 for the year? If Yis', provide an explanation in Schedule 0 55b | 34 | | | | |
| or nines 2, 68, and 7a, among others?? b HYes's to line Sa, has the organization field a Form 990-T for the year? If Yio; provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part II Section 501 (c) How provides applicable parts of Schedule N 7a. Enter amount of political exponenties, direct or indirect, as described in the instructions D Ib the organization interes of Schedule N 7a. Enter amount of political exponenties, direct or indirect, as described in the instructions D Ib the organization force from 1120-POL for this year? 3b. Did the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such bans made in a prior year and still outstanding at the end of the tax year covered by this return? D If HYes, Complete Schedule, P, and I and enter the total amount involved S ection 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 D Gross receipts, included on line 9, for public use of club facilities D - ; section 4912 to 90 to 900-E27 II Yes, complete Schedule, L, Part I S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on cranization managers or disqualified persons during the year under sections 4912, 4958, and 4958 D - S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of disqualified persons during the year under sections 4912, 4958, and 4958 D - S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of disqualified persons during the year under sections 4912, 4955, and 4958 D - S Section 501(c)(3), 501(c)(4), 301 (c)(4), 301 (c)(| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) | 34 | | X |
| b H Yes's to line 35a, has the organization field a Form 990-T for the year? If Yeb, provide an explanation in Schedule 0 • Was the organization a section 501(c)(4), 511(c)(6), 611(c)(6), 611(c)(6 | 35 a | | | | |
| to Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year (1"*Yes*, complete schedule C, Part III and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes*, complete spelicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b IX 3 37c IX 3 37c IX 3 37c IX 3 37d IX 3 37d IX 3 38b IX 4 38b IX 4 38b IX 4 38b IX 4 38b IX 5 38c IX 5 3 | | | _ | | |
| requirements during the year? If "Yes," complete Schedule C, Part III 8 | | | 35b | N/ | A |
| 38 Did the organization undergo a liquidation, description, termination, or significant disposition of net assets during the yea? If "Yes," complete a place of schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions | C | | | | 37 |
| x3 a Enter amount of political expenditures, direct or indirect, as described in the instructions | 20 | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | \vdash | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 17a 0. 37b X 38a Did the organization file Form 1120-POL for this year? 38b Did the organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obitsanding at the end of the tax year covered by this return? 38b N/A 38c Section 501(c)(7) organizations. Enter: 38c N/A 39 Section 501(c)(7) organizations. Enter: 39c N/A 39c Section 501(c)(3) organizations. Enter: 39c N/A 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 495b N/A 39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 495b N/A 39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year under section 4912 N/A 39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year under section 4912 N/A 39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization and filing the year under sections 4912, 4955, and 4958 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the organization and the programization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40c If "Yes," complete Form 8886-T 40c If the organization in a foreign country: Not as a bank account, securities account, or other financial accounts (FBAR). 41c At any time during the calendary year, did the organization maintain an office outside the United States? 42c X 42c X 42d If "Yes," enter the name of the for | 30 | | 0.0 | | v |
| b bil the organization fie Form 1120-PDL for this year? 37b X 38a bil the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 88a X 88b N/A 88b N/A 88b N/A 88c Section 501 (c)/7 organizations, Enter: a initiation fees and capital contributions included on line 9 80 Societion 501 (c)/3 organizations, Enter: a initiation fees and capital contributions included on line 9 80 Societion 501 (c)/3 organizations, Enter amount of tax imposed on the organization during the year under: section 501 (c)/3) organizations. Enter amount of tax imposed on the organization during the year under: section 501 (c)/3), 501 (c)/4), and 501 (c)/29) organizations. But the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-221 (**), 501 (c)/4), and 501 (c)/29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4953, and 4958 O. decimo 501 (c)/3), 501 (c)/4), and 501 (c)/29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year order sections 4912, 4953, and 4958 O. all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If **Yes,** complete form 8986-7 40e X List the states with which a copy of this return is filled VII 21a Telephone no. 34 0 - 77 6 - 6116 Located at P.O. BOX 370 ST. JOHN VII Telephone no. 340 - 77 6 - 6116 Located at P.O. BOX 370 ST. JOHN VII Telephone no. 340 - 77 6 - 6116 Located at P.O. BOX 370 ST. JOHN VII Telephone no. 340 - 77 6 - 6116 Located at P.O. BOX 370 ST. JOHN VII Telephone no. 340 - 77 6 - 6116 Located at P.O. BOX | 37 a | | | | Λ |
| 38 a bit the organization borrow from, or make any loans to, any officer, director, fursitee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b (1°Yes," complete Schedule L, Part II and enter the total amount involved 38 b (1°Yes," complete Schedule L, Part II and enter the total amount involved 38 b (1°Yes," complete Schedule L, Part II and enter the total amount involved 38 a N/A 38 b (1°Yes," complete Schedule L, Part II and enter the total amount involved 38 a N/A 38 b (1°Yes," complete Schedule L, Part II and enter the total amount involved 38 a N/A 38 b N/A 39 Section 50 ((c)(3) organizations. Enter amount of tax imposed on the organization during the year of it is prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and any interest of the stay year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 40 List the states with which a copy of this return is filed ▶ VI 41 List the states with which a copy of this return is filed ▶ VI 42 a The organization shooks are in care of ▶ ROB CRANE 44 Located at ▶ P.O. BOX 370, ST. JOHN, VI 54 The organization file to foreign country? ▶ 55 See the instructions for exceptions and filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 45 A tany time during the calendar year, did the organization maintain an office outside the United States? 46 Lift the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 55 Excela the instructions for exceptions and filing requirements for FinGEN Form 114, Report | | | - | | x |
| in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Boross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 | 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | 0,0 | | |
| b If Yes,* complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club racillities 39b N/A 39a N/A 39b N/A 39b N/A 39c N/A 39b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 ▶ 0_c; section 4912 ▶ 0_c; section 4955 ▶ 0. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of it is repage in an excess benefit transaction and uning the year of it is repage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912, 4955, and 4958 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the lata year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 8886-T 40e IX 41 List the states with which a copy of this return is filled ▶ VI 42a The organization's books are in care of ▶ ROB CRANE Located at ▶ P. O. BOX 370, ST. JOHN, VI b 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; ▶ See the instructions for exceptions and filling requirements for FioCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 44b A With Yes, 'enter the name of the foreign country; ▶ See the instructions for exceptions and filling requirements for FioCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 44c IY's No First the amount of tax-exempt | | | 38a | | Х |
| 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0 .; section 4912 ▶ 0 . section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess senefit transaction of uring the year, or did it engage in an excess senefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ (?1 **Ves,** complete Schedule I., Part I do Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | b | | 711111 | 7/2 | |
| b Gross receipts, included on line 9, for public use of club facilities | | | | | |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unders section 4911 ▶ 0 . ; section 4915 ▶ 0 . Section 4915 ▶ 0 . Section 4916 ▶ 0 . ; section 4956 ▶ 0 . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ▶ 0 . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization with the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T | а | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| section 4911 | b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of 1ts prior Forms 990 or 990-EZP if "Yes," complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization by the organization c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Liest the states with which a copy of this return is filed ▶ VI 11. Liest the states with which a copy of this return is filed ▶ VI 12. The organization's books are in care of ▶ ROB CRANE Located at ▶ P.O. BOX 370, ST. JOHN, VI 12. The organization books are in care of ▶ ROB CRANE Located at P.O. BOX 370, ST. JOHN, VI 13. 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 14. A List the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 25. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 26. Did the organization neceive any payments for indoor tanning services during the year? 16. Tyes, Form 990 and Schedule R may nead to be completed instead of Form 990-EZ (| 40 a | | | | |
| transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I . 40b X Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | | |
| of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8986-T 40e X 11 List the states with which a copy of this return is filled bVI 12a The organization's books are in care of bROB CRANE Located at bP.O. BOX 370, ST. JOHN, VI 12iP+4 books are in care of bROB CRANE Located at bP.O. BOX 370, ST. JOHN, VI 22iP+4 books accountly? If "Yes," enter the name of the foreign country; less than account, securities account, or other financial account in a foreign country; less the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Less than the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Ves No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ (see instructions) 44b X 44c X D | b | | | | 18 als |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | | v |
| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 40b | | Λ |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e | C | EC PARTIES AND A CONTRACT OF THE PROPERTY OF T | | | |
| by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed VI 142 The organization's books are in care of ROB CRANE | 4 | and the control of th | | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed VI 21 The organization's books are in care of ROB CRANE Telephone no. 340-776-611.6 Located at P.O. BOX 370, ST. JOHN, VI 2IP+4 00830 b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here | u | CONTROL OF THE CONTRO | | | 200 |
| transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed | е | | | | |
| List the states with which a copy of this return is filled VII The organization's books are in care of ROB CRANE Located at PP.O. BOX 370, ST. JOHN, VI It is 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 See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Yes No 144a X 15 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 16 Did the organization receive any payments for indoor tanning services during the year? 17 Lyes, "Form 990 must be completed instead of Form 990-EZ 18 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 18 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 19 Did the organization receive any payment from or engage in any transaction with a controlled | Ĭ | | 40e | | Х |
| b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Ves No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 41 | List the states with which a copy of this return is filed ▶VI | | | |
| tatany 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)? 42b | 42 a | | 6-6 | 116 | |
| ver a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? At any time during the calendar year, did the organization maintain an office outside the United States? At any time during the calendar year, did the organization maintain an office outside the United States? At any time during the calendar year, did the organization maintain any office outside the United States? At any time during the calendar year, did the organization maintain any office outside the United States? At any time during the calendar year, did the organization the sempth charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here At any time during the calendar year, did the organization maintain any donor accrued during the tax year At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ At a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ At a Did the organization receive any payments for indoor tanning services during the year? At a Did the organization receive any payments for indoor tanning services during the year? At a Did the organization have a controlled entity within the meaning of section 512(b)(13)? At a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) At a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be comple | | Located at ▶ P.O. BOX 370, ST. JOHN, VI | 083 | 0 | |
| account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A Yes No 10 the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 446 X b Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Main the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | | | Yes | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | | 42b | | X |
| c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1 N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | | | | |
| If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1 | | and the same and the first that the same and | 40- | | v |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | С | | 420 | | Λ |
| Ada Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 12 | | | | |
| Ves No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b In 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b In 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 40 | | N/A | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | and direct the direction day oxionips into occidence of decision day got | | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | | | Yes | No |
| Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | 57.5 | |
| of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | Form 990-EZ | 44a | | X |
| c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 2 | | |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | of Form 990-EZ | 44b | | |
| in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| 45 aDid the organization have a controlled entity within the meaning of section 512(b)(13)?45 aXbDid 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)45b | d | | | | |
| b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b | | in Schedule O | | | 77 |
| 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | | 45a | | X |
| | b | | AEL | | |
| | | | | 90-F7 | (2016) |

| | | | | | | | | Yes | No |
|--------------------------|---|-----------------------|---|-----------------------|-------------|---|---------|-----------------|----------------|
| | the organization engage, directly or indirectly, in political campaign activiti | | | | | | | | v |
| | Yes," complete Schedule C, Part I | | | | | | 46 | | _ X |
| Part ' | VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 4: | 7 40h and 52 and | d complet | e the table | s for line | s 50 and 51 | | | |
| | Check if the organization used Schedule O to respond to an | y question in this | a complet Part VI | e trie table. | 3 101 11110 | 3 00 and 01. | | | |
| | Check if the organization used Schedule O to respond to an | ly quodion in time | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | Yes | |
| 47 Did | t the organization engage in lobbying activities or have a section 501(h) ele | ction in effect durin | g the tax y | ear? If "Yes," | complete | Sch. C, Part I | 47 | | X |
| 48 Is t | the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," | complete Schedule | Ε | | | | 48 | | Х |
| | d the organization make any transfers to an exempt non-charitable related o | | | | | | 49a | - | X |
| b If " | Yes," was the related organization a section 527 organization? | | | | | | 49b | | |
| | mplete this table for the organization's five highest compensated employee | | rs, director | s, trustees, a | and key er | npioyees) who | each r | eceivea | more |
| tha | an \$100,000 of compensation from the organization. If there is none, enter | (b) Average | houre | (c) Repo | tolele | (d) Health bene | fits. (| e) Estim | nated |
| | (a) Name and title of each employee | per week dev | | compensation W-2/1099 | on (Forms | contributions employee ben | 0 0 | nount of | |
| | NONE | positio | n | W-2/1098 | 9-IVII3C) | plans, and defe compensatio | | ompens | ation |
| | 110112 | | | | | | | | |
| | | 7 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | _ | | |
| | | _ | | | | | | | |
| | | | | | | | _ | | |
| | | - | | | | | | | |
| 4 To | otal number of other employees paid over \$100,000 | | - | | | | | | |
| f To 51 Co | otal number of other employees paid over \$100,000 Omplete this table for the organization's five highest compensated independ | lent contractors wh | o each rece | eived more th | nan \$100, | 000 of compe | nsation | from th | е |
| | ganization. If there is none, enter "None." NONE | | | | | | | | |
| | (a) Name and business address of each independent contractor | | (b |) Type of ser | vice | (| Com | ensatio | n |
| | | | | | | | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | 70 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| d To | otal number of other independent contractors each receiving over \$100,000 |) | | ▶ _ | | | | | 0 |
| 52 Di | d the organization complete Schedule A? Note: All section 501(c)(3) organ | izations must attacl | h a | | | | [T]. | | – |
| CO | ompleted Schedule A | | | | | | X, | | No |
| Under p | enalties of perjury, I declare that I have examined this return, including acc | ompanying schedu | les and sta | tements, and | to the be | st of my know | leage a | na belle | i, it is |
| true, cor | rrect, and complete. Declaration of preparer (other than officer) is based on | all information of v | wnich prepa | arer nas any | Knowledg | l. | | | |
| Cian | Signature of officer | | | | | Date | | | |
| Sign Here | ROBERT CRANE, TREASURER | | | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name Preparer's signature | е | Date | | heck X | 100000000000000000000000000000000000000 | | | |
| Daid | ELAINE D FREEMER, | | | Se | elf- emplo | | | 2 <u>2 32</u> 3 | |
| Paid | CPA | | | | | | 019 | 6006 | <u> </u> |
| Prepa Use (| Daly Firm's name ELAINE D. FREEMER, CP. | A | | | Firm's EIN | | 4.1 | C 17 2 2 | |
| 036 (| Firm's address > 569 ORTOLE LANE | | | | Phone no. | 215-6 | 41- | 6703 | , |
| | DRESHER, PA 19025 | | | | | | v | | 1 |
| May the | RS discuss this return with the preparer shown above? See instructions | | | | | | Eorm | | No 7 (2016) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public

orm990. Inspection
Employer identification number

| Name | of t | he organization | | | | | | | identification number |
|-------|---|---|------------------------|--|-------------------------------------|---------------------------------|-----------------|------------------------------|----------------------------|
| | | | | IVING ASSOCI | | | | | 6-0714681 |
| Par | tl | Reason for Public (| Charity Status (A | All organizations must co | mplete th | is part.) Se | e instruction | s. | |
| The o | rgan | ization is not a private found | ation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | |
| 1 [| | A church, convention of ch | | | | |)(A)(i). | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | |
| 3 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | city, and state: | | | | | | | | |
| 5 [| | An organization operated for | or the benefit of a co | llege or university owned | d or opera | ted by a g | overnmental | unit describ | ped in |
| | | section 170(b)(1)(A)(iv). (C | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governn | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that norma | Ily receives a substa | ntial part of its support f | rom a gov | ernmental | unit or from | the general | public described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | | | | | | | |
| 9 [| | An agricultural research org | | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | f the colleg | e or |
| | | university: | | | | | | | |
| 10 | X | An organization that norma | Ily receives: (1) more | than 33 1/3% of its sup | port from | contributi | ons, member | ship fees, a | and gross receipts from |
| | | activities related to its exen | | | | | | | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fr | om busine | sses acqu | ired by the o | rganization | after June 30, 1975. |
| , | | See section 509(a)(2). (Con | | | | | | | |
| 11 | = | An organization organized a | | | | | | | |
| 12 | | An organization organized | | | | | | | |
| | | more publicly supported or | | | | | | | check the box in |
| | _ | lines 12a through 12d that | | | | | | | , alvina |
| а | | Type I. A supporting orga | | | | | | | |
| | | the supported organization | | | a majority | of the dire | ctors or trust | ees or the s | supporting |
| | | organization. You must of Type II. A supporting org | | | tion with it | te support | ed organizati | on(e) by ha | vina |
| b | | control or management o | | | | | | | |
| | | organization(s). You mus | | | anie perso | JIIS HIAL CO | ontroi oi man | age the sup | ported |
| | | Type III functionally inte | | | in connec | tion with | and functions | ally integrat | ed with |
| C | | its supported organizatio | | | | | | ing integral | |
| | | Type III non-functionally | | | | | | rted organi | ization(s) |
| d | | that is not functionally int | | | | | | | |
| | | requirement (see instruct | | | | | | a arranorri | |
| е | | Check this box if the orga | | | | | | II. Type III | |
| C | | functionally integrated, or | | | | | | 71 | |
| f | Ente | er the number of supported of | | , | 3 3 | | | | |
| | | vide the following information | | ed organization(s). | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount o | and the second of the second | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | Est Maria Maria | | | | |

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

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

| Se | ction A. Public Support | | | | | | |
|------|--|--|--|-----------------------|------------------------------|-------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | , , | | | (1) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | The term Valley | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | NAME OF TAXABLE PARTY. | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 4 | (4) = 0 : = | (2) 20:0 | (6) 2511 | (4) 2010 | (0) 2010 | (i) rotal |
| 8 | Gross income from interest. | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | 1 | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | District the state of | A SWAN TO THE REAL PROPERTY. | William Control | |
| 12 | Gross receipts from related activities, | etc (see instruction | one) | | | 12 | |
| | First five years. If the Form 990 is for | A STATE OF THE PARTY OF THE PAR | | d fourth or fifth t | | | |
| 10 | organization, check this box and stor | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | | | |
| _ | Public support percentage for 2016 (I | | | column (fl) | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | % |
| | 33 1/3% support test - 2016. If the o | | | | | | |
| | stop here. The organization qualifies | - | | | | | |
| b | 33 1/3% support test - 2015. If the d | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | 800 | _ | |
| h | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | . 5,5 01 |
| | organization meets the "facts-and-circ | | The second secon | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | interiorital | | .,,, | | edule A (Form 990 | |

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 nder the tests listed below please complete Part II)

| Sec | ction A. Public Support | ow, please comp | Diete Part II.) | | | | |
|------|---|--|--|-------------------------------|---|---------------------|-------------|
| _ | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Gifts, grants, contributions, and | (a) 2012 | (b) 2013 | (0) 2014 | (u) 2013 | (6) 2010 | (i) Total |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | 25,161. | 72,079. | 81.695. | 178,935. |
| 2 | Gross receipts from admissions, | | | 23/2021 | , , , , , , , | 02/0301 | 2.0,555 |
| 2 | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | 24,091. | 24,091. |
| 2 | organization's tax-exempt purpose Gross receipts from activities that | | | | | 21,0510 | 21/0311 |
| 3 | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 1 | Tax revenues levied for the organ- | | | | | | |
| 4 | ization's benefit and either paid to | | | | | | |
| | | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | 25,161. | 72,079. | 105,786. | 203,026. |
| | Amounts included on lines 1, 2, and | | | | | | |
| , , | 3 received from disqualified persons | | | | | | 0. |
| Ł | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | A LANGE OF THE REAL PROPERTY. | | | 203,026. |
| | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | | | (c) 2014 25,161. | (d) 2015 72,079. | 105,786. | 203,026. |
| 10 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | 202. | 202. |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | 202. | 202. |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | 25,161. | 72,079. | 105,988. | 203,228. |
| 14 | First five years. If the Form 990 is for t | he organization's | s first, second, thir | d, fourth, or fifth tax | x year as a sectio | n 501(c)(3) organiz | ation, |
| | check this box and stop here | | | | | | > |
| | ction C. Computation of Public | | | | | | 00 00 |
| | Public support percentage for 2016 (lin | | | | CONTROL STORES CALCUS TO MADE SHARE CO- | 15 | 99.90 % |
| _ | Public support percentage from 2015 S | The state of the s | The state of the s | | | 16 | 100.00 % |
| | ction D. Computation of Invest | | | | | | 1.0 |
| | Investment income percentage for 201 | | | | | 17 | .10 % |
| | Investment income percentage from 20 | | | | | 18 | % |
| 19 | 33 1/3% support tests - 2016. If the o | | | | | | 37 |
| | more than 33 1/3%, check this box and | | 70. | | | | |
| k | 33 1/3% support tests - 2015. If the o | | | | | | |
| | line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 | Private foundation. If the organization | did not check a | box on line 14, 19 | a, or 19b, check thi | s box and see ins | structions | <u> </u> |

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

| 1 | | Will Law |
|----------|----------|----------|
| | | |
| 2 | | |
| | | Since . |
| 3a | | |
| | | |
| 3b | | |
| 3с | | |
| | | |
| 4a | | |
| | | |
| 4b | 2,280=38 | 392384 |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| 5a | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| | | |
| 6 | | |
| | | |
| 7 | | 4,00 |
| 8 | | |
| | | |
| 9a | | |
| Oh | | |
| 9b | | |
| 9c | | |
| | | |
| 10a | | |
| 10b | | |
| 90 or 90 | 0.FZ | 2016 |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|------------|-------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | 1 | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | T. | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | 130.2 | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | V | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 177.00 | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | N The state of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | 100 |
| | 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. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | , | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | structions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 0- | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 2a | | |
| Ь | 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. | Oh | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 2b | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Sa | | |
| D | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | and capped to digamentation | JU | | - |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | anizations | |
|------|--|------------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | | | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | | | |
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | 200 | | |
| | factors (explain in detail in Part VI): | 要"一" | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integra | ited Type III supporting org | anization (see |
| | instructions) | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Га | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations (continued) | |
|------|---|--|---|--|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organizatio | ns | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsiv | e | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | * | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | THE REPORT OF THE PARTY OF THE | |
| b | | | | No. 1 (1997) A Print Control |
| С | From 2013 | | THE REPORT OF THE | |
| d | From 2014 | | TOTAL CALL OF | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | 日"专工法"的A | | |
| | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | State of the Market State of the State of th |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | DESCRIPTION OF THE PARTY OF THE |
| 4 | Distributions for 2016 from Section D. | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | 27-10-14-12-03-14-14-14-14-14-14-14-14-14-14-14-14-14- | | |
| | Applied to 2016 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | |
| | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3 | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| - | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

| I | SLAND GREEN LIVING ASSOCIATION | 66-0714681 | | | | |
|---|---|--|--|--|--|--|
| Organization type (check | Organization type (check one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | $\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization | | | | | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | | | | | | |
| 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 | | | | | |
| • | n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special f | Rule. See instructions. | | | | |
| | c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special f | Rule. See instructions. | | | | |
| J | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor. | The American State of the State | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1 | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo Z, line 1. Complete Parts I and II. | a, or 16b, and that received from | | | | |
| year, total contril | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| but it must answer "No" o | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

ISLAND GREEN LIVING ASSOCIATION

66-0714681

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|-------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JOY & ANDY STILLMAN P.O. BOX 1412 ST. JOHN, VI 00831 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | BRAD & JULI CAMRUD 125 GROGANS LANDING ATLANTA, GA 30350 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | INNOVATIVE P.O. BOX 6100 ST. THOMAS, VI 00801 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | US FACILITIES 30 NORTH 41ST ST PHILADELPHIA, PA 19104 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | MARTHA S. ROBES & DANA R. ROBES 5000 ESTATE ENIGHED PMB458 ST. JOHN, VI 00830 | \$6,000. | Person X Payroll (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 623452 10-1 | 8-16 | \$Schedule B (Form | Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016) |

Name of organization

Employer identification number

ISLAND GREEN LIVING ASSOCIATION

66-0714681

| Part II | Noncash Property (See instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | - |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ | |
| | | s | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ | |
| | | | |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization ISLAND GREEN LIVING ASSOCIATION 66-0714681 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

2016 DEPRECIATION AND AMORTIZATION REPORT

| DRM 9 | 90-EZ PAGE 1 | | | | | | | 990-E | Z | | | | | | |
|--------------|--------------------------|------------------|----------|------|------|-------|----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | Corv | ine U | Jnadjusted ost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 1 | CAN CRUSHER | 02/09/15 | 200DB | 5.00 | нұ1 | 7 | 14,919. | | | 7,460. | 7,459. | 1,492. | | 2,387. | 3,879. |
| 2 | GENERATOR | 03/04/15 | 200DB | 5.00 | ну1 | 7 | 3,500. | | | 1,750. | 1,750. | 350. | | 560. | 910. |
| 3 | WATER TANKS | 05/03/15 | 200DB | 7.00 | нхі | 7 | 1,420. | | | 710. | 710. | 101. | | 174. | 275. |
| 4 | COMPUTER | 09/22/15 | 200DB | 5,00 | ну1 | 7 | 353. | | | 177. | 176. | 35. | | 56. | 91. |
| | * TOTAL 990-EZ PG 1 DEPR | | (H.E.G.) | | | | 20,192. | | | 10,097. | 10,095. | 1,978. | | 3,177. | 5,155. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | T - | | * - 40 | | | | | *1000 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | no destables successive | | |
| | | | | | | | | | | | | | | | |

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 16

Inspection

Employer identification number

ISLAND GREEN LIVING ASSOCIATION 66-0714681 FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: 202. INTEREST INCOME FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: AMOUNT: DESCRIPTION OF EXPENSES: 3,177. DEPRECIATION 23,500. OTHER EXPENSES 26,677. TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 25. BANK FEES 4,476. INSURANCE OFFICE EXPENSES 230. 27,983. RECYCLING EXPENSES CONSULTANT FEES AND EXPENSE 3,160. 4,000. DEVELOPMENT FILING FEE 280. TOTAL TO FORM 990-EZ, LINE 16 40,154. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR OTHER DEPRECIABLE ASSETS 8,117. 4,940.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

16 Open to Public

OMB No. 1545-0047

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

Inspection Employer identification number 66-0714681 ISLAND GREEN LIVING ASSOCIATION

DESCRIPTION

BEG. OF YEAR END OF YEAR

DUE TO GIFTT SCHOOL

2,775. 0.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: IGLA IS ALREADY INVOLVED IN HANDS-ON RECYCLING INITIATIVE.

IN 2015 THE ORGANIZATION BEGAN AN ALUMINUM CAN CRUSHING

PROGRAM AT ST. JOHN'S RESOURCE DEPOT, WHERE 195,000 POUNDS

OF BUILDING MATERIALS HAVE BEEN REPURPOSED TO DATE. THE ORGANIZATION HOPES TO INTRODUCE GLASS RECYCLING SOON. A NEW EXPANDED RESOURCE DEPOT

THAT WILL INCLUDE AN UPCYCLING PROGRAM WILL ALSO BE ANNOUNCED IN THE

NEAR FUTURE.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING 2016, IGLA ESTABLISHED A GREEN VILLA CERTIFICATION

PROGRAM, WHICH IS AN EXPANSION OF THE "TROPICAL GREEN

BUILDING" CERTIFICATION PROGRAM. IT HAS BEEN ESTABLISHED

TO INCLUDE ALL ASPECTS OF ENVIRONMENTALLY RESPONSIBLE GREEN LIVING,

INCLUDING VILLA OPERATIONS, MANAGEMENT, MAINTENANCE AND USE. RENTAL

VILLAS ARE THE PRIMARY FOCUS OF THIS PROGRAM.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Name of the organization

ISLAND GREEN LIVING ASSOCIATION

Employer identification number 66-0714681

| (a) Name and title per week depoties per week depoties of position | Part IV List of Officers, Directors, Trustees, and Key B | mplovees. List each one e | ven if not compensated | (see the instructions f | or Part IV) |
|--|--|--|---|---|--|
| BOARD OF DIRECTORS | (a) Name and title | (b) Average hours per week devoted to | (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| KAREN VAHLING BOARD OF DIRECTORS 5.00 0. 0. 0. | | | | | |
| BOARD OF DIRECTORS 5.00 0. 0. 0. 0. 0. 0. 0. 0. | | 1.00 | 0. | 0. | 0. |
| | | | _ | | |
| Schedule 0 (Form 500 or 900.72) | BOARD OF DIRECTORS | 5.00 | 0. | 0. | 0. |
| Synable 0 (5 or 90) or 900.73 | | - | | | |
| Synatise 0 (Form 990 or 990.77) | | | | | |
| Specials O From 200 or 200-E71 | | 1 | | | |
| Specials O Form 500 or 990-E71 | | | | | |
| ADVIT MANUE Schedula O (Form 000 or 900-E7) | | 1 | | | |
| Schedule O. Form 900 or 990.F7 | | | | | |
| 69223 MAD 1/6 Schadula O (Form 900 or 990.F7) | | | | | |
| 60223 MAD 16 Schadule O (Form 900 or 900.FZ) | | | | | |
| 6227 Mail 16 | 1 | | | | |
| 6322 Mala 16 Schedule O (Form 900 or 900-F7) | | | | | |
| 6927 (4.61.9) Schedule O (Form 900 or 900.F7) | | | | | |
| 52427 (Add-14) | | - | | | |
| 50221 Multi-16 Schadula O (Form 900 or 900-E7) | | | | | |
| Schedule O. Form 990 or 990-F71 | | - | | | |
| Schedule O (Form 990 or 990-F7) | | | | | |
| 8227 (Bull 1/5 | | 1 | | | |
| 83271 04.01.16 Schedule O (Earn 900 or 900-E7) | | | | | |
| 83221 Gadil-16 Schadula O (Form 900 or 900-E7) | | 1 | | | |
| 532/1 04:01:15 | | | | | |
| 532/1 04:01:16 | | | | | |
| Schedule O (Form 900 or 900-F7) | | | | | |
| 632471 04-01-15 | | | | | |
| 632471 04-01-15 | | | | | |
| 632/71 (M-1)-16 | | | | | |
| 63/2/1 04-01-15 Schadule O (Form 900 or 990-F7) | | | | | |
| 632/71 04:01:16 Schadule O (Form 900 or 990-F7) | | | | | |
| 632471 04-01-15 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-15 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | 1 | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | 1 | | | |
| 639471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 Ma-01-16 Schedule O (Form 990 or 990-F7) | | 1 | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | - | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | - | | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | | - | | |
| 632471 04-01-16 Schedule O (Form 990 or 990-F7) | | - | | | |
| | 632471 04-01-16 | | 80 | hedule O /Form | 990 or 990_E7\ |