### Form **990**

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

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2017 calend	lar year, or ta	ax year begin	ning	0	7-01 ,	2017, and en	nding	0	<u>6</u> -30 ,	2018
В	Check if a	applicable:	C Name of org	anization NORT	HEAST INDEPE	NDENT LIVIN	G SERV	ICES			D Employ	yer identification no.
	Address o	change	Doing busine	ess as							43-17	26532
	Name cha	ange	Number and	street (or P.O. bo	x if mail is not delivered t	o street address)			Room/suit	e	E Telepho	one number
	Initial retu	ırn	909 BF	ROADWAY							(573)	221-8282
	Final retu	rn/terminated	City or town.	, state or province,	country, and ZIP or fore	gn postal code					<b>G</b> Gross r	eceipts
	Amended	return	HANNIE	BAL, MO 63	3401						\$	2,191,941
	Applicatio	n pending	F Name and a	ddress of principal	officer:				H(a) Is	this a group retur	n for subordinate	s? Yes X No
									H(b) Ar	e all subordina	ates included?	Yes No
ı	Tax-exem	npt status:	501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	527			If "No," attac	ch a list. (see ir	nstructions)
J	Website:		NEILSCE	NTER.ORG					H(c) (	Group exempti	on number	<b>•</b>
K	Form of o	rganization: X	Corporation	Trust Ass	ociation Other ►		L Year	of formation: 1	994	M State of le	egal domicile:	MO
Pa	art I	Summar	'y						,		-	
	1	Briefly descr	ribe the orgar	nization's miss	ion or most significa	ant activities: T	O ENHA	NCE THE F	RIGHTS	& INDE	PENDENC	E OF
4		PEOPLE W	ITH DISA	BILITIES	TO ACTIVELY	PARTICIPATE	IN TH	EIR COMMU	NITIES	8 & TO	LIVE	
Governance		SELF-DET	ERMINED	LIVES.								
r												
Š	2	Check this b	ox ▶ ☐ if th	e organization	discontinued its or	perations or dispos	ed of mo	re than 25% c	of its net a	issets.		
Ğ	3	Number of v	oting membe	ers of the gove	rning body (Part V	, line 1a)				;	3	8
တ	4	Number of in	ndependent v	oting member	s of the governing	oody (Part VI, line	1b)			4	4	8
Activities &	5	Total number	er of individua	ls employed in	calendar year 201	7 (Part V, line 2a)					5	54
Ę	6			s (estimate if							6	
⋖	7a	Total unrelat	ted business	revenue from	Part VIII, column (0	C), line 12				7	'a	0
	b	Net unrelate	ed business ta	axable income	from Form 990-T,	ine 34				7	'b	0
									Pri	or Year	C	Current Year
e	8	Contributions	s and grants	(Part VIII, line	1h)							0
	9		_		e 2g)					2,283,5	82	2,147,975
Revenue	10	-			A), lines 3, 4, and 70							0
Re	11				nes 5, 6d, 8c, 9c, 10					37,6	19	43,966
	12				must equal Part VII			_		2,321,2		2,191,941
	13				X, column (A), lines							0
	14			. ,	, ,	•						0
	15									766,4	.55	659,085
Expenses	16a	Professional	I fundraising f	iees (Part IX,	column (A), line 11e	e)						0
Se Se	b		•	•	lumn (D), line 25)	•						
ă	17				nes 11a-11d, 11f-24	-				1,504,3	41	1,531,209
	18	Total expens	ses. Add line	s 13-17 (must	equal Part IX, colu	mn (A), line 25)		[		2,270,7		2,190,294
		•		•	18 from line 12 .			_		50,4		1,647
			-						Beginning o	of Current Yea		End of Year
ets	<u>E</u> 20	Total assets	(Part X, line	16)						1,910,2		1,874,309
Net Assets or	21	Total liabilitie	es (Part X, lin	ne 26)						556,6		519,081
Š	E 22	Net assets of	or fund baland	ces. Subtract	line 21 from line 20			🖯		1,353,5		1,355,228
Pa	art II	Signatu	re Block					<u>'</u>			'	
					rn, including accompanyi				nowledge ar	nd belief, it is		
true	e, correct, a	and complete. De	claration of prepa	arer (other than off	icer) is based on all infor	nation of which prepare	r has any kn	owledge.				
		BROO	KE KENDR	ICK								
Siç	gn	Signatur	re of officer							С	Date	
He	re	BROO	KE KENDR	ICK, EXEC	UTIVE DIRECT	OR						
			print name and ti	-								
		Print/Type pre	eparer's name		Preparer's signature		Date	ı	CI	neck if	PTIN	
Pa	id	Jim Hun	•				09-	06-2018	se	elf-employed	P007	798871
	eparer			Luck Hum	phreys and A	ssociates C	1		Firm's EIN			
	e Only				t Ely Road				Phone no.			
	,				MO 63401					573	-221-46	50
Ma	v the IRS	S discuss this	return with th		own above? (see i	nstructions)						Yes No

Part IV

43-1726532

# Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ........ 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X . . . . . 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ..... Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .......... 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19

Part IV

43-1726532

Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete</i> Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All. Form 990 filers are required to complete Schedule O.	38	X	

17) NORTHEAST INDEPENDENT LIVING SERVICES

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
h	and services provided to the payor?	7a 7b		Λ
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
٠	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ı.	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/1-2	Enter the amount of reserves on hand	14a		v
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		X
b	ii 103, has it iiica a 1 onii 720 to report triese payments: ii 170, provide an explanation in Schedule O	טדו		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

there are market afforeacts in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schadule O.  b Ensier the number of voting members included in line 1a, above, who are independent  1 by any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to an amanagement company or other person?  2 bid the organization delegate control over management underway or other person?  3 bid the organization have market or key employees to a management company or other person?  4 bid the organization have market or key employees to an amanagement company or other person?  5 bid the organization have members or stockholders?  5 bid the organization have members or stockholders?  6 bid the organization have members or stockholders?  7 bid the organization have members or stockholders?  8 bid the organization have members or stockholders?  9 bid the organization have members or stockholders?  10 bid the organization have members or stockholders?  11 bid the organization have been the trip the governing body?  12 bid the organization have been the organization reserved to (or subject to approval by) members, stockholders, or pestors other than the governing body?  12 bid the organization have a written organization reserved to be organization because the following the stockholders		Check if Schedule O contains a response or note to any line in this Part VI			. X
there are market afforeacts in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schadule O.  b Ensier the number of voting members included in line 1a, above, who are independent  1 by any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to an amanagement company or other person?  2 bid the organization delegate control over management underway or other person?  3 bid the organization have market or key employees to a management company or other person?  4 bid the organization have market or key employees to an amanagement company or other person?  5 bid the organization have members or stockholders?  5 bid the organization have members or stockholders?  6 bid the organization have members or stockholders?  7 bid the organization have members or stockholders?  8 bid the organization have members or stockholders?  9 bid the organization have members or stockholders?  10 bid the organization have members or stockholders?  11 bid the organization have been the trip the governing body?  12 bid the organization have been the organization reserved to (or subject to approval by) members, stockholders, or pestors other than the governing body?  12 bid the organization have a written organization reserved to be organization because the following the stockholders	Sec	tion A. Governing Body and Management			
If there are material differences in voting rights among members of the governing body, or if the governing body degrated broad authority to an executive committee or similar committee, explain in Schedule O.  b Eniet the number of voting members included in line 1a, above, who are independent				Yes	No
if the governing body delegated broad authority to an executive committee or similar committee, expinin in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year			
best better the unwhere or voting members included in line 1a, above, who are independent before the provided of the field the unwhere or voting members included in line 1a, above, who are independent before the provided of the provided		If there are material differences in voting rights among members of the governing body, or			
b Einet the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 ny officer, director, trustee, or key employees to a management outles customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Life the organization make any significant changes to its governing documents since the prior form 990 was filled? 4 Life the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or other persons who had the power to elect or appoint one or more members of the governing body? 7 The stockholders, or persons of the than the governing body? 7 The stockholders, or persons of the than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at motiganization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Pollides (This Section B requests information about policies not required by this Internal Revenue Code.)  10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have boat longeres, branches, or affiliates? 10 Did the organization brave written policies and procedures governing the activities of such chapters. 10 Did the organization have written policies and procedures governing the activities of such chapters. 11 Did the organization have written policies and procedures governing the activities of such chapters. 12 Did the orga		if the governing body delegated broad authority to an executive committee or similar			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization sasets?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Para any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization conferopraneously document the meetings held or written actions undertaken during the year by the following:  7 Did the particular of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organizations malling address? If "Yes," provide the names and addresses in Schedule O.  9 Section B, Policies (This Section Prequests information about policies not required by the Internal Revenue Code.)  10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations sexerpt purposes?  10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes?  11 If "Yes," did the organization have a written policies of the presence of the presence of the presence of the presence of the organization to require the Form 900.  12 Did the organization have a written conflict of interest policy? If "No." go		committee, explain in Schedule O.			
any other officer, director, rustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  3 Up the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members are stockholders?  5 Did the organization have members are stockholders?  6 Did the organization have members are stockholders?  7a Did the organization have members are stockholders?  7b Did the organization have members are stockholders?  7a Did the organization have members are stockholders?  7b Did the organization of the governing body?  8b Ava any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persors other than the governing body?  8b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8b Each committee with authority to act on behalf of the governing body?  8c Is there are yofficer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mealing address? If Yes, *Provide the names and addresses in Schedule 0  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10c If the organization have local chapters, branches, or affiliates?  b Poscribe in Schedule O the process, if any, used by the organization's exempt purposes?  11a Has the organization have a written policies and procedures governing the activities of such chapters.  11b Has the organization have a written policies and procedures governing the activities of such chapters.  11a Has the organization have a written policies and procedures governing the service with Form 990.  12b Were officers, directors, or trustees, and key employees required to declose an	b	Enter the number of voting members included in line 1a, above, who are independent			
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				3.7	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	_				
describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  If a bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed organization's exempt status with a copy of this Form 990 is required to be filed organization for explusing the states with which a copy of this Form 990 is required to be filed organization for explusing in Schedule O (see instructions).  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			12b	Х	
Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the organization's CEO, Executive Director, or top management official  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:  ■ 13	С		40-	3.7	
Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization is ceo, Executive Director, or top management official  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  The organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  The organization's exempt status with respect to such arrangements?  The organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  The organization's exempt status with respect to such arrangements?  The organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  The organization's exempt status with respect to such arrangements?  The organization in point venture arrangements under applicable federal tax law, and take steps to safeguard the organization in joint venture arrangements arrangements.  The organization is exempt status with respect to such arrangements?  The organization is exempt status with respect to such arrangements?  The organization is exempt arrangement arrangement with a tax law, and take steps to safeguard the organization of the deliberation of the deliberation of	40				
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed pavailable for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶		·			
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official		• • • • • • • • • • • • • • • • • • • •	14	X	
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	15				
b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  15c List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	_		1E-0	v	
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with a taxable entity during the year?	162				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	IVa		160		Х
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organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	b				
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			16h		Х
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:					
available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:					
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<ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records:</li> </ul>					
financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:	19				
20 State the name, address, and telephone number of the person who possesses the organization's books and records:	. •				
	20				
	-	TARA FORTNER (573)221-8282, 909 BROADWAY, HANNIBAL, MO 63401			

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Page 7

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

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

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

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

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

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

(A) Name and Title	(B)  Average hours per week (list any hours for related	box, offic				n )	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organizations
(1) GARRETT LAWRENCE				X					0	
PRESIDENT (2) DAWN DAVIS				Λ				0	U	0
VICE PRESIDENT	<b></b>			X				O	0	0
(3) LINDSAY SEWARD										
SEC/TRES				X				O	0	o
(4) BROOKE KENDRICK										
EXECUTIVE DIRECTOR					Χ			64,575	0	0
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										
	•								•	(cc.(-)

Part '	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Higl	hes	t Con	npen	sated Employee	s (continued)	_		
	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, ι	unless r and a	perso	ion re tha on is l	an one both an rustee) Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f orç ar	(F) stimated mount of other spensation from the ganization d related anization	n İ
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							<b>•</b>					
	Total (add lines 1b and 1a)							•	64,575	5 0			0
	Total (add lines 1b and 1c)												U
	reportable compensation from the organization									0		V	NI-
3	Did the organization list any <b>former</b> officer, directo	r, or trustee,	key er	nploy	/ee,	or h	nighes	st cor	npensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule										3		Χ
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than												
	individual						• • •				4		Χ
5	Did any person listed on line 1a receive or accrue co	•		-			-						
Section	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete So	chedul	e J fo	or su	ıch <sub> </sub>	perso	n .			5		X
	Complete this table for your five highest compensate compensation from the organization. Report comper												
	year.	isation for the	Jouloi	iddi j	, cai		anig w		within the organiz	eations tax			
	(A) Name and business address								(B) Description of			(C) pensation	1
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	istec	ab	ove) v	who	1				

Form 990 (2017) NORTHEAST INDEPENDENT LIVING SERVICES 43-1726532 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt function excluded from tax business under sections 512-514 revenue Federated campaigns . . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues . . . . . . . . . . . . 1b **c** Fundraising events . . . . . . . . 1c **d** Related organizations . . . . . . . 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f ...... **Business Code** Revenue 2a PROGRAM SERVICES 621400 2,147,975 2,147,975 b Program Service **f** All other program service revenue . . . . . . 2,147,975 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . ▶ Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents ..... 38,000 **b** Less: rental expenses . . . . c Rental income or (loss) . . . 38,000 38,000 38,000 (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . **c** Gain or (loss) . . . . . . . 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . a **b** Less: direct expenses . . . . . . . . . b c Net income or (loss) from fundraising events . . . . . . . ▶ 9a Gross income from gaming activities. **b** Less: direct expenses . . . . . . . . b c Net income or (loss) from gaming activities . . . . . . . . . ▶ 10a Gross sales of inventory, less

b e Total. Add lines 11a-11d 5,966

5,966

2,191,941

5,966

2,191,941

**Business Code** 

621400

returns and allowances . . . . . . . . . . . a  ${f b}$  Less: cost of goods sold . . . . . . . .  ${f b}$ c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue

**12 Total revenue.** See instructions . . . . . . . . . . . . . . . .

11a MISCELLANEOUS REVENUE

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 539,107 521,743 17,364 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 73,230 70,871 2,359 10 46,748 45,242 1,506 11 Fees for services (non-employees): b Legal...... Professional fundraising services. See Part IV, line 17 . Investment management fees ....... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 14,542 14,542 13 13,866 13,866 14 15 16 32,070 32,070 17 11,861 11,861 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 175 175 20 24,086 24,086 21 22 Depreciation, depletion, and amortization . . . . . . 75,202 75,202 23 34,403 34,403 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PAYROLL PROCESSING 1,282,189 1,282,189 PROFESSIONAL FEES 9,500 9,500 C REPAIRS 19,119 19,119 d PROGRAM EXPENSES 7,608 7,608 All other expenses 6,588 6,588 Total functional expenses. Add lines 1 through 24e . 25 2,190,294 2,097,100 93,194 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Part X

43-1726532

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 579,435 1 643,466 2 2 3 3 4 4 142,951 176,248 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 6 7 Notes and loans receivable, net ................. 7 8 8 9 9 Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . 10a 2,043,845 b Less: accumulated depreciation . . . . . . . . . . . . 10b 962,502 1,147,315 10c 1,081,343 11 11 12 Investments - other securities. See Part IV, line 11 ........ 12 13 13 14 14 7,204 6,549 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 1,910,202 1,874,309 17 17 68,022 55,391 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties ...... 488,599 23 463,690 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 519,081 556,621 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 1,353,581 1,355,228 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here | and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds ......... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,355,228 1,353,581 Total liabilities and net assets/fund balances ........... 34 34 1,910,202 1,874,309

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	91,9	941
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	90,2	294
3	Revenue less expenses. Subtract line 2 from line 1	3		1,647		547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	53,5	581
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,3	55,2	228
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		🛚	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
== ^				Form	aan /	2017\

#### **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.

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

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NOR	THE	AST INDEPENDENT LIVING S	ERVICES				43-17265	32			
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.			
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check only	y one box.	)					
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b> i	ion 170(b)	(1)(A)(i).					
2		A school described in section 170(b)	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)					
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).					
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the				
		hospital's name, city, and state:									
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	governmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete	Part II.)								
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)	(A)(v).					
7	X	An organization that normally receives	s a substantial part	of its support from a gov	ernmental/	unit or from	m the general public				
		described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)							
8		A community trust described in <b>secti</b>	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant coll	lege			
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
	university:										
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses				
		acquired by the organization after Ju-	ne 30, 1975.See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)					
11	Ц	An organization organized and opera	ted exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).					
12	Ш	An organization organized and operat	•	•							
		of one or more publicly supported org	-				•				
		Check the box in lines 12a through 12						•			
	а			•		•		ving			
		the supported organization(s) the			ity of the c	directors or	trustees of the				
		supporting organization. You mu	•								
	b	Type II. A supporting organizatio	•			_	. ,	•			
		control or management of the sup		·	rsons that o	control or r	nanage the supporte	d			
		organization(s). You must comp									
	С	Type III functionally integrated		·				with,			
		its supported organization(s) (see	•	•				(' (-)			
	d	Type III non-functionally integr						. ,			
		that is not functionally integrated.	-	•			nt and an attentivenes	S			
		requirement (see instructions). <b>Y</b>	•				Time II Time III				
	е	Check this box if the organization				sa Type I,	rype II, rype III				
	f	functionally integrated, or Type III  Enter the number of supported organi			ariizatiori.						
	g	Provide the following information about		anization(s)							
		) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amou	int of		
	,	, rame of supported organization	(11) 2.114	(described on lines 1-10	· ,	r governing	support (see	other supp			
				above (see instructions))	docum	ent?	instructions)	instruct	ons)		
					Yes	No					
(A)											
<b>(D)</b>											
(B)											
(C)											
(J)											
(D)											
(E)											
Tota	I										

43-1726532 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support	•			•	,						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,284,453	2,295,100	2,193,756	2,321,201	2,191,941	11,286,451					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	<b>Total.</b> Add lines 1 through 3	2,284,453	2,295,100	2,193,756	2,321,201	2,191,941	11,286,451					
5	The portion of total contributions by											
	each person (other than a											
	governmental unit or publicly											
	supported organization) included on											
	line 1 that exceeds 2% of the amount											
	shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4						11,286,451					
Sec	tion B. Total Support											
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total					
7	Amounts from line 4	2,284,453	2,295,100	2,193,756	2,321,201	2,191,941	11,286,451					
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											
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10 .						11,286,451					
12	Gross receipts from related activities, etc. (s	see instructions) .				12						
13	First five years. If the Form 990 is for the organization, check this box and stop here	·		rth, or fifth tax year	as a section 501(	c)(3)	▶ □					
	tion C. Computation of Public Su											
14	Public support percentage for 2017 (line 6, c	• • • • • • • • • • • • • • • • • • • •	•	**			00.00 %					
15	Public support percentage from 2016 Sched						00.00 %					
16a	33 1/3% support test - 2017. If the organiz			·	•		. 57					
,	box and <b>stop here.</b> The organization qualif						▶ 🏻					
b	33 1/3% support test - 2016. If the organization of						<b>.</b> П					
47-	this box and <b>stop here.</b> The organization of	•					▶ ⊔					
17a	10%-facts-and-circumstances test - 2017	-										
	10% or more, and if the organization meets											
	Part VI how the organization meets the "fac		_				<b>.</b> П					
h	organization						· · · · • ⊔					
b		•				III IC						
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly											
	supported organization			-		-	▶ □					
18	Private foundation. If the organization did						· · · · · · ·					
	instructions						▶ □					
		<del></del>	<u> </u>	<del></del>	<u> </u>	<u> </u>	<u> </u>					

43-1726532

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1			_	
	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	_					
15	Public support percentage for 2017 (line 8, co	( )	, ,	f))		15	%
16	Public support percentage from 2016 Schedul					16	%
	ction D. Computation of Investmer					T T	
17	Investment income percentage for 2017 (line						%
18	Investment income percentage from 2016 Sc	·					%
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b>	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	, and line nization	▶ □
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

## 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**

- 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.)

		.,	
ı		Yes	No
	1		
	ı		
	2		
	3a		
	3b		
	JD		
	3с		
	4a		
	41		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
A (Fo	rm 990	or 990-E	Z) 2017

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
	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)	44		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		Vaa	Na
4	Did the directors tructors or membership of one or more supported exceptions have the newer to		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 <b>Part VI</b> 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		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
S00	stion C. Type II Supporting Organizations			
Jec	ion c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
-	Mon 21711 Typo III dapporting digamentation		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-110
•	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	, , , , , , , , , , , , , , , , , , , ,			
	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			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	
а			,	
b				
С		see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.	I	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2017 NORTHEAST INDEPENDENT LIVING SERVICES		43-172	26532	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov. 20, 1970 (expla	in in Part VI). <b>S</b>	ee
	instructions. All other Type III non-functionally integrated supporting organiz	ation	s must complete Section	ns A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (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				
СО	llection of gross income or for management, conservation, or				
ma	aintenance 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	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions 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				
fa	actors (explain in detail in <b>Part VI</b> ):				
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,				
se	e 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			

emerg	ency temporary reduction (see instructions).	6		ı
7	Check here if the current year is the organization's first as a non-functionally-ir	nteg	rated Type III supporting	organization (see
	instructions)			

1 2

3

4

5

6

EEA

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Enter 85% of line 1.

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

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

**Current Year** 

Schedu	lle A (Form 990 or 990-EZ) 2017 NORTHEAST INDEPENDENT LIV	ING SERVICES	43-17	26532	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organia	zations (continued)		
Sec	tion D - Distributions			Curren	t Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions		
4	Amounts paid to acquire exempt-use assets	11 0			
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
_	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
	Line 8 amount divided by Line 9 amount				
10	Line o amount divided by Line o amount		(ii)	(ii	ii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distrib	-
·	cotton E Distribution Anocations (See metractions)	Excess Distributions	Pre-2017	Amount	
1	Distributable amount for 2017 from Section C, line 6		116-2017	Amount	101 2017
2	Underdistributions, if any, for years prior to 2017				
_	(reasonable cause required - explain in <b>Part VI</b> ). See				
	instructions.				
2					
3	Excess distributions carryover, if any, to 2017				
a	From 2042				
	From 2013				
	From 2014				
	From 2015				
	From 2016				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				

**b** Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

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

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

OMB No. 1545-0047

2017

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number NORTHEAST INDEPENDENT LIVING SERVICES 43-1726532 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ...... Ves 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ..... 🗌 Yes 🗌 No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements ............... h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ..... 🗌 Yes 🗌 No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ..... 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X 

1,081,343

Sched	ule D (Form 990) 2017 NORTHEAST INDEPE							43-1726			Page <b>2</b>
Pai	rt III Organizations Maintaining Co	llections	s of Art	t, Histo	rical Tre	easures, c	or Othe	er Similar Ass	ets (cc	ntinue	∍d)
3	Using the organization's acquisition, accession, an	d other rec	ords, che	eck any of	the follow	ing that are a	significa	ant use of its			
	collection items (check all that apply):										
а	Public exhibition	d [	Loan	or exchar	nge progra	ams					
b	Scholarly research	e	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collection	ons and ex	plain how	they furtl	her the org	anization's e	xempt p	urpose in Part			
	XIII.										
5	During the year, did the organization solicit or rece	ive donatio	ns of art,	historical	treasures	, or other sim	ilar				
	assets to be sold to raise funds rather than to be n							· · · · · · · · · · · ·		Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange	ments.									
	Complete if the organization answ	wered "Y	'es" on	Form 9	90, Part	IV, line 9,	or rep	orted an amou	nt on F	orm	
	990, Part X, line 21.					, ,	•				
1a	Is the organization an agent, trustee, custodian or o	ther intern	nediary fo	r contribu	itions or of	her assets no	ot				
			-						П	Yes	No
b	If "Yes," explain the arrangement in Part XIII and c										
-		op.o.co		.9 (0.0.0)				Amo	ount		
С	Beginning balance						1c		Odin		
d	Additions during the year						· ·				
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form 99									Yes	No
	If "Yes," explain the arrangement in Part XIII. Chec								_	ï	
	rt V Endowment Funds.	K Hele II ti	е ехрын	alionnas	been prov	lueu on Fait	<u> </u>			• • •	
ı aı	Complete if the organization answ	wered "V	'es" on	Form 0	0∩ Part	1\/ line 1(	1				
	Complete if the organization and							(d) Three years healt	(2) [2		
10	Paginning of year halance	(a) Current	year	(b) Pric	or year	(c) Two years	в раск	(d) Three years back	(e) FO	ur years b	аск
1a 	Beginning of year balance		+								
b	Contributions		+								
С	Net investment earnings, gains, and										
	losses										
a	Grants or scholarships										
е	Other expenditures for facilities and										
_	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current ye			e 1g, colur	nn (a)) he	ld as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment • %										
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should eq										
3a	Are there endowment funds not in the possession	of the orga	anization	that are h	eld and ac	lministered fo	r the			_	
	organization by:									Yes	No
	(i) unrelated organizations	. <b></b> .							. 3a(i	)	
	(ii) related organizations	. <b></b> .							. 3a(ii	)	
b	If "Yes" on 3a(ii), are the related organizations liste	ed as requi	red on So	chedule R	?				. 3b		
4	Describe in Part XIII the intended uses of the orga		endowme	ent funds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answ	wered "Y	'es" on	Form 9	90, Part	IV, line 11	la. Se	e Form 990, <u>P</u> a	rt X, lir	ne 10.	
	Description of property	(a) C	ost or other	basis	(b) Cost o	r other basis	(c)	Accumulated	( <b>d</b> ) Bo	ook value	
			(investment	t)	(0	other)	de	epreciation			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				2 - (	143.845		962.502	1	.081 -	343

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . . . . . . . . ▶

Part VII	Investments - Other Securities.	d IVaall on Farm 000 Da	wt IV line 44h Cae Ferm 000	Don't V line 10
-	Complete if the organization answere	d res on Form 990, Pa	nt IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, line 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
$\overline{}$	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the te	ust of the feetness to the examina	sticula financial atataments that renor	1 a 1 b a

Par	<b>t XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	2,191,941
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,131,311
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,191,941
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,252,512
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	2,191,941
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,190,294
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,190,294
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,190,294
Par	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2017

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number

NORTHEAST INDEPENDENT LIVING SERVICES	43-1726532								
01. Form 990 governing body review (Part VI, line 11)									
THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE RETURN IS EFILED. THE FINANCE	E COMMITTEE								
MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL.									
02. Conflict of interest policy compliance (Part VI, line 12c)									
BOARD ANNUALLY DISCUSSES AND REVIEWS CONFLICT OF INTEREST POLICY FOR ANY C	HANGES.								
03. CEO, executive director, top management comp (Part VI, line 15a)									
BOARD REVIEWS SALARY COMPARISONS FROM OTHER CENTERS AND TAKES INTO CONSIDER	RATION BUDGET								
PARAMETERS.									
04. Other officer or key employee compensation (Part VI, line 15b									
BOARD REVIEWS SALARY COMPARISONS FROM OTHER CENTERS AND TAKES INTO CONSIDER	RATION BUDGET								
PARAMETERS.									
05. Governing documents, etc, available to public (Part VI, line 19)									
GOVERNING DOCUMENTS, POLICIES AND STATEMENTS ARE AVAILABLE UPON REQUEST.									

Department of the Treasury

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Attachment

Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

OMB No. 1545-0172

Business or activity to which this form relates FORM 990 - 1 43-1726532 NORTHEAST INDEPENDENT LIVING SER **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) ..... 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . . . . . . . . . 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 73,689 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 . . . . . . . . . . . . . . . . If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 858 b 5-year property #567 Statement С 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/I Nonresidential real MM property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 74,547 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - L	Depreciation a	ind Other I	ntorma	ition (C	aution	: See ti	<u>ne instr</u>	uctions t	or limits	s for pa	assenge	er autor	nobiles.)	<u> </u>
24a	Do you have evidence	to support the busines	ss/investment us	e claimed?			Yes	No	24b If "	Yes," is	the evi	dence w	ritten?	Yes	☐ No
Ту	(a) rpe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) other basis		(e) is for depresiness/inve use on	stment	(f) Recovery period	Meti Conve		Depre dedu		(i) Elected se cos	ction 179
25	Special depreciation	on allowance for		d proper	ty placed	d in serv		**							
	the tax year and us	sed more than 50	0% in a qualif	ied busi	ness use	e (see in	struction	s)			25				
26	Property used mor	re than 50% in a	qualified bus	iness us	e:				1					T	
			%												
		1 1	%												
			%												
27	Property used 50%	6 or less in a qua	alified busine	ss use:						_					
			%							S/L-				_	
			%							S/L-				_	
			%							S/L-				_	
28	Add amounts in co	olumn (h), lines 2	5 through 27.	Enter h	ere and	on line 2	1, page	1			28				
29	Add amounts in co	lumn (i), line 26.	Enter here a	nd on lin	e 7, pag	e1 .							29		
			S	ection	B - Info	rmatio	n on U	se of V	ehicles'						
Com	plete this section f	or vehicles used	by a sole pro	oprietor,	partner,	or other	"more t	han 5%	owner," o	related	person	. If you p	rovided	vehicles	
to yo	our employees, firs	t answer the que:	stions in Sec	tion C to	see if yo	ou meet	an exce	ption to	completin	g this se	ction for	those v	ehicles.		
				(a	a)	(1	b)	(	(c)	(d	)	(	e)	(f)	)
30	Total business/inv	estment miles dri	iven during	Vehic	le 1	Vehic	cle 2 Vehicle 3 Vehicle 4		e 4	Vehi	cle 5	Vehicl	e 6		
1	the year ( <b>don't</b> ind	clude commuting	miles) .												
31	Total commuting n	niles driven durin	g the year												
32	Total other persona	al (noncommuting	g)												
ı	miles driven														
33	Total miles driven	during the year.	Add												
	lines 30 through 32	2													
34	Was the vehicle a	vailable for perso	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	/ hours?													
35	Was the vehicle us	sed primarily by	a more												
	than 5% owner or														
36	Is another vehicle	available for pers	sonal use?												
		Section C - Q	uestions fo	or Emp	loyers	Who P	rovide	Vehicl	es for U	se by	Their E	mploy	ees	1	
Ans	wer these quest			-	-					-				es who <b>a</b>	ren't
	e than 5% owne		-		-		•	J				,	. ,		
	Do you maintain a		,			onal use	of vehic	les, incl	uding com	muting,	by			Yes	No
	your employees?		·												
38	Do you maintain a	written policy sta	atement that p	orohibits	persona	I use of	vehicles	, except	commutir	ng, by yo	our				
	employees? See th		•		•										
	Do you treat all us			-											
	Do you provide mo										е				
	use of the vehicles		•												
	Do you meet the re	,				emonstra	ation use	e? (See	instruction	ıs.)					
	Note: If your answ														
		tization													
	(a) Description of		(I Date amo beg		,	(ı Amortizable	c) e amount		(d) Code sec	tion	(e) Amortiza period percent	ation or	Amortiza	<b>(f)</b> tion for this y	/ear
42	Amortization of co	sts that begins di	uring vour 20	17 tax v	ear (see	instructio	ns).				, 2.30.11	J -			
74	THORIZATION OF CO	oto triat begins di	uning your 20	ii lan ye	Jul (300	ii iou uolit	лю <i>ј</i> .								
					+			+							
43	Amortization of co	sts that hogan he	ofore vour 20	17 tav ve	ar Par							43			555
	Total. Add amoun	=	-	-								44			655
EEA	. Jan. / Ida amoun	no in ooidinii (i).	COC LIC IIISLI	4000113	. OI WINGI	o to rope	J	<u></u>		• • • •	• •		F	orm <b>4562</b>	

		Federal Supporting	Statements	<b>2017</b> PG01
Name(s) as shown on return	1			FEIN
NORTHEAST	INDEPENDENT	LIVING SERVICES		43-1726532
		FORM 4562 - LIN	E 19B	Statement #567
BASIS	RP	CV	METHOD	DEDUCTION
4,015	5	HY	SL	402
4,560	5	HY	SL	<u>456</u>
TOTAL				<u>858</u>

990 Overflow Statement	<b>2017</b> Page 1
Name(s) as shown on return	FEIN
NORTHEAST INDEPENDENT LIVING SERVICES	43-1726532

#### OTHER EXPENSES

Description		Amount	
DUES AND JOURNALS		\$	3,846
POSTAGE			2,742
Total	al:	\$	6,588