

## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning 07/01/16, and ending 06/30/17

SOUTH CENTRAL HUMAN RESOURCE AGENCY \*\*-\*\*\*4179  
INC.

**Net Asset / Fund Balance at Beginning of Year** 5,063,522

### Revenue

Contributions	17,747,075
Program service revenue	4,887,510
Investment income	4,219
Capital gain / loss	88,089
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	0

**Total revenue** 22,726,893

### Expenses

Program services	21,413,711
Management and general	1,167,822
Fundraising	_____

**Total expenses** 22,581,533

**Excess / (deficit)** 145,360

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 5,208,882

### Reconciliation of Revenue

Total revenue per financial statements 22,726,893

Less:

Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____

**Total revenue per return** 22,726,893

### Reconciliation of Expenses

Total expenses per financial statements 22,581,533

Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____

**Total expenses per return** 22,581,533

### Balance Sheet

	Beginning	Ending	Differences
Assets	6,963,355	6,893,767	
Liabilities	1,899,833	1,684,885	
Net assets	5,063,522	5,208,882	145,360

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 02/15/18  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879e](http://www.irs.gov/form8879e).**

Name of exempt organization SOUTH CENTRAL HUMAN RESOURCE AGENCY INC. Employer identification number \*\*-\*\*\*4179

Name and title of officer PAUL ROSSON EXECUTIVE DIRECTOR

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>22,726,893</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize RODEFER MOSS & CO, PLLC to enter my PIN 44179 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } 01/17/18

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } TIMOTHY L. VAN CLEVE Date } 01/17/18

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

**Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.		<b>D</b> Employer identification number ** - *** 4179
	Doing business as		<b>E</b> Telephone number 931-433-7182
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 683		Room/suite
	City or town, state or province, and ZIP or foreign postal code FAYETTEVILLE TN 37334-0638		<b>G</b> Gross receipts \$ 22,726,893
<b>F</b> Name and address of principal officer: PAUL ROSSON			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>u</b> WWW.SCHRA.US	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: 1975	<b>M</b> State of legal domicile: TN

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	27	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	27	
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	602	
	<b>6</b>	Total number of volunteers (estimate if necessary)	497	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	17,201,337	17,747,075
	<b>9</b>	Program service revenue (Part VIII, line 2g)	4,776,750	4,887,510
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,513	92,308
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,982,600	22,726,893
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,073,906	10,653,992
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	0	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,726,575	11,927,541
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,800,481	22,581,533	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	182,119	145,360	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 6,963,355	End of Year 6,893,767
	<b>21</b>	Total liabilities (Part X, line 26)	1,899,833	1,684,885
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	5,063,522	5,208,882

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	PAUL ROSSON	EXECUTIVE DIRECTOR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TIMOTHY L. VAN CLEVE	TIMOTHY L. VAN CLEVE	01/17/18	self-employed	*****
Firm's name } RODEFER MOSS & CO, PLLC		Firm's EIN } ** - *** 0032			
Firm's address } 3011 ARMORY DRIVE SUITE 290 NASHVILLE, TN 37204		Phone no. 615-370-3663			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,021,613 including grants of \$ ) (Revenue \$ 10,832,492 )

HEAD START

4b (Code: ) (Expenses \$ 3,156,444 including grants of \$ ) (Revenue \$ 3,244,412 )

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

4c (Code: ) (Expenses \$ 2,356,956 including grants of \$ ) (Revenue \$ 2,364,701 )

COMMUNITY REPRESENTATIVE PAYEE

4d Other program services (Describe in Schedule O.)

(Expenses \$ 5,878,698 including grants of \$ ) (Revenue \$ 6,192,980 )

4e Total program service expenses u 21,413,711

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> 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.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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 **u** TN
- 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: **u**

AMY EZELL  
FAYETTEVILLE

P.O. BOX 638

TN 37334

931-433-7182



**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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SLOAN STEWART	2.00									
CHAIRPERSON-GOV BD	0.00	X					0	0	0	
(2) JOE BOYD LIGGETT	2.00									
VICE CHAIRMAN-GOV BD	0.00	X					0	0	0	
(3) WALLACE CARTWRIGHT	2.00									
SECRETARY-GOV BD	0.00	X					0	0	0	
(4) SLOAN STEWART	2.00									
CHAIRPERSON-PC	0.00	X					0	0	0	
(5) JOE BOYD LIGGETT	2.00									
VICE CHAIRPERSON-PC	0.00	X					0	0	0	
(6) CHARLES SAIN	2.00									
SECRETARY-PC	0.00	X					0	0	0	
(7) PAUL ROSSON	37.50									
EXECUTIVE DIRECTOR	0.00			X			73,363	0	6,400	
(8) AMY EZELL	37.50									
FINANCE DIRECTOR	0.00			X			39,561	0	5,798	
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 112,924, 12,198, 112,924, 12,198.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	17,560,889			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	186,186			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	17,747,075			
	<b>Program Service Revenue</b>		<b>Busn. Code</b>			
<b>2a</b> COMMUNITY REPRESENTATIVE PAYE		624100	2,364,701	2,364,701		
<b>b</b> FOOD SERVICE		624210	1,234,654	1,234,654		
<b>c</b> NUTRITION SERVICES - ELDERLY		624210	903,209	903,209		
<b>d</b> HOMEMAKER SERVICES - ELDERLY		624100	306,205	306,205		
<b>e</b> OTHER		624200	43,731	43,731		
<b>f</b> All other program service revenue		624100	35,010	35,010		
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	4,887,510			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	4,219	4,219		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			88,089			
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)		88,089			
	<b>d</b> Net gain or (loss)	<b>u</b>	88,089	88,089		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
	Miscellaneous Revenue	<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b>		22,726,893	4,979,818	0	0

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	112,924		112,924	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,363,616	6,871,649	491,967	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	3,177,452	2,942,224	235,228	
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	976,434	889,606	86,828	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	89,678	66,038	23,640	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,411,342	1,301,464	109,878	
<b>17</b> Travel	445,845	395,926	49,919	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	170,258	170,258		
<b>23</b> Insurance	100,708	65,309	35,399	
<b>24</b> 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.)				
<b>a</b> PARTICIPANT COSTS	3,866,706	3,866,021	685	
<b>b</b> FOOD	2,146,135	2,146,135		
<b>c</b> OTHER	2,125,338	2,112,782	12,556	
<b>d</b> SUPPLIES	494,561	493,191	1,370	
<b>e</b> All other expenses	100,536	93,108	7,428	
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,581,533	21,413,711	1,167,822	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	1,086,301	1	663,152
	2	Savings and temporary cash investments	464,501	2	468,412
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,345,035	4	1,537,999
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing 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	Inventories for sale or use	220,680	8	182,352
	9	Prepaid expenses and deferred charges	35,414	9	99,594
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,693,423		
	b	Less: accumulated depreciation	10b 1,617,172	10c	2,076,251
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,833,553	15	1,866,007
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,963,355	16	6,893,767	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,228,387	17	991,348
	18	Grants payable	584,395	18	693,537
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, 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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	87,051	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,899,833	26	1,684,885
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,317,867	27	1,350,491
	28	Temporarily restricted net assets	1,977,872	28	2,057,832
	29	Permanently restricted net assets	1,767,783	29	1,800,559
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	5,063,522	33	5,208,882	
34	<b>Total liabilities and net assets/fund balances</b>	6,963,355	34	6,893,767	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,726,893
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,581,533
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	145,360
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,063,522
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,208,882

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> 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?	X	
<b>b</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.	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.</b>	Employer identification number <b>**-***4179</b>
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,706,755	14,458,411	15,641,630	17,201,337	17,747,075	80,755,208
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	15,706,755	14,458,411	15,641,630	17,201,337	17,747,075	80,755,208
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						80,755,208

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	15,706,755	14,458,411	15,641,630	17,201,337	17,747,075	80,755,208
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,739	3,436	2,661	2,837	4,129	17,802
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,682,557	4,582,763	4,917,006	4,776,750	4,979,818	23,938,894
<b>11 Total support.</b> Add lines 7 through 10						104,711,904

**12** Gross receipts from related activities, etc. (see instructions) 12 4,891,729

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 77.12%

**15** Public support percentage from 2015 Schedule A, Part II, line 14 15 77.15%

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** 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 not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (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, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt 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 of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 .....			
d From 2014 .....			
e From 2015 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 .....			
c Excess from 2014 .....			
d Excess from 2015 .....			
e Excess from 2016 .....			

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

PART II, LINE 10 - OTHER INCOME DETAIL

CHARGES FOR SERVICES AND OTHER MISC. \$ 23,938,894

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.

Employer identification number

\*\* - \*\*\* 4179

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a 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. b 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, (ii) Assets included in Form 990, Part X, 2 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u** .....
- b Permanent endowment **u** .....
- c Temporarily restricted endowment **u** .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....
- (ii) related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		25,000		25,000
b Buildings .....		1,425,224	413,369	1,011,855
c Leasehold improvements .....		880,056	293,046	587,010
d Equipment .....		1,276,293	893,387	382,906
e Other .....		86,850	17,370	69,480
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	2,076,251



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part 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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) NET PENSION ASSET	1,800,559
(2) DEFERRED OUTFLOWS RELATED TO PENSION	65,448
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	1,866,007

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	22,726,893
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>		
	<b>b</b> Donated services and use of facilities .....	<b>2b</b>		
	<b>c</b> Recoveries of prior year grants .....	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	22,726,893
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) .....		<b>5</b>	22,726,893

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	22,581,533
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities .....	<b>2a</b>		
	<b>b</b> Prior year adjustments .....	<b>2b</b>		
	<b>c</b> Other losses .....	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	22,581,533
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) .....		<b>5</b>	22,581,533

**Part XIII Supplemental Information.**

Provide 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization	SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.	Employer identification number **-***4179
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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

SCHRA'S MISSION IS TO PROVIDE LOW INCOME INDIVIDUALS AND COMMUNITIES ACCESS TO EDUCATIONAL, ECONOMIC, NUTRITIONAL, AND SOCIAL SERVICES THAT PROMOTE AND ENCOURAGE SELF-RELIANCE THROUGH THEIR PARTNERSHIPS WITH LOCAL, STATE, AND FEDERAL RESOURCES.

FORM 990 - ORGANIZATION'S MISSION

SCHRA'S MISSION IS TO PROVIDE LOW INCOME INDIVIDUALS AND COMMUNITIES ACCESS TO EDUCATIONAL, ECONOMIC, NUTRITIONAL, AND SOCIAL SERVICES THAT PROMOTE AND ENCOURAGE SELF-RELIANCE THROUGH THEIR PARTNERSHIPS WITH LOCAL, STATE, AND FEDERAL RESOURCES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

NUTRITIONAL AND OTHER COMMUNITY SERVICES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

REVIEWED BY ASSISTANT FISCAL OFFICER AND HUMAN RESOURCE MANAGER PRIOR TO BEING FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION REVIEWED AND APPROVED BY PERSONNEL COMMITTEE

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION REVIEWED AND APPROVED BY PERSONNEL COMMITTEE AND HUMAN RESOURCE MANAGER

Name of the organization

Employer identification number

SOUTH CENTRAL HUMAN RESOURCE AGENCY

\*\* - \*\*\*4179

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
DOCUMENTS AVAILABLE ON AGENCY WEBSITE OR UPON REQUEST.

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return **SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.**

Identifying number  
\*\*-\*\*\*4179

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	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	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	170,258

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	170,258
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2016)

\*\*-\*\*\*4179

## Federal Asset Report

FYE: 6/30/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Chevrolet Truck 1 Ton 1980 Sold/Scrapped: 1/31/17	10/01/80	7,237			7,237	5 MO S/L	7,237	0
2	Chevrolet Truck 1 Ton 1979 Sold/Scrapped: 1/31/17	10/01/80	6,648			6,648	5 MO S/L	6,648	0
3	1992 Oldsmobile Royale Sold/Scrapped: 1/31/17	6/20/96	7,600			7,600	5 MO S/L	7,600	0
4	1997 For E250 Van	5/02/97	16,498			16,498	5 MO S/L	16,498	0
5	2003 Blue Bird Bus w/ Child Res. Sold/Scrapped: 3/28/17	3/27/03	43,190			43,190	5 MO S/L	43,190	0
6	2003 Blue Bird Bus w/ Child Res. Sold/Scrapped: 3/28/17	3/27/03	43,190			43,190	5 MO S/L	43,190	0
7	2003 Blue Bird Bus w/ Child Res. Sold/Scrapped: 3/28/17	3/27/03	43,190			43,190	5 MO S/L	43,190	0
8	2003 Chev Cargo Van	6/12/03	15,600			15,600	5 MO S/L	15,600	0
9	2003 Chev Cargo Van	6/12/03	16,171			16,171	5 MO S/L	16,171	0
10	2004 Chevrolet Micro Bird Bus Sold/Scrapped: 3/28/17	2/19/04	41,234			41,234	5 MO S/L	41,234	0
11	2004 Chevrolet Micro Bird Bus Sold/Scrapped: 3/28/17	2/19/04	41,234			41,234	5 MO S/L	41,234	0
12	2005 Collins Grand Bantam Bus Sold/Scrapped: 3/28/17	1/18/05	40,650			40,650	5 MO S/L	40,650	0
13	2005 Collins Grand Bantam Bus Sold/Scrapped: 3/28/17	1/18/05	40,650			40,650	5 MO S/L	40,650	0
14	2005 Chevy Impala Red Sold/Scrapped: 3/28/17	5/11/05	17,047			17,047	5 MO S/L	17,047	0
15	2006 Dodge Stratus	1/20/06	12,465			12,465	5 MO S/L	12,465	0
16	2006 Dodge Stratus	1/20/06	12,465			12,465	5 MO S/L	12,465	0
17	Chevrolet Malibu Blue	1/11/07	12,367			12,367	5 MO S/L	12,367	0
18	Chevrolet Malibu Bronze	1/11/07	12,367			12,367	5 MO S/L	12,367	0
19	Chevrolet Malibu Silver	1/11/07	12,367			12,367	5 MO S/L	12,367	0
20	Chevrolet Malibu White	1/11/07	12,367			12,367	5 MO S/L	12,367	0
21	Chev Malibu 4 DR Blue	6/28/07	12,367			12,367	5 MO S/L	12,367	0
22	2007 Dodge Caravan Silver	10/09/06	16,566			16,566	5 MO S/L	16,566	0
23	2007 Dodge Caravan White	10/09/06	16,566			16,566	5 MO S/L	16,566	0
24	2007 Dodge Caravan Blue	10/09/06	16,566			16,566	5 MO S/L	16,566	0
25	2007 Ford Econoline Van	5/23/07	15,095			15,095	5 MO S/L	15,095	0
26	2007 Ford Econoline Van	5/23/07	15,095			15,095	5 MO S/L	15,095	0
27	2008 Ford F-250 Green XCab	3/17/08	20,763			20,763	5 MO S/L	20,763	0
28	2007 Ford Econoline Van White Sold/Scrapped: 3/28/17	8/17/07	15,095			15,095	5 MO S/L	15,095	0
29	2000 Freightliner FL70 White	9/17/07	14,759			14,759	5 MO S/L	14,759	0
30	2008 Dodge Avenger Blue	5/19/08	14,349			14,349	5 MO S/L	14,349	0
31	2009 Ford Focus Sed 4DR Lt Blue	3/20/09	14,089			14,089	5 MO S/L	14,089	0
32	2009 Ford Focus Sed 4DR Red	3/20/09	14,089			14,089	5 MO S/L	14,089	0
33	2009 Ford Focus Sed 4DR Gray	3/20/09	14,089			14,089	5 MO S/L	14,089	0
34	2009 Ford Focus	6/29/09	14,089			14,089	5 MO S/L	14,089	0
35	2002 Chevrolet Van White	5/26/09	6,000			6,000	5 MO S/L	6,000	0
36	2010 Ford Transit Van White	5/04/10	21,309			21,309	5 MO S/L	21,309	0
37	2010 Chevrolet Impala Silver	6/25/10	18,068			18,068	5 MO S/L	18,068	0
38	2010 Chevrolet Impala Gray	6/25/10	18,068			18,068	5 MO S/L	18,068	0
39	2010 Ford F150 White	4/22/10	17,896			17,896	5 MO S/L	17,896	0
40	2012 Ford Fusion Silver	8/26/11	16,519			16,519	5 MO S/L	14,867	1,652
41	2011 Ford Ranger White	8/26/11	12,889			12,889	5 MO S/L	11,600	1,289
42	2012 Ford Cargo Van White	1/13/12	18,960			18,960	5 MO S/L	17,064	1,896
43	2012 Ford Cargo Van White	1/13/12	18,960			18,960	5 MO S/L	17,064	1,896
44	2008 GMC Savanna 2500 Cargo Van	2/10/12	11,900			11,900	5 MO S/L	10,710	1,190
45	2008 GMC Savanna 2500 Cargo Van	2/10/12	10,700			10,700	5 MO S/L	9,630	1,070
46	2004 Chevrolet 1500 XCab White	2/10/12	6,800			6,800	5 MO S/L	6,120	680
47	2007 Chevrolet Malibu	1/30/13	5,000			5,000	5 MO S/L	3,500	1,000
48	Challenger Play Structure	9/27/99	12,498			12,498	5 MO S/L	12,498	0
49	Challenger Play Structure	9/27/99	12,498			12,498	5 MO S/L	12,498	0
50	Challenger Play Structure	9/27/99	12,498			12,498	5 MO S/L	12,498	0
51	Walk-in Freezer	9/21/00	7,894			7,894	5 MO S/L	7,894	0
52	Walk-in Freezer	9/21/00	7,894			7,894	5 MO S/L	7,894	0
55	Modular Play Station	7/20/01	9,275			9,275	5 MO S/L	9,275	0
56	Modular Play Station	7/20/01	9,275			9,275	5 MO S/L	9,275	0
57	Modular Play Station	7/20/01	9,275			9,275	5 MO S/L	9,275	0
58	Kid Village Play Structure	7/31/02	10,887			10,887	5 MO S/L	10,887	0

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## Federal Asset Report

FYE: 6/30/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
59	Kid Village Play Structure	7/31/02	10,612			10,612	5 MO S/L	10,612	0	
61	Market Forge Tilt Skillet 40 G	11/08/02	7,159			7,159	5 MO S/L	7,159	0	
64	Market Forge Pressure Steamer	4/23/03	11,582			11,582	5 MO S/L	11,582	0	
65	Vulcan Convection Oven 2 Stack	7/31/03	7,765			7,765	5 MO S/L	7,765	0	
66	Vulcan Convection Oven 2 Stack	7/31/03	7,765			7,765	5 MO S/L	7,765	0	
67	Camera Infrared Flir B60	2/06/09	7,800			7,800	5 MO S/L	7,800	0	
68	Cisco ASA 5510	11/13/09	5,309			5,309	5 MO S/L	5,309	0	
69	Oven Double Deck Gas Convection	7/14/11	5,489			5,489	5 MO S/L	4,940	549	
70	IWATSU Phone System	7/29/11	29,558			29,558	5 MO S/L	26,602	2,956	
71	Server	6/30/13	5,658			5,658	5 MO S/L	3,395	1,131	
72	Refrigerator	9/01/76	6,492			6,492	5 MO S/L	6,492	0	
75	Convection Oven Vulcan	12/14/95	6,274			6,274	5 MO S/L	6,274	0	
76	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0	
77	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0	
	Sold/Scrapped: 7/26/16									
78	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0	
79	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0	
80	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0	
83	Little Tikes Play System	7/31/97	10,326			10,326	5 MO S/L	10,326	0	
84	Little Tikes Play System	7/31/97	10,326			10,326	5 MO S/L	10,326	0	
86	Washer Hobart Utensil	2/10/99	16,100			16,100	5 MO S/L	16,100	0	
87	Challenger Playstructure	7/12/99	12,498			12,498	5 MO S/L	12,498	0	
	Sold/Scrapped: 6/06/17									
88	Challenger Playstructure	7/12/99	12,498			12,498	5 MO S/L	12,498	0	
90	Building - 1437 Winchester Hwy - Fayettev	7/01/04	887,978			887,978	40 MO S/L	266,393	22,200	
91	Building - 677 Myers Road - Winchester,	7/29/05	43,169			43,169	40 MO S/L	11,781	1,080	
92	Roof - 1437 Winchester Hwy - Fayetteville	6/30/08	170,300			170,300	40 MO S/L	34,060	4,258	
93	Building - 215 Big Springs Avenue - Tullah	12/14/09	298,804			298,804	40 MO S/L	52,291	7,470	
94	Security System - 1437 Winchester Hwy - F	5/02/11	15,392			15,392	10 MO S/L	8,466	1,539	
95	Fence - 1437 Winchester Hwy - Fayetteville	7/22/11	9,581			9,581	15 MO S/L	3,194	638	
96	Land - 1437 Winchester Hwy - Fayetteville	7/01/04	25,000			25,000	0 -- Land	0	0	
97	Leasehold Imps - Victoria EHS	4/04/04	38,395			38,395	40 MO S/L	11,759	959	
99	Leasehold Imps - Amana	6/30/04	34,030			34,030	40 MO S/L	10,280	851	
100	Leasehold Imps - Bodenham/Giles Co - Nev	3/01/96	5,800			5,800	40 MO S/L	2,948	145	
101	Leasehold Imps - SE Lawrence - Lawrence	11/01/98	42,201			42,201	40 MO S/L	18,639	1,055	
102	Leasehold Imps - Amana/Lincoln Apt 1	1/01/98	23,850			23,850	40 MO S/L	11,031	596	
103	Leasehold Imps - Bedford EHS - kitchen, dc	3/01/00	48,580			48,580	40 MO S/L	19,837	1,214	
104	Leasehold Imps - Victoria H/S/Giles Co	6/01/00	43,000			43,000	40 MO S/L	17,290	1,075	
105	Leasehold Imps - Giles EHS/Giles Apt 1	6/01/00	54,250			54,250	40 MO S/L	21,813	1,356	
106	Leasehold Imps - So Lawrence - Heat Pump	11/09/10	5,729			5,729	7 MO S/L	4,501	819	
107	Major Renovations - Columbia HS	6/30/13	244,823			244,823	15 MO S/L	48,965	16,321	
108	Major Renovations - Manchester HS	11/26/12	312,231			312,231	15 MO S/L	74,588	20,816	
109	Dump Trailer Model 10SR - 12XL	6/30/14	5,895			5,895	5 MO S/L	2,358	1,179	
110	Steamer Market Forge Pressure	9/20/13	12,373			12,373	5 MO S/L	6,805	2,475	
111	Roof Repair - Tullahoma	6/30/14	40,000			40,000	15 MO S/L	5,333	2,667	
112	Roof Repair - Manchester	6/30/14	46,850			46,850	15 MO S/L	6,247	3,123	
113	Surveillance System	1/30/14	17,383			17,383	15 MO S/L	2,801	1,159	
114	Door Access	1/30/14	1,296			1,296	15 MO S/L	209	86	
115	Fire Alarm	1/30/14	8,488			8,488	15 MO S/L	1,367	566	
116	Tilt Skillet, Southbend 40 Gal.	6/12/15	11,607			11,607	5 MO S/L	2,515	2,321	
117	2010 Ford Fusion Silver	2/12/15	12,000			12,000	5 MO S/L	3,400	2,400	
118	2015 Ford Transit Cargo Van	2/12/15	33,062			33,062	5 MO S/L	9,368	6,612	
119	2015 Ford Transit Cargo Van	6/30/15	22,882			22,882	5 MO S/L	4,576	4,577	
120	2015 Ford Transit Cargo Van	6/30/15	23,792			23,792	5 MO S/L	4,758	4,759	
121	2016 Ford Fusion Hybrid White	3/22/16	22,919			22,919	5 MO S/L	1,146	4,584	
122	2016 Ford Fusion Hybrid Blue	3/22/16	22,919			22,919	5 MO S/L	1,146	4,584	
123	2016 Toyota Camry - White	6/13/16	23,500			23,500	5 MO S/L	392	4,700	
124	2016 Toyota Camry - Gray	6/13/16	23,500			23,500	5 MO S/L	392	4,700	
125	Forklift, 2016 Hyundai	12/05/16	20,317			20,317	5 MO S/L	0	2,370	
126	2017 Toyota Camry Silver	8/25/16	22,391			22,391	5 MO S/L	0	3,732	
127	2017 Toyota Camry Tan	12/19/16	23,678			23,678	5 MO S/L	0	2,368	
128	2016 Toyota Sienna Van LT Blue	8/25/16	33,610			33,610	5 MO S/L	0	5,602	
129	2017 Toyota Rav 4 (Gray)	2/27/17	26,000			26,000	5 MO S/L	0	1,733	
130	2017 Toyota Rav 4 (Purple)	3/07/17	26,000			26,000	5 MO S/L	0	1,733	
131	2017 Toyota Rav 4 (Gray)	3/07/17	26,000			26,000	5 MO S/L	0	1,733	
132	2017 Ford Transit 250 Van (White)	5/22/17	26,127			26,127	5 MO S/L	0	435	
133	2017 Ram 2500 Truck White	4/07/17	38,516			38,516	5 MO S/L	0	1,926	
134	2017 Toyato Rav 4 (Silver)	6/13/17	26,000			26,000	5 MO S/L	0	433	
135	Building - 114 W. 2nd Street - Iron City	5/17/09	0			0	0 HY	0	0	



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**Federal Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>4,061,961</u>			<u>4,061,961</u>		<u>1,815,451</u>	<u>170,258</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,061,961</u>			<u>4,061,961</u>		<u>1,815,451</u>	<u>170,258</u>
	<b>Grand Totals</b>		4,061,961			4,061,961		1,815,451	170,258
	<b>Less: Dispositions and Transfers</b>		368,534			368,534		368,534	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>3,693,427</u>			<u>3,693,427</u>		<u>1,446,917</u>	<u>170,258</u>

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# Bonus Depreciation Report

FYE: 6/30/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
107	Major Renovations - Columbia HS	6/30/13	244,823		0	0	0	244,823
			<b>Form 990, Page 1</b>		0	0	0	244,823
			<b>Grand Total</b>		0	0	0	244,823

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
4	1997 For E250 Van	5/02/97	16,498	0	0
8	2003 Chev Cargo Van	6/12/03	15,600	0	0
9	2003 Chev Cargo Van	6/12/03	16,171	0	0
15	2006 Dodge Stratus	1/20/06	12,465	0	0
16	2006 Dodge Stratus	1/20/06	12,465	0	0
17	Chevrolet Malibu Blue	1/11/07	12,367	0	0
18	Chevrolet Malibu Bronze	1/11/07	12,367	0	0
19	Chevrolet Malibu Silver	1/11/07	12,367	0	0
20	Chevrolet Malibu White	1/11/07	12,367	0	0
21	Chev Malibu 4 DR Blue	6/28/07	12,367	0	0
22	2007 Dodge Caravan Silver	10/09/06	16,566	0	0
23	2007 Dodge Caravan White	10/09/06	16,566	0	0
24	2007 Dodge Caravan Blue	10/09/06	16,566	0	0
25	2007 Ford Econoline Van	5/23/07	15,095	0	0
26	2007 Ford Econoline Van	5/23/07	15,095	0	0
27	2008 Ford F-250 Green XCab	3/17/08	20,763	0	0
29	2000 Freightliner FL70 White	9/17/07	14,759	0	0
30	2008 Dodge Avenger Blue	5/19/08	14,349	0	0
31	2009 Ford Focus Sed 4DR Lt Blue	3/20/09	14,089	0	0
32	2009 Ford Focus Sed 4DR Red	3/20/09	14,089	0	0
33	2009 Ford Focus Sed 4DR Gray	3/20/09	14,089	0	0
34	2009 Ford Focus	6/29/09	14,089	0	0
35	2002 Chevrolet Van White	5/26/09	6,000	0	0
36	2010 Ford Transit Van White	5/04/10	21,309	0	0
37	2010 Chevrolet Impala Silver	6/25/10	18,068	0	0
38	2010 Chevrolet Impala Gray	6/25/10	18,068	0	0
39	2010 Ford F150 White	4/22/10	17,896	0	0
40	2012 Ford Fusion Silver	8/26/11	16,519	0	0
41	2011 Ford Ranger White	8/26/11	12,889	0	0
42	2012 Ford Cargo Van White	1/13/12	18,960	0	0
43	2012 Ford Cargo Van White	1/13/12	18,960	0	0
44	2008 GMC Savanna 2500 Cargo Van	2/10/12	11,900	0	0
45	2008 GMC Savanna 2500 Cargo Van	2/10/12	10,700	0	0
46	2004 Chevrolet 1500 XCab White	2/10/12	6,800	0	0
47	2007 Chevrolet Malibu	1/30/13	5,000	500	0
48	Challenger Play Structure	9/27/99	12,498	0	0
49	Challenger Play Structure	9/27/99	12,498	0	0
50	Challenger Play Structure	9/27/99	12,498	0	0
51	Walk-in Freezer	9/21/00	7,894	0	0
52	Walk-in Freezer	9/21/00	7,894	0	0
55	Modular Play Station	7/20/01	9,275	0	0
56	Modular Play Station	7/20/01	9,275	0	0
57	Modular Play Station	7/20/01	9,275	0	0
58	Kid Village Play Structure	7/31/02	10,887	0	0
59	Kid Village Play Structure	7/31/02	10,612	0	0
61	Market Forge Tilt Skillet 40 G	11/08/02	7,159	0	0
64	Market Forge Pressure Steamer	4/23/03	11,582	0	0
65	Vulcan Convection Oven 2 Stack	7/31/03	7,765	0	0
66	Vulcan Convection Oven 2 Stack	7/31/03	7,765	0	0
67	Camera Infrared Flir B60	2/06/09	7,800	0	0
68	Cisco ASA 5510	11/13/09	5,309	0	0
69	Oven Double Deck Gas Convection	7/14/11	5,489	0	0
70	IWATSU Phone System	7/29/11	29,558	0	0
71	Server	6/30/13	5,658	1,132	0
72	Refrigerator	9/01/76	6,492	0	0
75	Convection Oven Vulcan	12/14/95	6,274	0	0
76	Little Tikes Play System	7/31/97	9,071	0	0
78	Little Tikes Play System	7/31/97	9,071	0	0
79	Little Tikes Play System	7/31/97	9,071	0	0
80	Little Tikes Play System	7/31/97	9,071	0	0
83	Little Tikes Play System	7/31/97	10,326	0	0
84	Little Tikes Play System	7/31/97	10,326	0	0
86	Washer Hobart Utensil	2/10/99	16,100	0	0
88	Challenger Playstructure	7/12/99	12,498	0	0
90	Building - 1437 Winchester Hwy - Fayetteville	7/01/04	887,978	22,199	0
91	Building - 677 Myers Road - Winchester,	7/29/05	43,169	1,079	0
92	Roof - 1437 Winchester Hwy - Fayetteville	6/30/08	170,300	4,257	0

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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
93	Building - 215 Big Springs Avenue - Tullahoma	12/14/09	298,804	7,470	0
94	Security System - 1437 Winchester Hwy - Fayet	5/02/11	15,392	1,539	0
95	Fence - 1437 Winchester Hwy - Fayetteville	7/22/11	9,581	639	0
96	Land - 1437 Winchester Hwy - Fayetteville	7/01/04	25,000	0	0
97	Leasehold Imps - Victoria EHS	4/04/04	38,395	960	0
99	Leasehold Imps - Amana	6/30/04	34,030	850	0
100	Leasehold Imps - Bodenham/Giles Co - New Ro	3/01/96	5,800	145	0
101	Leasehold Imps - SE Lawrence - Lawrence Co	11/01/98	42,201	1,055	0
102	Leasehold Imps - Amana/Lincoln Apt 1	1/01/98	23,850	596	0
103	Leasehold Imps - Bedford EHS - kitchen, doors	3/01/00	48,580	1,215	0
104	Leasehold Imps - Victoria H/S/Giles Co	6/01/00	43,000	1,075	0
105	Leasehold Imps - Giles EHS/Giles Apt 1	6/01/00	54,250	1,357	0
106	Leasehold Imps - So Lawrence - Heat Pump	11/09/10	5,729	409	0
107	Major Renovations - Columbia HS	6/30/13	244,823	16,322	0
108	Major Renovations - Manchester HS	11/26/12	312,231	20,815	0
109	Dump Trailer Model 10SR - 12XL	6/30/14	5,895	1,179	0
110	Steamer Market Forge Pressure	9/20/13	12,373	2,474	0
111	Roof Repair - Tullahoma	6/30/14	40,000	2,667	0
112	Roof Repair - Manchester	6/30/14	46,850	3,123	0
113	Surveillance System	1/30/14	17,383	1,158	0
114	Door Access	1/30/14	1,296	87	0
115	Fire Alarm	1/30/14	8,488	566	0
116	Tilt Skillet, Southbend 40 Gal.	6/12/15	11,607	2,322	0
117	2010 Ford Fusion Silver	2/12/15	12,000	2,400	0
118	2015 Ford Transit Cargo Van	2/12/15	33,062	6,613	0
119	2015 Ford Transit Cargo Van	6/30/15	22,882	4,576	0
120	2015 Ford Transit Cargo Van	6/30/15	23,792	4,758	0
121	2016 Ford Fusion Hybrid White	3/22/16	22,919	4,584	0
122	2016 Ford Fusion Hybrid Blue	3/22/16	22,919	4,584	0
123	2016 Toyota Camry - White	6/13/16	23,500	4,700	0
124	2016 Toyota Camry - Gray	6/13/16	23,500	4,700	0
125	Forklift, 2016 Hyundai	12/05/16	20,317	4,064	0
126	2017 Toyota Camry Silver	8/25/16	22,391	4,478	0
127	2017 Toyota Camry Tan	12/19/16	23,678	4,735	0
128	2016 Toyota Sienna Van LT Blue	8/25/16	33,610	6,721	0
129	2017 Toyota Rav 4 (Gray)	2/27/17	26,000	5,200	0
130	2017 Toyota Rav 4 (Purple)	3/07/17	26,000	5,200	0
131	2017 Toyota Rav 4 (Gray)	3/07/17	26,000	5,200	0
132	2017 Ford Transit 250 Van (White)	5/22/17	26,127	5,226	0
133	2017 Ram 2500 Truck White	4/07/17	38,516	7,703	0
134	2017 Toyota Rav 4 (Silver)	6/13/17	26,000	5,200	0
135	Building - 114 W. 2nd Street - Iron City	5/17/09	0	0	0
<b>Total Other Depreciation</b>			<u>3,693,427</u>	<u>187,832</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,693,427</u>	<u>187,832</u>	<u>0</u>
<b>Grand Totals</b>			<u>3,693,427</u>	<u>187,832</u>	<u>0</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2015 &amp; 2016</b>
For calendar year 2016, or tax year beginning 07/01/16, ending 06/30/17		

Name

SOUTH CENTRAL HUMAN RESOURCE AGENCY  
INC.

Taxpayer Identification Number

\*\*-\*\*\*4179

		2015	2016	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Contributions, gifts, grants	102,864	186,186	83,322
	2. Membership dues and assessments			
	3. Government contributions and grants	17,098,473	17,560,889	462,416
	4. Program service revenue	4,776,750	4,887,510	110,760
	5. Investment income	4,513	4,219	-294
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		88,089	88,089
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>21,982,600</b>	<b>22,726,893</b>	<b>744,293</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		112,924	112,924
	16. Salaries, other compensation, and employee benefits	10,073,906	10,541,068	467,162
	17. Professional fundraising fees			
	18. Other professional fees	926,960	976,434	49,474
	19. Occupancy, rent, utilities, and maintenance	1,277,828	1,411,342	133,514
	20. Depreciation and Depletion	145,880	170,258	24,378
	21. Other expenses	9,375,907	9,369,507	-6,400
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>21,800,481</b>	<b>22,581,533</b>	<b>781,052</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>182,119</b>	<b>145,360</b>	<b>-36,759</b>
<b>O</b> <b>t</b> <b>h</b> <b>e</b> <b>r</b> <b>I</b> <b>n</b> <b>f</b> <b>o</b> <b>r</b> <b>m</b> <b>a</b> <b>t</b> <b>i</b> <b>o</b> <b>n</b>	<b>24. Total exempt revenue</b>	<b>21,982,600</b>	<b>22,726,893</b>	<b>744,293</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	4,781,263	4,979,818	198,555
	27. Total assets	6,963,355	6,893,767	-69,588
	28. Total liabilities	1,899,833	1,684,885	-214,948
	29. Retained earnings	5,063,522	5,208,882	145,360
	30. Number of voting members of governing body	26	27	
	31. Number of independent voting members of governing body	26	27	
	32. Number of employees	625	602	
	33. Number of volunteers	450	497	

Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
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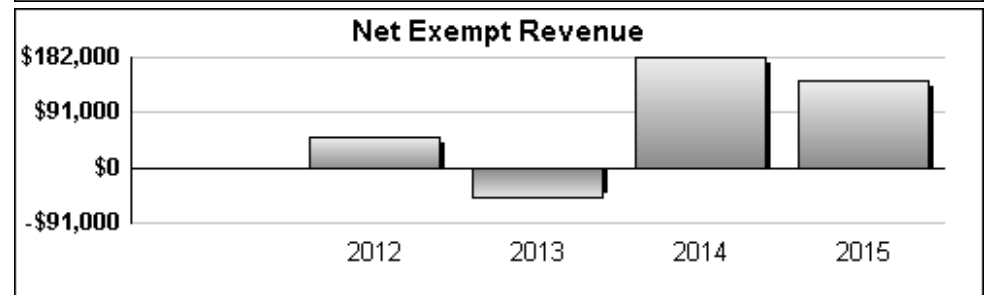
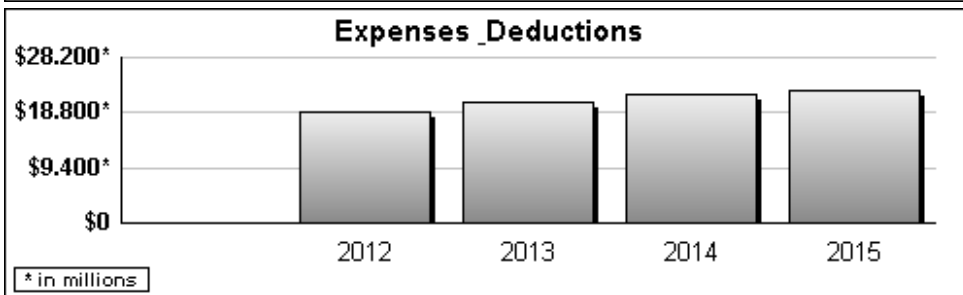
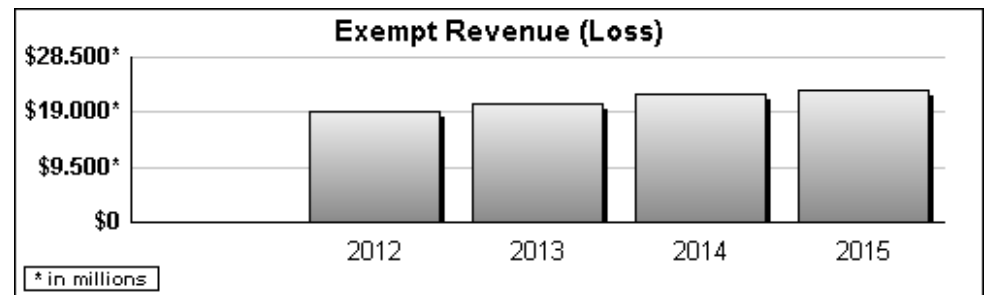
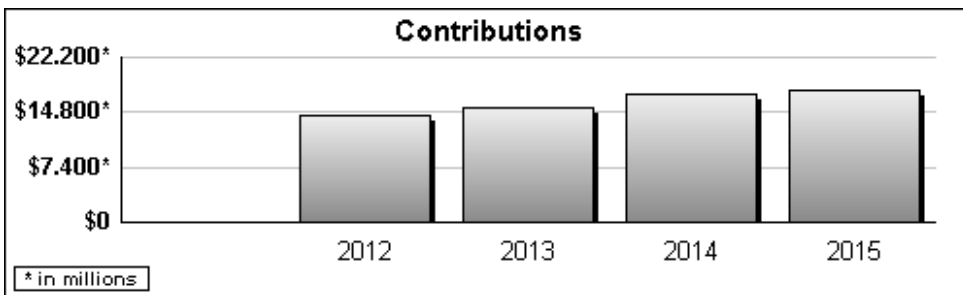
Name	SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.	Employer Identification Number **-***4179
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....		14,458,411	15,497,350	17,201,337	17,747,075	
Membership dues .....						
Program service revenue .....		4,586,876	4,916,830	4,776,750	4,887,510	
Capital gain or loss .....			176		88,089	
Investment income .....		3,436	2,661	4,513	4,219	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....		19,048,723	20,417,017	21,982,600	22,726,893	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			164,153		112,924	
Other compensation .....		8,273,297	8,522,831	10,073,906	10,541,068	
Professional fees .....		676,945	692,976	926,960	976,434	
Occupancy costs .....		978,317	1,214,230	1,277,828	1,411,342	
Depreciation and depletion .....		136,635	134,146	145,880	170,258	
Other expenses .....		8,932,339	9,738,316	9,375,907	9,369,507	
<b>Total expenses</b> .....		18,997,533	20,466,652	21,800,481	22,581,533	
<b>Excess or (Deficit)</b> .....		51,190	-49,635	182,119	145,360	
<b>Total exempt revenue</b> .....		19,048,723	20,417,017	21,982,600	22,726,893	
Total unrelated revenue .....						
Total excludable revenue .....		4,590,312	4,919,667	4,781,263	4,979,818	
Total Assets .....		5,313,116	5,241,656	6,963,355	6,893,767	
Total Liabilities .....		1,982,619	1,960,794	1,899,833	1,684,885	
Net Fund Balances .....		3,330,497	3,280,862	5,063,522	5,208,882	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.</b>	Employer Identification Number <b>**-***4179</b>
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



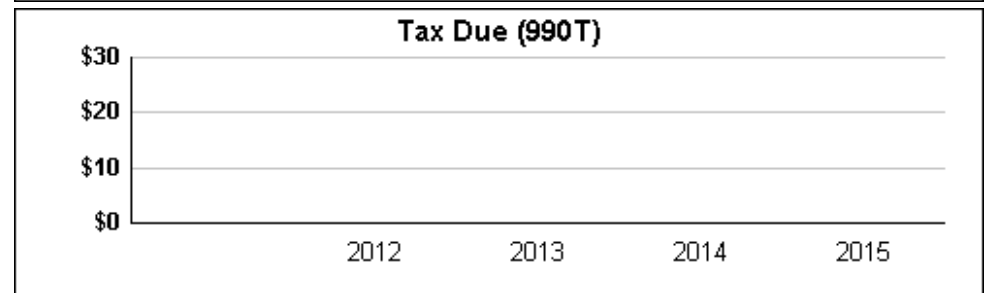
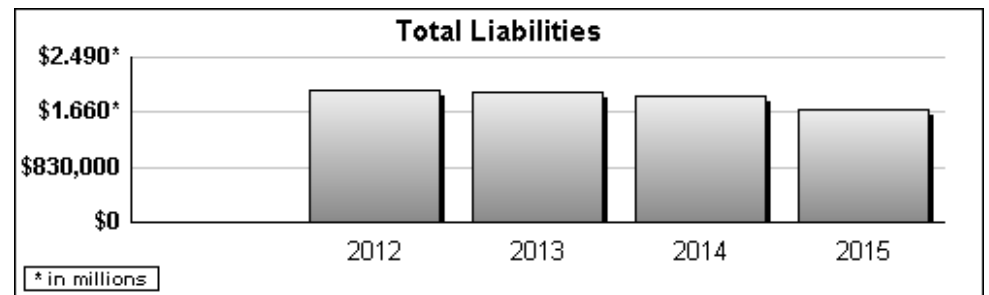
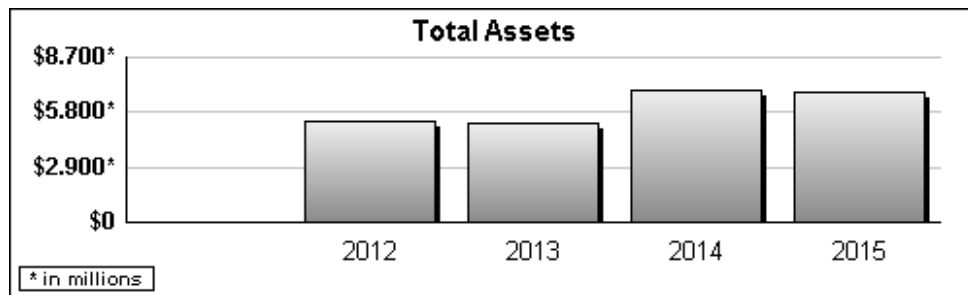


Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.</b>	Employer Identification Number <b>**-***4179</b>
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	2012	2013	2014	2015	2016	2017
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000				
Income after expense and deductions .....		-1,000				
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



\*\*-\*\*\*4179

**Federal Statements**

FYE: 6/30/2017

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
CONTRACT SERVICES	\$ 480,075	\$ 447,533	\$ 32,542	\$
PROFESSIONAL SERVICES	496,359	442,073	54,286	
TOTAL	<u>\$ 976,434</u>	<u>\$ 889,606</u>	<u>\$ 86,828</u>	<u>\$ 0</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
VEHICLES AND EQUIPMENT	\$ 100,536	\$ 93,108	\$ 7,428	\$
TOTAL	<u>\$ 100,536</u>	<u>\$ 93,108</u>	<u>\$ 7,428</u>	<u>\$ 0</u>

\*\*-\*\*\*4179

**Federal Statements**

FYE: 6/30/2017

**Schedule A, Part II, Line 12 - Current year**DescriptionAmount

COMMUNITY REPRESENTATIVE PAYE	\$ 2,364,701
FOOD SERVICE	1,234,654
NUTRITION SERVICES - ELDERLY	903,209
HOMEMAKER SERVICES - ELDERLY	306,205
COMMUNITY CORRECTIONS	35,010
OTHER	43,731
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	4,219
TOTAL	<u>\$ 4,891,729</u>