2015 TAX RETURN

CLIENT COPY

Client: 45587

Prepared for: OPTIONS FOR HOMELESS RESIDENTS OF

ASHLAND P O BOX 1133

ASHLAND, OR 97520-0038

541-631-2235

Prepared by: ROBERT S. JOHNSON

REID, HANNA, JOHNSON & CO. CPAS LLC

1101 SISKIYOÙ BOULEVARD ASHLAND, OR 97520-2238

541-482-3711

Date: MAY 16, 2016

Comments:

COPY

FDIL2001L 05/12/15

REID, HANNA, JOHNSON & CO. CPAS LLC

1101 SISKIYOU BOULEVARD ASHLAND, OR 97520-2238 541-482-3711 Client 45587 May 16, 2016

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND P O Box 1133 ASHLAND, OR 97520-0038 541-631-2235

FEDERAL FORMS

Form 990 2015 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D

Schedule O Supplemental Information

Form 8879-EO IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2015, or fiscal year beginning	. 2015, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.
► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Name of exempt organization

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND

Employer identification number

61-1693223

Name and title of officer

HARRIET SNYDER

TREASURER

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.

1 a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	246,450.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here ▶ D b Total tax (Form 1120-POL, line 22)	3 b	
4a Form 990-PF check here	4 b	
5a Form 8868 check here ▶	5 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 2015 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	REID,	HANNA,	JOHNSON	& CO.	CPAS	LLC	to enter my PIN		as my signature		
_			ERO fin	m name			-	Enter five numb do not enter all			
	cy(ies) re	gúlating cha	arities as párt				this return that a cop also authorize the a		is being filed with ERO to enter my PIN on		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 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 ►				
Part III Certi	fication	and Auth	nentication	1							
ERO's EFIN/PIN	. Enter yo	ur six-digit e	electronic filir	ng identifi	cation			_			
number (EFIN) 1	ollowed b	y your five-o	digit self-sele	cted PIN.					93477697520		
								_	do not enter all zeros		
	hat I am s	ubmitting this	s return in ácc	ordance w			electronically filed r i b. 4163 , Modernized		rganization indicated ormation for		

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Date ▶

BAA For Paperwork Reduction Act Notice, see instructions.

ERO's signature

Form **8879-EO** (2015)

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. OMB No. 1545-0047

Open to Public Inspection

Α	For the	2015 calen	dar year, or tax year beginning , 2015, and endin	g		-		
В	Check if a	applicable:	С		D Employ	er identi	fication number	
	Addr	ress change	OPTIONS FOR HOMELESS RESIDENTS OF		61-1	16932	223	
		ne change	ASHLAND		E Telepho			
		•	P O BOX 1133			C 2 1	2225	
	\vdash	al return	ASHLAND, OR 97520-0038		541-	-631-	-2235	
	Final	return/terminated						
	Ame	ended return			G Gross re	•		450.
	Appl	lication pending	F Name and address of principal officer:	` '	a group return			X No
			SAME AS C ABOVE	H(b) Are a	II subordinates,' attach a list.	included	? Yes	No
ī	Tax-ex	cempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	II INO,	, allacii a iist.	(See IIISI	ructions)	
ī			MELESSOPTIONS.ORG	H(c) Groun	exemption nu	ımher >		
K		of organization:	X Corporation Trust Association Other ► L Year of formati	(' '	'		egal domicile: OR	
				IOII. ZUI	.S III 3	late of le	gai domicile. UK	
Pa	art I	Summar	y	E0D 111	2100			
			be the organization's mission or most significant activities: OPTIONS					
မွ	<u> </u>		IS DEDICATED TO PROVIDING HOMELESS AND LOW INC					
ä	<u> 1</u>		ITH OPPORTUNITIES TO IMPROVE THEIR INDIVIDUAL					<u>:RTY</u>
ᇤ	<u> </u>		<u>LESSNESS_BEHINDOPTIONS_FOR_HOMELESS_RESIDENT</u>					
Governance	2 C	Check this bo					sets.	
			ting members of the governing body (Part VI, line 1a)			3		5
တ္သ	4 N		dependent voting members of the governing body (Part VI, line 1b)		L	4		0
Activities &	5 T		of individuals employed in calendar year 2015 (Part V, line 2a)			5		0
≑	6		of volunteers (estimate if necessary)		L	6		0
¥			ed business revenue from Part VIII, column (C), line 12			7a		0.
	b N	Net unrelated	business taxable income from Form 990-T, line 34			7b		0.
					Prior Year		Current Y	ear
ø	8 C	Contributions	and grants (Part VIII, line 1h)				246	,450.
Revenue			rice revenue (Part VIII, line 2g)					
ķ			ncome (Part VIII, column (A), lines 3, 4, and 7d)					
ď	11 O	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12 T	otal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)				246	,450.
	13 G	Grants and si	imilar amounts paid (Part IX, column (A), lines 1-3)					
	14 B	Benefits paid	to or for members (Part IX, column (A), line 4)					
			er compensation, employee benefits (Part IX, column (A), lines 5-10)				Q	,533.
es	16 a D		fundraising fees (Part IX, column (A), line 11e)			-+		, 555.
Expenses	Ioa F							
ă.	b ⊤	otal fundrais	sing expenses (Part IX, column (D), line 25)					
ш	17 O	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)				179	,133.
	18 ⊤	otal expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)					,666.
	19 R	Revenue less	expenses. Subtract line 18 from line 12					,784.
ō 8			'		ing of Current	t Vear	End of Ye	
Net Assets Fund Baland	20 ⊤	otal assets	(Part X, line 16)	. Deginin	37,1			,403.
Ase	21 T		s (Part X. line 26)		31,1	0.		, 451.
ž.Š	20 1							
			fund balances. Subtract line 21 from line 20		37,1	68.	94	<u>,952.</u>
Pa	art II	Signatur	e Block					
Und	er penaltie	es of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to arer (other than officer) is based on all information of which preparer has any knowledge.	the best of r	my knowledge	and belie	ef, it is true, correct	, and
COIII	piete. Deci	I I I I I I I I I I I I I I I I I I I	iter (outer than onicer) is based on an information of which preparer has any knowledge.					
Sig	gn	Signatu	re of officer	D	ate			
He	re	► HARI	RIET SNYDER	TREA	SURER			
		Type or	print name and title.					
		Print/Type p	oreparer's name Preparer's signature Date		Check	ζ if F	PTIN	
Pa	id	ROBERT	S. JOHNSON		self-employe		P00763764	
	iu eparer						20,00,04	
	eparer se Only		· · · · · · · · · · · · · · · · · · ·		Eirmin EINI	1	4100150	
US	.c Omy	Firm's addre	TIOT DIDITIOG BOODEVIND				<u>-4108152</u>	
_			ASHLAND, OR 97520-2238		•	<u> 541-</u>	482-3711	
Ma	y the IR:	S discuss th	is return with the preparer shown above? (see instructions)				X Yes	No

Par	t III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this Part III	<u></u>		X
1		fly describe the organization's mission:			
	<u>SEE</u>	S_SCHEDULE_O			
2		the organization undertake any significant program services during the year which were not listed on the prior	_		
	Form	n 990 or 990-EZ?	Ye	s X	No
	If 'Ye	es,' describe these new services on Schedule O.			
3	Did th	the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es X	No
	If 'Ye	es,' describe these changes on Schedule O.			
4	Descr	cribe the organization's program service accomplishments for each of its three largest program services, as me	easured b	y exper	ises.
	Section	tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	, the tota	al expens	ses,
	anu i	revenue, il any, for each program service reporteu.			
	(Ol -	de		60.0	0.4
4 a	(Code			68,8	
		E ORGANIZATION PARTICIPATED IN EXPANDING, COORDINATING AND STAFFING W	LNTER_	SHELT	ERS
	<u>4</u> _N	NIGHTS PER WEEK FOR THE HOMELESS IN ASHLAND.	. — — — —		
					-
				· _	
4 b	(Code	de:) (Expenses \$ 28,318. including grants of \$) (Revenue \$)	24,0	73.)
	THE	E ORGANIZATION ASSISTS INDIVIDUALS AND FAMILIES WITH FINDING AND OBTA	INING	•	
		RMANENT HOUSING. THE ORGANIZATION HELPED 42 FORMERLY HOMELESS FAMILIES)	
		RMANENT HOUSING IN 2015. THE FAMILIES HELPED WERE ALL LIVING IN PLACE:			IDED
		R HUMAN HABITATION PRIOR TO RECEIVING HELP FROM THE ORGANIZATION. IN A			
		USED FAMILIES RECEIVED RENTAL AND/OR UTILITY ASSISTANCE ALLOWING THEM			
		EIR EXISTING HOMES.			
	===				
			. – – – –		
			. – – – –		
4.0	(Code	de:) (Expenses \$ 10,133. including grants of \$) (Revenue \$		4 0	00)
40		E ORGANIZATION STAFFS A SHOWER TRAILER TWICE A WEEK AT DIFFERENT LOCA'			<u> </u>
					- – – –
	ASU.	HLAND. GUESTS CAN BATHE, DO LAUNDRY AND GET CLOTHING AT THE TRAILER.	O TN N	,000_	
		OWERS WERE PROVIDED AND OVER 550 LOADS OF LAUNDRY WERE DONE FOR PEOPLI			
	DUR	RING 2015.	. — — — —		
			. — — — —		
			. — — — —		
			. — — — —		
4 d		er program services. (Describe in Schedule O.) SEE SCHEDULE O			
		penses \$ 8,878. including grants of \$) (Revenue \$	36,19	2.)	
4 e	Total	al program service expenses ► 109,272			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	X	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
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.	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
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.	18		Х
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.	19		Х

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V				
Echiet the number of Farms W.26 included in line 1a. Enter O- if not applicable. 1				_	Yes	No
c Did the caganization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibling) witnings to prize witners? 2 a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax State ments, filted for the calendar year ending with or within the year covered by this return. 2 a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax State ments, filted for the calendar year ending with or within the year covered by this return. 2 b If Yea's law ment of lines 1 and 12 is greater than 250, you may be required to e-five (see instructions) 3 a Did the organization have unreblacd business gross income of \$1,000 or more during the year? 3 a Did five shall filed a form 590-1 for this year? /f We's file 82, provide are aptivation in Schedule O. 4 a At any time during the celeradar year, did the organization have an interest in, or a signature or other authority over, a sensitivity of the state of the foreign country. 5 a Was the organization in grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry. (FBAF) 5 a Was the organization are party to a prohibited to a shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as scherable contributions? 6 a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 c year and year of the section of the year part of the property probable that year p	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
(gambling) winnings to prize winners? 2 Ear 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. 2 b If at least one is reported on line 2a, did the organization file all required feed end employment tax returns? 2 b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3 b If Yes has the filed a Form 997. For this year? If We to line 30, provide an explosation in Schedule 0. 3 b If Yes has the a Form 997. For this year? If We to line 30, provide an explosation in Schedule 0. 4 b If Yes has the filed a Form 997. For this year? If We to line 30, provide an explosation in Schedule 0. 5 b If Yes, indee the name of the foreign country: 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts, (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a We bild any taxable party notify the organization file if was or is a party to a prohibited tax shelter transaction? 5 b Was the organization and party to a prohibited tax shelter transaction? 5 b Was the organization from a mutal gross receipts that are normally greater than \$100,000, and did the organization file organization file form 8886-17? 5 c C If Yes, to line 5 or 5b, did the organization file form 8886-17? 5 c If Yes, to the organization receive datus deductible as charitable contributions? 5 b If Yes, did the organization receive deductible contributions under section 170(c). 6 b If Yes, did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer? 6 b If Hes, did the organization notify the donor of the value of the goods or services provided? 7 c Val If Yes, if and the organization notify the donor of the value of the goods or services provided? 9 b If the organization receive a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b)		
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Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. b Gross income from members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	•	as required?		7 g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b	8	, , ,				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10			
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c Enter the amount of reserves on hand	L	· ·				
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b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O						
, ,						Х
	b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O			(2015)

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 1 a 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** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Χ a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a such chapters, affiliates, and branches to ensure their b If 'Yes,' did the organization have written policies and procedures governing the activities of operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: 20

ASHLAND OR 97520-0038 541-631-2235

HARRIET SNYDER TREASURER P O BOX 1133

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Form 990 (2015)

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

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

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

- 1 a 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.

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

		(C)				_				
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	않 듯	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN_WIECZOREK	8	-								
PRESIDENT	0	-		Χ				0.	0.	0.
(2) REGINA AYERS COMM LIAISON	<u>5_</u> 0			Χ		5	1	0.	0.	0.
(3) HARRIET SNYDER TREASURER	$-\frac{15}{0}$	C	• (x	T			0.	0.	0.
(4) KEN GUDGER	6									
DIRECTOR	0	1		Χ				0.	0.	0.
(5) MONTYE MALE	2									
DIRECTOR	0			Χ				0.	0.	0.
<u>(6)</u>										
		-								
<u>(9)</u>										
(10)										
<u>(11)</u>										
(12)										
(13)										,
(14)										

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Part VII Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	loyees	(conti	inued)
	(B)			(C	•							
(A)	Average (do not check more than one hours box, unless person is both an		(D) Reportable	(E) Reportable	_	(F) stimated	4					
Name and title	per week		cer ar	nd à d	direct	or/trus	tee)	compensation from	compensation from related organizations	amo	unt of ot npensati	ther
	(list any hours	or d	instil	Officer	Key	High empl	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	f	rom the	
	for related	individual or director	utio	cer	emp	est c loyer	ner			an	d relate anizatio	d
	organiza - tions	್ ಕ	nalt		Key employee	omp						
	below dotted line)	Individual trustee or director	nstitutional trustee		e	Highest compensated employee						
	illie)		ð			(ted						
(15)												
	1	•										
(16)												
(17)												
(18)												
(19)												
(20)												
(20)		-										
(21)												
<u></u>		•										
(22)												
(23)												
(24)							K					
(05)					11							
(25)			,		-							
1 b Sub-total							>	0.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.
d Total (add lines 1b and 1c).								0.	0.			0.
2 Total number of individuals (including but not limited							ved		0 of reportable comp	ensatio	n	
from the organization 0												
											Yes	No
3 Did the organization list any former officer, direct	tor, or tru	ıstee,	key	em/	plo	/ee,	or h	nighest compensat	ed employee			.,,
on line 1a? If 'Yes,' complete Schedule J for suc										. 3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate	f reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
such individual										. 4		Х
5 Did any person listed on line 1a receive or accru	e comper	nsatio	n fro	om	any	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Yes	s,' comple	ete So	ched	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	enen	dent	t cor	ntra	rtors	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report comper	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea			
(A) Name and business address (B) Description of services						of convious	Compo	C)				
Name and business address Description of services Compensation)						
2 Total number of independent contractors (including l	out not lim	ited to	o tha	se I	listed	l abo	ve)	who received more	than			
\$100,000 of compensation from the organization							,					

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) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) 1 e 52,000 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 194,450 g Noncash contributions included in lines 1a-1f: \$ 246,450 Program Service Revenue **Business Code f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code d** All other revenue e Total. Add lines 11a-11d **Total revenue.** See instructions..... 0 0 246,450

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3 1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	8,627.	4,898.	3,729.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0,027.	4,030.	3,723.	
9	Other employee benefits				
10	Payroll taxes	906.	522.	384.	
	Fees for services (non-employees):				
	Management				
ŀ	Legal				
	Accounting	2,016.		2,016.	
	Lobbying.				
	e Professional fundraising services. See Part IV, line 17				
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list Tine 11g expenses on Schedule O.ŞCH . Q	64,710.		64,710.	
	Advertising and promotion.	1,832.		1,832.	
	Office expenses	1,518.		1,518.	
14 15	Royalties				
16	Occupancy				
17	Travel.	1,179.		1,179.	
18		1,179.		1,179.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
á	COMMUNITY OUTREACH	61,943.	61,943.		
_	CLIENT LODGING	14,299.	14,299.		
	CLIENT ASSISTANCE	10,391.	10,391.		
	HOUSING EXPENSES	9,646.	9,646.		
	All other expenses	11,599.	7,573.	4,026.	
25	Total functional expenses. Add lines 1 through 24e	188,666.	109,272.	79,394.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	32,007.	1	94,370.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	327.	9	327.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	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	4,834.	15	12,706.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,168.	16	107,403.
_	17	Accounts payable and accrued expenses		17	12,451.
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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.		25	_
	26	Total liabilities. Add lines 17 through 25	0.	26	12,451.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
ğ		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	37,168.	27	94,952.
Bal	28	Temporarily restricted net assets.		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
y)	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	37,168.	33	94,952.
Z	34	Total liabilities and net assets/fund balances.	37,168.	34	107,403.

Form **990** (2015) BAA

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Form **990** (2015)

-	() OTTIONS FOR MONERALD RESIDENTS OF		,,,,,,			<i>,</i> -
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		24	6,4	50.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		18	8,6	66.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		5	7,7	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			7,1	
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0.
10						
	column (B))	. 10		9	4,9	52.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. \square
				Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_			
	in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed on	a 📙			
	separate basis, consolidated basis, or both:		~			
	Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant?			2 b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	arate				
	basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a 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?			3 a		Χ
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 h		

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(D)

(E)

Total

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND

Employer identification number

61-1693223

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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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.) 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. 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. g Provide the following information about the supported organization(s). (ii) EIN (v) Amount of monetary (vi) Amount of other (i) Name of supported (iv) Is the organization listed in your governing (iii) Type of organization (described on lines 1-9 above (see instructions)) organization support (see instructions) support (see instructions) Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	Section A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			1,287.	65,865.	246,450.	313,602.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	0.	0.	1,287.	65,865.	246,450.	313,602.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
6	Public support. Subtract line 5 from line 4						313,602.		
<u>Sec</u>	tion B. Total Support	1							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	0.	0.	1,287.	65,865.	246,450.	313,602.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			Ya			0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	,			0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
11	Total support. Add lines 7 through 10						313,602.		
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here		ird, fourth, or fifth t	-	n 501(c)(3)	> X		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20	015 (line 6, column	n (f) divided by lin	ne 11, column (f)).		14	%		
15	Public support percentage from	2014 Schedule A,	Part II, line 14			15	%		
16 a	33-1/3% support test $-$ 2015. If and stop here. The organization	the organization of qualifies as a pub	did not check the blicly supported or	box on line 13, ar	nd line 14 is 33-1/	3% or more, chec	k this box		
b	33-1/3% support test — 2014. If the and stop here. The organization								
17 a	17 a 10%-facts-and-circumstances test − 2015. 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 to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how the		
18	Private foundation. If the organia	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

JCL	tion A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
'	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
J	facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			JY I			
	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6		U.				
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
10 a b c c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)						
10 a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and	stop here					
10 a b c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	stop hereblic Support P	Percentage				··············
10 a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support P 15 (line 8, colum	Percentage n (f) divided by li	ne 13, column (f))		
10 a b 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 200 public support perce	stop here blic Support P 115 (line 8, columi 2014 Schedule A,	Percentage n (f) divided by li Part III, line 15.	ne 13, column (f))		··············
10 a b 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from attion D. Computation of Invitorial simple support percentage from attion D. Computation of Invitorial simple simple support percentage from attion D. Computation of Invitorial simple simple support percentage from attion D. Computation of Invitorial simple simple support percentage from attion D. Computation of Invitorial simple simple simple support percentage from attion D. Computation of Invitorial simple simple simple support percentage from attion D. Computation of Invitorial simple	blic Support P 115 (line 8, columi 2014 Schedule A, estment Incor	Percentage n (f) divided by li Part III, line 15. ne Percentag	ne 13, column (f))		% %
10 a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from a tion D. Computation of Inv Investment income percentage f	blic Support P 015 (line 8, column 2014 Schedule A, estment Incor or 2015 (line 10c,	Percentage n (f) divided by li Part III, line 15. ne Percentag column (f) divide	ne 13, column (f)) e ed by line 13, column	ımn (f))		90 90
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	blic Support P 115 (line 8, column 2014 Schedule A, estment Incor or 2015 (line 10c, rom 2014 Schedu the organization	Percentage n (f) divided by li Part III, line 15. ne Percentag column (f) divide ile A, Part III, line did not check the	e to so on line 14, a	umn (f))and line 15 is more		% % % and line 17
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	blic Support Policy (line 8, column 2014 Schedule A, estment Incorror 2015 (line 10c, rom 2014 Schedule the organization this box and stort the organization the organization the organization	Percentage In (f) divided by li Part III, line 15. In Percentag column (f) divided le A, Part III, lined lid not check the phere. The organ lid not check a lid not check	e box on line 14 or li	umn (f))and line 15 is more as a publicly supp ine 19a, and line	15 16 17 18 e than 33-1/3%, a orted organization 16 is more than 3	% % % % % % % % % % % % % % % % % % %

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	5 5		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ies	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b 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>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	Llog t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
С	A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion I	B. Type I Supporting Organizations			
_	5:			Yes	No
1	or ele Part If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. For organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
2	Did the that of the beneration	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
C		orting organization	2		<u> </u>
Sec	tion	C. Type II Supporting Organizations		V	NI -
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he expenientian provide to each of its supported expenientians, by the last day of the fifth month of the			
'	orgar	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No.' explain in Part VI how			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
1					
'		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	\equiv	The organization satisfied the Activities Test. Complete line 2 below.			
b	·∐⊺	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	: [] T	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activi	ities Test. Answer (a) and (b) below.	ľ	Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
b	the or	he activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
		rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes.' describe in Part VI the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.	ovembe	r 20, 1970. See instruct	ions. All		
Sec	other Type III non-functionally integrated supporting organizations must complete Sections A through E. ection A — Adjusted Net Income (A) Prior Year					
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		5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions).	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	•				
- 7	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
(Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c).	1d				
	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions.	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C — Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3		3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization		

BAA Schedule **A** (Form 990 or 990-EZ) 2015

Par	t v Type III Non-Functionally integrated 509(a)(3) Su	pporting Organiza	tions (continuea)			
Sec	tion D - Distributions			Current Year		
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of su					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)					
3	Excess distributions carryover, if any, to 2015:					
а						
b						
С						
d	From 2013					
е	From 2014					
1	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)	707				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f	71				
4	Distributions for 2015 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount.					
С	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2016. Add lines 3j and 4c					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015					

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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



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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization OPTIONS FOR I	HOMELESS RESIDENTS OF	Employer identification number			
ASHLAND		61-1693223			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	1			
	4947(a)(1) nonexempt charitable trust not t	reated as a private foundation			
	527 political organization				
	_				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the	General Rule or a Special Rule.				
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule. See instructions.			
General Rule					
X For an organization filing Form 990, property) from any one contributor.	990-EZ, or 990-PF that received, during the year, contr Complete Parts I and II. See instructions for determinin	ributions totaling \$5,000 or more (in money or g a contributor's total contributions.			
Special Rules					
under sections 509(a)(1) and 170(b)(1) received from any one contributor.	ction 501(c)(3) filing Form 990 or 990-EZ that met the 3(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Parduring the year, total contributions of the greater of (1) \$ form 990-EZ, line 1. Complete Parts I and II.	rt II. line 13, 16a, or 16b, and that			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, contributions <i>exclus</i> \$1,000. If this box is checked, enter charitable, etc., purpose. Do not cor	ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the sively for religious, charitable, etc., purposes, but no such here the total contributions that were received during the mplete any of the parts unless the General Rule applies charitable, etc., contributions totaling \$5,000 or more during \$5,000	ch contributions totaled more than he year for an <i>exclusively</i> religious, to this organization because			
Caution. An organization that is not cov 990-PF), but it must answer 'No' on Par	vered by the General Rule and/or the Special Rules does rt IV, line 2, of its Form 990; or check the box on line H meet the filing requirements of Schedule B (Form 990, 9	s not file Schedule B (Form 990, 990-EZ, or of its Form 990-EZ or on its Form 990-PF,			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

OPTIONS FOR HOMELESS RESIDENTS OF

Employer identification number

61-1693223

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space is needed.
--------	--------------	---------------------	---------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARPENTER FOUNDATION 824 E. MAIN STREET MEDFORD, OR 97504	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF ASHLAND 20 E. MAIN STREET ASHLAND, OR 97520	\$52,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 of Part II

Employer identification number

OPTIONS FOR HOMELESS RESIDENTS OF 61-1693223

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>		
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		S	
		5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No	(h)	(6)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(-) N-	4.5		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		İs	
	<u> </u>	Ť	
BAA	Sche	edule B (Form 990, 990-E2	z, or 990-PF) (2015

1 to

of Part III

Name of organization
OPTIONS FOR HOMELESS RESIDENTS OF

Employer identification number

61-1693223

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) (c) (d) Purpose of gift Use of gift Description of how gift is held						
	N/A						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e)					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
		YOU					
		C-01					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, addres	I ransfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
	<u> </u>						
(2)	/b)	(c)		(4)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee			
	L						
PAA				dula R (Farm 990, 990, F7, or 990, PE) (2015)			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

OPTIONS FOR HOMELESS RESIDENTS OF

	ASHLAND			61-1693223
Par	t I Organizations Maintaining Dono	r Advised Funds or Other	r Similar Fur	nds or Accounts.
	Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line	6.
		(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, of	or for any other	purpose conferring
Day				
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990	Part IV line	7
1	Purpose(s) of conservation easements held by			7.
•	Preservation of land for public use (e.g., re			of a historically important land area
	Protection of natural habitat	- soroation or oddoditon,		of a certified historic structure
	Preservation of open space	L.]	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contri	bution in the forr	n of a conservation easement on the
_	last day of the tax year.	ora a quamica concentration contin		
				Held at the End of the Tax Year
_	Total number of conservation easements		_	1
	Total acreage restricted by conservation easen			
(: Number of conservation easements on a certif	ied historic structure included in	ı (a)	2c
C	Number of conservation easements included in structure listed in the National Register			2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or	terminated by the	ne organization during the
4	Number of states where property subject to conser	rvation easement is located >		
5	Does the organization have a written policy reg			
	and enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, a	and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, insper	cting, handling of violations, and e	enforcing conserv	vation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	uirements of se	ction 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its rev	enue and expen	se statement, and balance sheet, and
	conservation easements.	o the organization's infancial st	atements that a	escribes the organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Tovered 'Yes' on Form 990,	reasures, or Part IV, line	Other Similar Assets. 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finan	ld for public exhibition, education,	or research in fu	nue statement and balance sheet works of urtherance of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or re	esearch in furthe	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	istorical treasures, or other similar I 16 (ASC 958) relating to these	assets for finan items:	cial gain, provide the following
ā	Revenue included on Form 990, Part VIII, line	1		
ŀ	Assets included in Form 990, Part X			▶ \$

Part III Organizations Maintai	ining Collecti	ons of Art, Histo	oricai Treasures, o	r Otner Similar Ass	ets (continuea)
3 Using the organization's acquisition items (check all that apply):	, accession, and o		,	re a significant use of its	collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other	·		
c Preservation for future generation					
4 Provide a description of the organiz Part XIII.	ation's collections	and explain how the	y further the organization	's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mainta	ined as part of the o	organization's collection	1?	Yes No
Part IV Escrow and Custodial line 9, or reported an a	Arrangemer amount on Fo	rm 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian o	r other intermediary	for contributions or oth	er assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the follow	ing table:	!	
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	
2 a Did the organization include an a	mount on Form 9	990, Part X, line 21,	, for escrow or custodia	account liability?	Yes No
b If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the expla	nation has been provide	ed on Part XIII	
Part V Endowment Funds. C	omplete if the	organization ar	nswered 'Yes' on Fo	orm 990, Part IV, Iir	ne 10.
	(a) Current year	(b) Prior yea	ar (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			16,		
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	e of the current y	ear end balance (li	ne 1g, column (a)) held	as:	
a Board designated or quasi-endowme	ent ►	%			
b Permanent endowment ▶	%				
c Temporarily restricted endowmen	nt ►	%			
The percentages on lines 2a, 2b, ar	nd 2c should equa	l 100%.			
3a Are there endowment funds not in the organization by:	he possession of	the organization that	are held and administered	d for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended	-	•			
Part VI Land, Buildings, and I			<u> </u>		
Complete if the organi	zation answe			e 11a. See Form 99	0, 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
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Column	n (d) must equa	Form 990, Part X,	column (B), line 10c.).		0
BAA	•		·		ule D (Form 990) 2015

Schedule **D** (Form 990) 2015

		0, Part IV, line 11b. See Form	
(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)			
(I)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11c. See Form !	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		V	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	OP	1	
Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered		0, Part IV, line 11d. See Form	990, Part X, line 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99	0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY		0, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value 12,706
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2)		0, Part IV, line 11d. See Form	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3)		0, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5)		0, Part IV, line 11d. See Form	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7)		0, Part IV, line 11d. See Form	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9)		0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10)	cription		(b) Book value 12,706
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	cription		(b) Book value
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	B) line 15.)		(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Other Assets. Complete if the organization answered (a) Des (b) Total. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	B) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (b) DONATED GOODS INVENTORY (c) (d) (d) (e) (f) (f) (f) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	3) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706
Other Assets. Complete if the organization answered (a) Des (1) DONATED GOODS INVENTORY (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	8) line 15.)	1e or 11f. See Form 990, Part X, line 2	(b) Book value 12,706

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	T T
1 Total expenses and losses per audited financial statements	1
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	T T
1 Total expenses and losses per audited financial statements	T T
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b	T T
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c	T T
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a b Prior year adjustments. 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 e 3

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.

BAA Schedule **D** (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND

Employer identification number 61–1693223

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND IS DEDICATED TO PROVIDING HOMELESS AND LOW INCOME RESIDENTS OF ASHLAND AND TALENT WITH OPPORTUNITIES TO IMPROVE THEIR INDIVIDUAL SITUATIONS AND LEAVE POVERTY AND HOMELESSNESS BEHIND. OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND PROMOTES RESPONSIBILITY FOR SELF CARE AND CARING FOR OTHERS, AND SEEKS FULL INCLUSION OF LOW INCOME RESIDENTS IN THE LIFE OF THE COMMUNITY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE ORGANIZATION IMPLEMENTED A NEW PROGROM FOR THOSE IN MARGINAL FINANCIAL CONDITIONS. THE PROGRAM CONNECTS UNEMPLOYED CLIENTS WITH AVAILABLE LOCAL EMPLOYMENT. AS OF THE END OF 2015, 14 CLIENTS HAD BEEN EMPLOYED AND ANOTHER 10 CLIENTS WERE WAITING FOR A MATCH.

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND HELD A SLEEP-OUT EVENT TO RAISE AWARENESS ABOUT THE NEED FOR SERVICES FOR HOMELESS INDIVIDUALS IN THE COMMUNITY. THE EVENT HAD MORE THAN 25 ATTENDEES, RAISED MORE THAN \$20,000 AND GATHERED LOCAL MEDIA ATTENTION, FURTHER SPREADING INFORMATION ABOUT THE ORGANIZATION'S MISSION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

Name of the organization OPTIONS	FOR HOMELESS RESIDENTS OF	Employer identification number
ASHLAND	TON HOLDERO TERRITOR OF	61-1693223

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
TRAINING AND CONSULTING		64,710.		64,710.	
	TOTAL \$	64,710.	\$ 0.	\$ 64,710.	\$ 0.



2015 FEDERAL EXEMPT ORGANIA OPTIONS FOR HOMELES ASHLAN	PAGE 1 61-1693223		
DEVENUE	2015	2014	DIFF
REVENUE CONTRIBUTIONS AND GRANTS	246,450	0	246,450
TOTAL REVENUE	246,450	0	246,450
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	9,533 179,133	0 0	9,533 179,133
TOTAL EXPENSES	188,666	0	188,666
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	57,784 107,403 12,451 94,952	0 0 0	57,784 107,403 12,451 94,952



2015

GENERAL INFORMATION

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OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH O

CARRYOVERS TO 2016

NONE



2015

DIAGNOSTICS

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND

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FEDERAL CRITICAL DIAGNOSTICS

GENERAL

□ WARNING: PIN AND PIN AUTHORIZATION ARE REQUIRED WHEN NOT USING A COMPUTER GENERATED PIN. BE SURE TO MAKE ALL THE REQUIRED PIN ENTRIES BEFORE ELECTRONICALLY FILING. THE COMPUTER GENERATED PIN ELIMINATES ALL PIN ENTRIES WITH EXCEPTION OF THE ORGANIZATION'S SIGNATURE DATE.

FEDERAL INFORMATIONAL DIAGNOSTICS

GENERAL

☐ THE COMPUTER DATE OF 5/16/2016 WILL BE TRANSMITTED AS ORGANIZATION'S E-FILE PIN AUTHORIZATION SIGNATURE DATE WHEN THE TAX RETURN IS ELECTRONICALLY FILED.



2015

FEDERAL WORKSHEETS

PAGE 1

OPTIONS FOR HOMELESS RESIDENTS OF ASHLAND

61-1693223

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	109,272.	0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	133,159.		PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ACCESS EXPENSES REIMBURSED BANK CHARGES CLIENT SUPPLIES		1,989. 18.	1,989.	18.	
CLIENT TRAVEL EXPENSES		1,400. 903.	1,400. 903.		
COMPUTER EXPENSES		540.		540.	
DUES AND SUBSCRIPTIONS		100.		100.	
FUNDRAISING COSTS GIFTS TO VOLUNTEERS		1,119. 500.	_	1,119. 500.	
INSURANCE		910.	104.	806.	
LICENSE AND FEES		95.		95.	
OTHER PROGRAM EXPENSES		1,002.	1,002.	107	
PAYPAL FEES SHOWER LAUNDRY COSTS		197. 1,753.	1,753.	197.	
VENUE RENTAL		1,733.	107.		
WEBSITE ADMINISTRATION		336.		336.	
WORKERS COMP INSURANCE	momar -	630.	315.	315.	+
	TOTAL \$	11,599.	\$ 7,573.	\$ 4,026.	\$ 0.