Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,244.	1	
	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 trustees, key employees, and highest compensated en Part II of Schedule L	officers, on the mployees	directors, . Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	s defined under		6		
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	1 0 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	181,052.			
		Less: accumulated depreciation		154,632.	26,628.	10 c	26,420.
	11	Investments – publicly traded securities			20,020.	11	20,120.
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments – program-related. See Part IV, line 11.		_		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,050.	15	1,050.		
	16	Total assets. Add lines 1 through 15 (must equal line		<u>L</u>	39,922.	16	27,470.
	17	Accounts payable and accrued expenses	18,784.	17	16,456.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, direct I disqualit	ors, trustees, fied persons.		22	
\Box	22	Secured mortgages and notes payable to unrelated th		<u></u>		23	
	23 24	Unsecured notes and loans payable to unrelated third		_		24	
	25					24	
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com Total liabilities. Add lines 17 through 25			9,400.	25 26	11,650.
		Organizations that follow SFAS 117 (ASC 958), check he			28,184.	20	28,106.
ces		lines 27 through 29, and lines 33 and 34.		-			
<u>a</u>	27	Unrestricted net assets		_	11,738.	27	-636.
Ba	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), ch and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds		<u>L</u>		30	
8	31	Paid-in or capital surplus, or land, building, or equipm	ent fund.			31	
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
et	33	Total net assets or fund balances			11,738.	33	-636.
~	34	Total liabilities and net assets/fund balances	39,922.	34	27,470.		

BAA Form **990** (2017)

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	1,0	42,7	762.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	55,1	.36.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	12,3	374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,7	738.
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		10		-6	536.
Pa	rt XII Financial Statements and Reporting				, o o .
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check it Schedule O contains a response of flote to any line in this Fart All			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	NO
	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		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
- 1	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	:			
	Separate basis X 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		Х
	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		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
B۸۵	$oldsymbol{\Lambda}$		Form	990 ((2017)

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name	Name of the organization Employer identification number													
DAVID JONES, JR. ASSISTED LIVING CENTER 22-3905327						•								
Par					arity Status (/		-				, ,	See instruc	tions.	
The o	rga	anization is	not a p	rivate foun	dation because it	is: (For lines 1 th	rough 12,	check o	nly one	box.)			
1	L	1			nes, or association						(i).			
2	L	A school de	escribed	in section	170(b)(1)(A)(ii). (A	tach	Schedule E (F	orm 990 o	990-EZ).)				
3	L	A hospital	or a co	operative I	nospital service o	rgan	ization descri	ibed in se	ction 17	O(b)(1)(A	4)(iii).			
4		A medical	resear	ch organiza	ation operated in	conj	unction with a	a hospital	describe	d in sec	ction 1 70(l	o)(1)(A)(iii). E	nter the hospita	l's
		name, city	, and s	tate:										
5		An organiz	zation c 70(b)(1)	perated for (A)(iv). (Co	r the benefit of a omplete Part II.)	colle	ege or univers	sity owned	or oper	ated by	a governr	nental unit de	escribed in	
6		A federal,	state, o	or local gov	ernment or gove	rnme	ental unit desc	cribed in s	ection 1	70(b)(1))(A)(v).			
7	Χ	An organiz in section	ation tha 170(b) (at normally (1)(A)(vi). (receives a substar (Complete Part II	ntial p .)	part of its supp	ort from a	governm	ental uni	it or from t	he general pul	olic described	
8		A commur	nity trus	t described	in section 170(I	o)(1)((A)(vi). (Comp	olete Part I	l.)					
9	F	-	-		ization described i				•	oniunctio	on with a la	and-grant colle	eae	
•	_				nt college of agric									
		university:												
10		An organiz	 ation tha		 receives: (1) more			 s support fr	om cont	· — — — - ributions	. members	hip fees, and	aross receipts	
		from activ	ities rel	ated to its	exempt functions	-su	bject to certai	in exception	ons, and	(2) no i	more than	33-1/3% of i	ts support from	gross
		June 30, 1	t incom	ie and unre ee section	elated business ta 509(a)(2). (Comp	axabi lete	le income (les Part III.)	ss section	511 tax)	from bi	usinesses	acquired by	the organization	after
11		7			nd operated excl		•	public saf	etv. See	section	1 509(a)(4)			
12	\vdash	-		-	nd operated excl		•		-				it the nurnoses	of one
	_	or more pi	ublicly s	supported of	organizations des escribes the type	cribe	ed in section !	509(a)(1) (or sectio	n 509(a`)(2). See s	section 509(a	(3). Check the	box in
а					ion operated, supe								the supported	
	_	dorganizatio	n(s) the	power to re	egularly appoint or	elec	t a majority of	the directo	rs or trus	tees of t	the support	ing organizati	on. You must	
b		ı .	<i>'</i>			1000	controlled in a	onnootion	with ito	aunnart	tad araani	zation(a) by	having control o	
J		d manageme	nt of the	e supporting	zation supervised gorganization vest tions A and C.	ed in	the same pers	sons that c	ontrol or	manage	the suppo	rted organizat	ion(s). You	νr
С		Type III fun	ctionall	v integrated	I. A supporting orga	aniza	tion operated ir	n connectio	n with, a	nd functio	onally integ	rated with, its	supported	
		organizatio	on(s) (s	ee instruct	ions). You must	com	plete Part IV,	Sections	A, D, an	d E.				
d		Type III no functionall instruction	n-functi y integi s). You	onally integ rated. The ı must com	ırated. A supportir organization gen ıplete Part IV, Se	ig org erally ctior	ganization oper y must satisfy ns A and D, ar	rated in cor r a distribu nd Part V.	nnection tion req	with its s uiremen	supported on a	organization(s attentiveness) that is not requirement (se	e:
е		Check this	box if	the organiz	zation received a unctionally integr	writt	en determina	tion from	the IRS					
f	Fr	integrated oter the nur	, or typ nber of	supported	organizations	ateu	supporting or	yarıızatıdı	1.					
_					n about the supp									
	(i) Na	ame of supporte	ed organi	zation	(ii) EIN		(iii) Type of or	ganization	(iv)	s the	(v) Amou	nt of monetary	(vi) Amount of	other
							(described on above (see ins	lines 1-10	organizat	ion listed	support (s	ee instructions)	support (see instr	ructions)
									docur	ment?				
									Yes	No				
/A\														
(A)														
(B)														
(C)														
<u>(D)</u>	(D)													
<u>(E)</u>														
Total														

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	146,603.	160,182.	253,468.	280,346.	52,424.	893,023.	
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.	
	Total. Add lines 1 through 3 The portion of total contributions by each person	146,603.	160,182.	253,468.	280,346.	52,424.	893,023.	
	(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						893,023.	
Sec	tion B. Total Support		<u> </u>			<u>.</u>		
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	146,603.	160,182.	253,468.	280,346.	52,424.	893,023.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			704.	373.		1,077.	
	Total support. Add lines 7 through 10						894,100.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20						99.88%	
	Public support percentage from						99.89%	
	6a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	33-1/3% support test—2016. If the and stop here. The organization	e organization dic qualifies as a pul	I not check a box oblicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, cl	heck this box	
1 7 a	a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organizat	' test, check this tion qualifies as a	box and stop her a publicly supporte	e. Explain in Part ed organization	VI how the▶	
18	Private foundation. If the organize	zation did not che	ck a box on line 1	3, 16a, 16b, 17a, ———	or 17b, check thi	s box and see ins	tructions	

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

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

C	tion A Dublic Compact	250 115100 501011,	picase complete i	are iii)			
	tion A. Public Support						
	lar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
1 0 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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶
	tion C. Computation of Pul	blic Support P	Percentage				
	Public support percentage for 20	•	• •				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage				
17	Investment income percentage for	or 2017 (line 10c,	column (f) divided	by line 13, colu	ımn (f))		૪
18	Investment income percentage f	rom 2016 Schedu	le A, Part III, line	17		18	%
19a	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	the organization of this box and sto	did not check the b	ox on line 14, ar zation qualifies a	nd line 15 is more as a publicly suppo	than 33-1/3%, an	d line 17
	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the support tests—2016 is the support tests—2016. If the organization of the support tests—2016 is the support test	the organization d b, check this box a	lid not check a box and stop here. The	on line 14 or lir organization qu	ne 19a, and line 16 Jalifies as a public	is more than 33- ly supported orga	·1/3%, and nization ►
	5			,			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	*** **** *** *** *** *** *** *** *** *		Yes	No
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		
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.	3 a		
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.	3с		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a		
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).	5 a		
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? If 'Yes,' provide detail in Part VI .	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		
1 0 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.	1 0 a		
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		
ВΛΛ	TELANAN 00/10/17 Sahadula A /Farm 00	<u> </u>	VO E2/	0017

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

Sche	edule A (Form 990 or 990-EZ) 2017 DAVID JONES, JR. ASSISTED LIVI	ING C	CENTER 22-3	905327	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza [.]	tions		_
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain st complete Sections	in Part VI). See A through E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Currer (optior	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Currer (optior	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
ä	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			
•	e 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	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
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	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990 or 990-EZ) 2017

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	

9	Distributable amount for 2017 from Section C, line 6
10	Line 8 amount divided by line 9 amount

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
RAA		Schodulo A (Fo	rm 990 or 990 E7\ 2017

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Schedule A (Form 990 or 990-EZ) 2017

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2017	2016	2015	2014	2013
TOTAL	\$ 0.	\$ 373. \$ 373.	\$ 704. \$ 704.	\$ 0.	\$ 0.

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.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	AVID JONES, JR. ASSISTED L			22-390	5327	
art I	Organizations Maintaining Donor A Complete if the organization answer	Advised Funds or Oth	er Similar Fund	s or Accounts.	<u></u>	
	Complete if the organization answer				othor gassiii	+
Total	number at end of year	(a) Donor advised	tunas	(b) Funds and	otner accoun	TS
	pate value of contributions to (during year).					
	gate value of grants from (during year)					
	egate value at end of year					
	,			1: 16 1		
are th	ne organization inform all donors and donor ne organization's property, subject to the org	ganization's exclusive legal	control?		Yes	No
Did the for che impe	ne organization inform all grantees, donors, naritable purposes and not for the benefit of rmissible private benefit?	and donor advisors in writi the donor or donor advisor	ng that grant funds , or for any other pu 	can be used only urpose conferring	Yes	No
rt II	Conservation Easements.					
	Complete if the organization answe		· · · · · · · · · · · · · · · · · · ·			
Purpo	ose(s) of conservation easements held by the	ne organization (check all th	nat apply).			
	Preservation of land for public use (e.g., rec	reation or education)		a historically importa		
	Protection of natural habitat		Preservation of a	a certified historic str	ucture	
	Preservation of open space					
	plete lines 2a through 2d if the organization held day of the tax year.	d a qualified conservation con	tribution in the form o	of a conservation ease	ment on the	
iasi t	day of the tax year.			Held at the	End of the T	av Ye
Total	number of conservation easements				Lina or are r	ux ic
	acreage restricted by conservation easeme					
	per of conservation easements on a certified					
			` ,	 		
ı Numı struci	per of conservation easements included in (ture listed in the National Register	c) acquired after 7/25/06, a	nd not on a historic	. 2 d		
	per of conservation easements modified, transfe			organization during th	e	
tax ye	ear ►					
Numb	per of states where property subject to conserva	ation easement is located >				
	the organization have a written policy rega				٦., -	٦
	enforcement of the conservation easements				_Yes _	No
Staff	and volunteer hours devoted to monitoring, ins	pecting, handling of violations	, and enforcing conse	ervation easements du	iring the year	
Amou	 unt of expenses incurred in monitoring, inspecti	na handling of violations on	d anfaraing agnagniat	ion occomente during	the weer	
Amou ►\$	and of expenses incurred in monitoring, inspecti	ng, nanunng or violations, and	a emorcing conservat	ion easements during	trie year	
Does	each conservation easement reported on lisection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the re	equirements of section	on 170(h)(4)(B)(i)	ີYes Γ	□No
In Pa	rt XIII, describe how the organization reports code, if applicable, the text of the footnote to	onservation easements in its r	evenue and expense	statement, and balan		→ ing for
	ervation easements. Organizations Maintaining Collect	ions of Art Historiaal	Transuras ar O	thar Cimilar Acc	oto	
rt III	Organizations Maintaining Collect Complete if the organization answer	ered 'Yes' on Form 990). Part IV. line 8	uller Sillillar ASS	ets.	
	1 3		· · · · · · · · · · · · · · · · · · ·			1 -
art, h	organization elected, as permitted under S istorical treasures, or other similar assets held irt XIII, the text of the footnote to its financia	for public exhibition, educatio	n, or research in furth	e statement and bala herance of public servi	ance sneet wi ice, provide,	orks o
histor	organization elected, as permitted under S ical treasures, or other similar assets held for p ving amounts relating to these items:	FAS 116 (ASC 958), to reposition, education, o	ort in its revenue sta r research in furthera	atement and balance nce of public service,	e sheet works provide the	of art
	Revenue included on Form 990, Part VIII, lin	e 1		▶\$		
• •	Assets included in Form 990, Part X			-		
If the	organization received or held works of art, hist unts required to be reported under SFAS 11	orical treasures, or other simi	lar assets for financia	-	lowing	
	nue included on Form 990, Part VIII, line 1.			▶\$		
	ts included in Form 990. Part X			►s		

Part III Organizations Maintain	iing Collec	cuons of Art, HISTO	ricai i reasures, or	Other Similar Ass	eis (contint	л е а)
3 Using the organization's acquisition, items (check all that apply):	accession, an	d other records, check ar	ny of the following that are	e a significant use of its	collection	
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	tions	_				
4 Provide a description of the organizar Part XIII.	tion's collectio	ons and explain how they	further the organization's	exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather that	an to be mair	ntained as part of the o	rganization's collection?) 	Yes	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangeme mount on f	ents. Complete if the Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	_' rm 990, Pai 	rt IV,
1 a Is the organization an agent, truston on Form 990, Part X?	ee, custodian	or other intermediary	for contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII ar	nd complete the following	ng table:			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an am	nount on Forr	m 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII. C	heck here if the explan	ation has been provided	d on Part XIII		7
					_	
Part V Endowment Funds. Co	mplete if t	he organization an	swered 'Yes' on Fo	rm 990, Part IV, lii	ne 10.	
·	(a) Current y	vear (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
b Contributions						
c Not investment earnings, gains						
c Net investment earnings, gains, and losses						
d Grants or scholarships					1	
e Other expenditures for facilities						
and programs						
· · · · · · · · · · · · · · · · · · ·						
g End of year balance	af tha a	turan and balance (lin	2 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2			
		•	e ig, column (a)) neid a	as:		
a Board designated or quasi-endowmen		°				
b Permanent endowment	[%]	0				
c Temporarily restricted endowment		8				
The percentages on lines 2a, 2b, and	d 2c should eq	ual 100%.				
3 a Are there endowment funds not in the	e possession (of the organization that a	re held and administered	for the		
organization by:					Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the relate	-	•			. 3b	
4 Describe in Part XIII the intended		<u> </u>	ent funds.			
Part VI Land, Buildings, and E						
Complete if the organiz	ation answ	vered 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	≀0, Part X, Ii	ne 10
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land		,	, ,			
b Buildings						
c Leasehold improvements	-					
d Equipment		11,169.			11	,169
e Other	-	11,109.	169,883.	154,632.		,251.
Total. Add lines 1a through 1e. (Column		ual Form 990 Part X o				, 420.
RAA	(a) must eqt	uari omi 220, ran A, C	,оланні (<i>D)</i> , IIIIE 100. <i>)</i>			

		0, Part IV, line 11b. See Form 990, Part X, line
(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)		
(<u>F)</u>		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7
Part VIII Investments — Program Related.	'Yes' on Form 990	N/A 0, Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation
(1)	(b) Book value	(S) Mothed of Valuation. Gost of one of your market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	N/A	
Total. (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
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 cription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) 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 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4) (5)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4) (5) (6)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 cription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	'Yes' on Form 990 cription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) 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) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990 cription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X (Column (B) Description of liability	'Yes' on Form 990 cription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes	2) line 15.)	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value 1e or 11f. See Form 990, Part X, line 25
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (Ca) Description of liability (1) Federal income taxes (2) PREPAID CHARGES	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS	2) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (Ca) Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4) (5)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4) (5) (6)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) 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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4) (5) (6) (7)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fotal Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4) (5) (6) (7) (8)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fotal Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4) (5) (6) (7) (8) (9)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) PREPAID CHARGES (3) RENTAL DEPOSITS (4) (5) (6) (7) (8) (9) (10)	e) line 15.)	1e or 11f. See Form 990, Part X, line 25
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) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (Column (Co	'Yes' on Form 990 cription b) line 15.) orm 990, Part IV, line 1 (b) Book value 50 11,15	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value 1e or 11f. See Form 990, Part X, line 25

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	-
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	2e
3 Subtract line 2e from line 1	
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.)	
c Add lines 4a and 4b	4c
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 Exper	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	ā.
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.	2 e
3 Subtract line 2e from line 1	3
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2017

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.

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

DAVID JONES, JR. ASSISTED LIVING CENTER 22-3905327

Employer identification number

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

THE GOVERNING AND ADVISORY BOARD MEMBERS ARE PROVIDED A COPY OF THE 990 FOR REVIEW. THE BOARD CHAIR AND EXECUTIVE DIRECTOR PERFORMS A DETAIL REVIEW AND APPROVES FILING OF THE FORM 990.

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

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.