#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning	and	ending			
В	Check if applicable:	C Name of organization	-		D Employer identific	cation number	
_	Address change	CLEAN SLATE E3, INC.					
F	Name change	Doing business as			26-4	311368	
Ē	Initial	Number and street (or P.O. box if mail is not delivered	ed to street address)	Room/suite	E Telephone numbe	r	
F	Final return/	200 ROSS STREET		9TH FL	412-	456-5058	
	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	27,676.	
	Amende	PITTSBURGH, PA 15219	PITTSBURGH, PA 15219				
	Applica-	F Name and address of principal officer:BERNI	E MCGINLEY		for subordinates	?Yes X No	
	pending	SAME AS C ABOVE			H(b) Are all subordinates in		
1	Tax-exer	mpt status: X 501(c)(3)	(insert no.) 4947(a)(1)	or 527		list. (see instructions)	
J	Website	: ► N/A			H(c) Group exemptio		
Κ	orm of c	rganization: X Corporation Trust Associ	iation Other >	L Year	of formation: 2009 N	A State of legal domicile: PA	
2	art I	Summary		CORROR	AMTON CHAIT	DROMOTTE A	
ø	1 E	riefly describe the organization's mission or most sig	nificant activities: THE	CORPOR	ATION SHALL	C AND HIMAN	
Activities & Governance	j I	RUG FREE LIFESTYLE, AND SU	PPORT EDUCATI	UNAL C	PPORTUNITIE	5 AND HOMAN	
eru		check this box  if the organization disconting			than 25% of its net as	ssets.	
Š		lumber of voting members of the governing body (Pa			4	<del>- 1</del>	
æ		lumber of independent voting members of the govern				0	
ies		otal number of individuals employed in calendar year				1	
Ĕ		otal number of volunteers (estimate if necessary)				0.	
Ac		otal unrelated business revenue from Part VIII, colum				0.	
	b N	let unrelated business taxable income from Form 990	J-1, III1e 34	·····	Prior Year	Current Year	
Revenue		)tub. tions and grants (Dort \/III line 1h)		-	9,970.	27,676.	
		Contributions and grants (Part VIII, line 1h)			0.	0.	
		Program service revenue (Part VIII, line 2g)	d 7d)		0.	0.	
æ		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			0.	0.	
		otal revenue - add lines 8 through 11 (must equal Pa			9,970.	27,676.	
_		Grants and similar amounts paid (Part IX, column (A),			35,050.	1,550.	
		Benefits paid to or for members (Part IX, column (A), li		0.	0.		
s	l	Salaries, other compensation, employee benefits (Par		0.	0.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line			0.	0.	
ē	b 1	otal fundraising expenses (Part IX, column (D), line 2		A 20000000			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11		l l	57,480.		
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, o	column (A), line 25)		92,530.		
	19 F	Revenue less expenses. Subtract line 18 from line 12			-82,560.		
Net Assets or	3			Be	ginning of Current Year	End of Year	
sets	20	otal assets (Part X, line 16)			155,176.	165,801.	
AR	21 7	,			7,500. 147,676.	165,801.	
25	22 1	let assets or fund balances. Subtract line 21 from lin	e 20	<u></u>	147,070.	103,001.	
P	art II	Signature Block		and statem	earte and to the heat of m	w knowledge and helief it is	
Und	der penal	ties of perjury, I declare that I have examined this return, inc	luding accompanying scriedul	es and staten	r hae any knowledge	ly knowledge and belief, it is	
true	e, correct	, and complete. Declaration of preparer (other than officer) i	s based on all information of v	vilicii preparei	ilas ally kilowicage.		
		Signature of officer			Date		
Sig		BERNIE MCGINLEY, DIRECTO	OR AND TREASUR	ER			
He	re	Type or print name and title	OK AND INDADOL				
	_	1_	eparer's signature		Date Check	PTIN	
Pai		Print/Type preparer's name Pr	oparor o orginaturo		if self-emplo	ved	
	Ŧ	Firm's name			Firm's EIN		
		Firm's address					
J3	· ····,	1 11111 0 4041000			Phone no.		
Ma	v the IF	S discuss this return with the preparer shown above	? (see instructions)			X Yes No	

Eorm	990 (2016) CLEAN SLATE E3, INC. 26-431	L368	Pa	age 3
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		٠,,	
	If "Yes " complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection in	: [		i
7	during the tay year? If "Yes." complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
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			1
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
	If "Yes," complete Schedule D, Part IV			
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		X
	endowments, or quasi-endowments? If Yes, Complete Schedule D, Yart V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	┝
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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX		<del>                                     </del>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	<del>                                     </del>	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	·		<del> </del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?			
b	Was the organization included in consolidated, independent audited infancial 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	X	
	If "Yes," and if the organization answered No to line 12a, then completing defication 2, that you are the specific serious serious serious formula in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the office states.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- [		\ <sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
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	17	+	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	x
	1c and 8a? If "Yes." complete Schedule G, Part II	. 18	+	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III		990	

## Form 990 (2016) CLEAN SLATE E3, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ŀ	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		<b>-</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	<b>-</b>	<del></del> -
	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
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	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	İ	
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	'		

ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Par	Statements Regarding Other IRS Filings and Tax Compliance					
tal 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			<del></del>	<u>.</u>	<u></u>
be Enter the number of Forms W-2G included in line 1s. Enter-0** if not applicable			1	۱ ۵	i ii	Yes	No
be Enter the number of Forms W2G included in the 1a. Enter 0 - in not applicated.  Del the organization comply with backup withholding ries for reportable payments to vendors and reportable gaming (gambling) withings to prize winners?  Ze Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  If all east one is proported on ine 2e, did the organization file all required dodral employment tax returns?  Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a I did the organization have uncleated business greats is income of \$1,000 or more during the year?  3a I did the organization have uncleated business great is income of \$1,000 or more during the year?  3a I way the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b I way the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.77  5c I was the organization and party that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization that may receive deductible contributions under section 170C  8d If "Yes," did the organization number of porms 8282 filed during the year  9d If the organization may apply the par	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 0			
gamehing) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3 It least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 Dolf the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Dolf the organization have unrelated business gross income of \$1,000 or more during the year?  3 Lift Year, I has filed a Form 9500 Tor this year? If YNo, 10 ins 3b, provide an explanation in Schedule O  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account)?  5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization by the organization that I was or is a party to a prohibited tax shelter transaction?  5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Form 888617?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen rot tax deductibles as charitable contributions?  6 If Y'es, ' did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles as charitable contributions?  7 Organizations that may receive deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization endity of the organization fell of the organization fell of the organization neceive and contribution of underly to pay premiums on a personal benefit contrac	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
agamoning winning prize where prize where the provided on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions)  3a I/Y where the provided in the provided of the pro	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able garring	10		94
if if the calendar year ending with or within the year covered by this return		(gambling) winnings to prize winners?	i	<u> </u>	10	10	, ÷.
bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, * has it filed a Form 990-T for this year? If You, * to line 3b, provide an explanation in Schedule O  4d. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAT).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAT).  So Us any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes, * to line 5a or 5b, did the organization file Form 8986-1?  Boes the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contributions?  bit Yes, * did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  Organization selve a psyment in excess of 575 made party as a contribution and partly for goods and services provided to the payor?  bit Yes, * did the organization notify the donor of the value of the goods or services provided?  bit the organization receive a psyment in excess of 575 made party as a contribution and partly for goods and services provided to the payor?  bit for some sease?  1 If Yes, * did the organization notify the donor of the value of the goods or services provided?  bit the organization receive a contribution of qualified intellectual property of which it was required to file form 8282?  If the organization receive	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22	0			Ą
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return			2b		
38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country. ▶  58 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; © See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization aprilements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  59 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  60 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  60 Portion of the organization notify the donor of the value of the goods or services provided?  61 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  62 Did the organization receive a payment in excess of \$75 made parily as contribution and parity for goods and services provided to the payor?  63 Did the organization selection and parity or goods and services provided to the payor?  75 Did the organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76 X If "Yes," did the organization with the donor of the value of the goods or services provided?  76 If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required to file form seceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  77 If the organization have excess bu	b	If at least one is reported on line 2a, did the organization file all required to e-file (see instruction	e)				
36 bill if Yes.* has it fied a Form 990-T for this year? if YN0, *to line 30, provide an explanation in Schedule O 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 44 financial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a 45 financial account in a foreign country; when as a brak account, securities account, or other financial accountly 46		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fire (see instruction)			За		Х
b if Yes, *nas it lieu a Form 990* for this year /if we comparization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 If Yes, *to line 5a or 5b, did the organization file Form 8886-17  50 Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 If Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  81 If Yes, *did the organization notify the donor of the value of the goods or services provided?  71 If Yes, *did the organization notify the donor of the value of the goods or services provided?  72 Did the organization receive a payment in excess of \$57 made party as a contribution and party for goods and services provided to the Payor?  72 Types, *did the organization notify the donor of the value of the goods or services provided?  73 If Yes, *indicate the number of Forms 8282 filed during the year  74 If Yes, *indicate the number of Forms 8282 filed during the year  75 Did the organization calve any funds, directly or indirectly, on a personal benefit contract?  76 X  77 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-02  87 Sponsoring organizations maintaining donor advised funds.  88 Did the sponsoring organization make a distribution to a donor advised fund	За	Did the organization have unrelated business gross income of \$1,000 or more during the year					
financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions or 5th, did the organization aparty to a prohibited tax shefter transaction?  See instruction in See 75b, did the organization file Form 8886-17  See Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  The section of the	b	If "Yes," has it filed a Form 990-1 for this year? If No, to life 5b, provide an explanation in solidation have an interest in or a signature or other	autho				
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58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  68 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible accharitable contributions?  69 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  60 Organizations that may receive deductible contributions under section 170(c).  61 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  62 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  63 If "Yes," indicate the number of Forms 8282 filled during the year experiments of the goods or services provided?  64 If "Yes," indicate the number of Forms 8282 filled during the year  65 If the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  75 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  76 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  87 Sponsoring organization make any taxable distributions under section 4966?  98 Sponsoring organization make any taxable distributions and partly the year?  9 Sponsoring organization make any taxable distributions under section 4966?  90 Did the sponsoring organization make any taxable distributions under section 4966?  90 Did the sponsoring organization make any taxable distributions or a donor, donor advised funds.  90 Section 501(c)(12) organizations. Enter:  91 If "Ye	b	If "Yes," enter the name of the foreign country:	Accou	nts (FBAR).	- 7		
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  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  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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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 c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.					8		
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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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt character trace trace and organization time year	12	o			
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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  Did the organization receive any payments for indoor tanning services during the tax year?  14a		le the organization licensed to issue qualified health plans in more than one state?			13a		
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c Enter the amount of reserves on hand	D	organization is licensed to issue qualified health plans	131	o			
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a A A A A A A A A A A A A A A A A A A A	r	Enter the amount of reserves on hand	13	c			
b. If "Ves." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	Did the organization receive any payments for indoor tanning services during the tax year?					<u>X</u>
	h	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O				100:

Form 990 (2016)

CLEAN SLATE E3, INC.

20-4311300 Page
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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or change in			X
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Sect	ion A. Governing Body and Management	<del></del> 1	V	NIa
	<del></del>	F	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	의		
	If there are material differences in voting rights among members of the governing body, or if the governing			74.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			7. 1
b	Enter the number of voting members included in line 1a, above, who are independent	<u> 1</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer director trustee or key employee?	2	_X_	
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	<u> </u>
_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
4	Did the organization make any significant changes to its governing desarrance and properties of the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant divorsity of the organization have members or stockholders?	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a	Did the organization have members, stockholders, or other persons who had the power to slost or appears and the slost of	7a		X
	more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		X
	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a		Х
а	The governing body?	·		X
þ	Each committee with authority to act on behalf of the governing body?	.		$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.   3_		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Van	No
		40=	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	├	<del>  ^</del> -
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	├	$+_{x}$
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.5		v
122	Did the organization have a written conflict of interest policy? If "No," go to line 13		<u> </u>	X
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	-	177
13	Did the organization have a written whistleblower policy?	. 13		X
14	Did the organization have a written document retention and destruction policy?	. 14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		X
a h	Other officers or key employees of the organization	. 15b		X
a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.5	
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		. 16a		X
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4		
	exempt status with respect to such arrangements?	16b		
<del></del>				
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA	ly) availa	ble	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	,, <u></u>		
	for public inspection. Indicate how you made these available. Check all that apply.  Our website Another's website X Upon request Other (explain in Schedule O)			
		and fina	ncial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	mia		
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BERNIE MCGINLEY - 412-456-5022			
	200 ROSS STREET 9TH FLOOR, PITTSBURGH, PA 15219			

Form	aan	/201	Æ١

CLEAN SLATE E3,

26-4311368

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

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

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

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

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

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)	
				Posi	tion			Reportable	Reportable	Estimated	
Name and Title	Average hours per					than dis		compensation	compensation	amount of	
	week	offic	er an	d a di	recto	r/trus	tee)	from	from related	other	
	(list any	for						the	organizations	compensation	
	hours for	direc				-		organization	(W-2/1099-MISC)	from the	
	related	10 86	stee			nsate		(W-2/1099-MISC)	·	organization	
	organizations	tag	al tru:	1	yee	e E	,	,		and related	
	below	land	ıtion	_	욢	stco	<b>a</b>			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) VALERIE MCDONALD-ROBERTS	1.00										
DIRECTOR	3.00	x						0.	0.	0	
(2) BERNARD MCGINLEY	1.00										
TREASURER	40.00	X		x				0.	121,490.	31,731	
(3) DAVID WEBER	1.00		Г								
DIRECTOR	40.00	X						0.	132,034.	33,620	
(4) MICHELLE SANDIDGE	6.50								4.5 606	00 000	
DIRECTOR	40.00	X						0.	145,636.	28,092	
(5) CASTER BINION	1.00	ļ							200 426	21 420	
PRESIDENT	40.00	X		X			<u> </u>	0.	208,436.	31,429	
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Section A. Officers, Directors, (A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per week	box.	not ci unles	ss per	nore son i	than d is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	ı	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations
	line)	Individ	Institu	Officer	Key en	Higher	Former			
		_								
		-								
		_								
			-	-	 	-				
		_	L							
									607 50	6. 124,872
b Sub-total c Total from continuation sheets to Pa	art VII, Section A							0.	,	0.
d Total (add lines 1b and 1c)	but not limited to t	hose	e list	ed a	bov	/e) w	ho r	l		
compensation from the organization  B Did the organization list any former of		uste	e k	ev e	lam	ovee	. or	highest compensated	employee on	Yes N
line 1a? If "Yes," complete Schedule S For any individual listed on line 1a, is the	I for such individua	l								3
and related organizations greater than	n \$150,000? If "Yes re or accrue compe	s, " co ensa	omp ition	<i>lete</i> fron	<i>Sch</i> n an	<i>iedu.</i> iy un	le J rela	for such individual ted organization or indi	vidual for services	
rendered to the organization? If "Yes,	" complete Schedu	ıle J	for s	such	pe	rson	<u>,</u>			
Complete this table for your five higher the organization. Report compensation.	est compensated in	ndep year	end r end	ent ling	con with	tract	ors vithi	that received more than the organization's tax	n \$100,000 of com cyear.	pensation from
(A Name and bus	<b>\</b> )		ION					(B) Description of		(C) Compensation
				_						
						<u> </u>				
				_						
	store (including but	not	limit	ed t	o th	nose	liste	d above) who received	more than	and the state of t
2 Total number of independent contract	tors (including but				٠.	0		/		

26-4311368

Check if Schedule C contains a response or note to any tipe in this Part vill  Total revenue  Total revenue  1 a Federatod campaigns 1 b Sharpbarbig duses 1 b Sharpbarbig duses 1 c Fundinging events 1 b Sharpbarbig duses 1 c Fundinging events	Par	t VI		Statement of nevert		r note to any lin	e in this Part VIII			
b Membership dues c Frundrialising events d Related organizations d Related organizations f All other conflictution, sign, sants, and similar amounts not included above g Roosa-combitution raised in rive 1st 15 g Roosa-combitution raised raised in rive 1st 15 g Roosa-combitution raised ra						note to any III	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Business Code    2 a	t st	1 a	a f	Federated campaigns	1a					1 T. M. 15
Business Code    2 a	اة يَا	ı	b l	Membership dues	1b				表示 医氯化镍	
Business Code    2 a	Am (	•	c l	Fundraising events						ALTERNATION OF THE PERSON OF T
Business Code    2 a	불	(	d I	Related organizations	1d					
Business Code    2 a	Š.E	(			····/			(1) (1) (1) (1)		
Business Code    2 a	탈	1				27 676		医蜂类性 医外胚	· 化工作的工作。	<b>新发生企业</b>
Business Code    2 a	호					21,676.	的影響的影響等			2 13 5 5 E E
Business Code    2 a	들		•				27 676	eges kek		
The state of the s	<u>o ≅</u>		<u>h</u>	Total. Add lines 1a-1f		,				
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23 Insurance  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)		Payments to annates				
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amount liet line 24e evenences on Schedule ().)		Other expenses. Itemize expenses not covered	55.65.22.65			
a TENANT SERVICES 8,001. 8,001.	9	amount, list line 24e expenses on Schedule ().)	8,001	8,00	1.	
b						
c						
d d						
e All other expenses		All other expenses		A F.F.	1	0.
e All other expenses  Total functional expenses. Add lines 1 through 24e 9,551. 0.		Total functional expenses. Add lines 1 through 246	9,551	1. 9,55	1.	-
26 Joint costs. Complete this line only if the organization		Joint costs. Complete this line only if the organization	on		· [	
reported in column (B) joint costs from a combined	20	reported in column (B) joint costs from a combined	{			
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.	1			1
						Form <b>990</b> (20

Form 990 (2016)

Part X | Balance Sheet

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	155,176.	1	165,801.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1	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	2000000 CAM OF THE CO.	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	<b>医加热性 机基础性</b> 化		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	I I	9	
	_	Land, buildings, and equipment: cost or other		2.5	
:		basis. Complete Part VI of Schedule D 10a			
	ь			10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	155,176.		165,801.
	17	Accounts payable and accrued expenses	1 7 5 0 0	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	7,500.	25	0.
	26	Total liabilities. Add lines 17 through 25	7,300	20	
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
Ses	l	complete lines 27 through 29, and lines 33 and 34.		27	
au	27	Unrestricted net assets		28	· · · · · · · · · · · · · · · · · · ·
Ва	28	Temporarily restricted net assets		29	
밑	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
Ē	İ			2.5	
Net Assets or Fund Balances	20	and complete lines 30 through 34.	0.	30	0.
set	30	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund			0.
t As	31	Retained earnings, endowment, accumulated income, or other funds			165,801.
Š	32	Total net assets or fund balances	147 676		165,801.
	34	Total liabilities and net assets/fund balances	155 176		165,801.
	1 34	Total nationals and not assets/rand bullines			F 000 (0010)

orm	990 (2016) CHEAN BEATE 13, 110:						
Par	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>				
		_	27,676.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,551.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,125.				
3	Revenue less expenses. Subtract line 2 from line 1	3	147,676.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,070.				
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	0.				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u></u>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		165,801.				
	column (B))	10	103,001.				
Pai	TXII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		Yes No				
Accounting method used to prepare the Form 990:							
За	<ul> <li>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?         <ul> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> </ul> </li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?         <ul> <li>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</li> </ul> </li> </ul>						
-	VI BUUITO, VAPIBILITATI, III GOTTOGGIO G GITO GOGTING GIT, ETERPE I		Form <b>990</b> (2016)				

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

Inspection

Name of the organization

Employer identification number 26-4311368 CLEAN SLATE E3, INC.

	CLEAN	SLATE ES,	TINC.	nlete this	nart ) See	instructions.	
Part I	Reason for Public Ch	narity Status (All	organizations must con	piete triis	part.) Gec	illott dottorio.	
he organiz	zation is not a private foundat	ion because it is: (Fo	or lines 1 through 12, che	eck only of	16 DOX.)	A \/:\	
4	A church, convention of chur-	ches, or association	of churches described i	n section	ווי אַנטאָטיזו	A)(I)•	
2	A school described in section	n 170(b)(1)(A)(ii). (Att	tach Schedule E (Form §	990 or 990	-EZ).)		
		the state of the s	ization described in sec	tion 1/UKD	IX IXAXIII).		a hacnital's name
4	A hospital or a cooperative he A medical research organizat	ion operated in conju	unction with a hospital d	escribed i	n <b>section</b>	170(b)(1)(A)(III). Enter tr	ie nospitai s name,
5 🗀	city, and state:  An organization operated for	the benefit of a colle	ge or university owned	or operate	d by a gov	ernmental unit describe	ed in
<b>5</b> L	section 170(b)(1)(A)(iv). (Co	mplete Part II.)					
		mmont or governme	ental unit described in se	ction 170	(b)(1)(A)(v	).	
6 🖳	An organization that normally	roceives a substant	rial part of its support fro	m a govei	nmental u	nit or from the general p	oublic described in
7 X	An organization that normally	/ receives a substant	nai part or ito ouppers				
	section 170(b)(1)(A)(vi). (Cor	mpiete Part II.)	VAVvil (Complete Part I	1)			
8 🖳	A community trust described	In section 170(p)(1)	)(A)(VI). (Complete Fait)	''' 'I onerated	l in coniun	ction with a land-grant of	college
9 📖	An agricultural research orga	inization described in	Section 170(b)(1)(A)(IA	intor the n	ame city	and state of the college	or
	or university or a non-land-gr	ant college of agricul	iture (see instructions). I	THE HE	iairio, oity,	and state of the second	
	university:			1.6		no mombership fees ar	nd gross receipts from
10	university:  An organization that normall	y receives: (1) more t	han 33 1/3% of its supp	ort from c		22 1/20% of its support	from gross investment
		-+ functions subject	t to certain exceptions, a	ana (2) no	more man	33 1/3/0 Of its support	
	income and unrelated busine	ess taxable income (l	less section 511 tax) fro	m busines	ses acquii	red by the organization of	aitei bulle do, 1070.
	See section 509(a)(2), (Com	nplete Part III.)					
11 🗀	and the second s	and amounted evaluative	ely to test for public saf	ety. See <b>s</b> e	ection 509	9(a)(4).	and the second
12	and the second s	and approximate avaluative	alv for the benefit of, to	perform tr	ne tunctioi	18 OI, OF to Carry out the	purposes of one or
12	many publicly supported ord	anizations described	d in <b>section 509(a)(1)</b> or	section 5	us(a)(z).	ee section coc(a)(c).	heck the box in
	the state of the s	toccribes the type of	supporting organization	i and com	Diere ili les	126, 121, and 129.	
		nization apprated SII	inervised or controlled I	aque en ve	ortea orga	artization(3), typicany 2)	giving
a	the supported organizatio	n/s) the nower to rec	ularly appoint or elect a	majority o	f the direc	tors or trustees of the s	upporting
	organization. You must co	emplote Part IV Se	ctions A and B.				
_	organization. You must confirm Type II. A supporting organization.	omplete rait iv, set	or controlled in connect	ion with its	s supporte	ed organization(s), by ha	ving
b L	Type II. A supporting orga control or management of	inization supervised	winstian vasted in the st	me nerso	ns that co	ntrol or manage the sup	ported
	control or management of	the supporting orga		arric porco	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	organization(s). You must	r complete Part IV, S	Sections A and C.	n connoct	ion with a	and functionally integrate	ed with.
c	Type III functionally inte	grated. A supporting	organization operated	n connect	-4: A	D and E	
	its supported organization	n(s) (see instructions)	). You must complete H	art IV, Se	ctions A,	D, and E.	zation(s)
d $\square$	T III man functionally	integrated A sunno	orting organization oper	ated in coi	nection w	Alti its supported organi	ivoness
	that is not functionally into	egrated. The organiz	ation generally must sat	isty a distr	apution red	quirement and an attorit	IVELIESS
		ions) Vou must com	nolete Part IV. Sections	: A and レ,	and Part	٧.	
e 🗆	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
•	functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
	ter the number of supported of	organizations					
T EN	ovide the following information	a shout the supporte	ed organization(s).				
g Pro	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other
	organization	``	(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			above (see instructions)				
				]	<b>S</b>		
		<u> </u>			<del> </del>		
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Total							000 or 000-E7\ 2016

Schedule A (Form 990 or 990-EZ) 2016 CLEAN SLATE E3, INC. 26-4311:

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100,066.	49,991.	45,195.	9,970.	27,676.	232,898.
2	Tax revenues levied for the organ-						•
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	100,066.	49,991.	45,195.	9,970.	27,676.	232,898.
5	The portion of total contributions			9217521	0.45 3.66	Para 15	
	by each person (other than a			<b>35</b> 45545	2341239	于1961年16年	
	governmental unit or publicly				44.117.		
	supported organization) included	<b>海洋新的艺艺</b>			<b>电影型影响等</b>		
	on line 1 that exceeds 2% of the				<b>1110</b> 6337		
	amount shown on line 11,				a APPEAR	多为 直接及其	
	column (f)	网络拉拉拉美国					
6	Public support. Subtract line 5 from line 4.				12869	TALET ALL	232,898.
	etion B. Total Support			MA GATTON			
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	100,066.	49,991.	45,195.	9,970.	27,676.	(f) Total 232,898.
8	Gross income from interest,		•				
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		····	<u></u>	· · · · ·		
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	- A A A B P 7 Ab 6 A O				4 4 4 4 4 4 4		232,898.
12	Gross receipts from related activities	etc (see instructi	one)		2	12	
13	First five years. If the Form 990 is fo			d fourth or fifth ta	ax vear as a sectio		
13	organization, check this box and sto						
Sec	ction C. Computation of Pub						
	Public support percentage for 2016 (			column (f))		14	100.00 %
	Public support percentage from 2015					15	95.27 %
	33 1/3% support test - 2016. If the					nore, check this bo	ox and
104	stop here. The organization qualifies						~   T7
h	33 1/3% support test - 2015. If the						
	and stop here. The organization qua						<b>L</b>
170	10% -facts-and-circumstances tes						
11 a	and if the organization meets the "fac						
	_						- L
I-	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes						
D	more, and if the organization meets t						
	organization meets the "facts-and-cir						
40	Private foundation. If the organization						
18	Private roundation. If the organization	on dia not check a	DOX OF TIME 13, 16	a, 100, 17a, 01 171		edule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2016 CLEAN SLATE E3, INC. 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

qualit	y under the tests listed be	low, please comp	olete Part II.)				
Section A. Pu			# \ 0040	(a) 2014	(d) 2015	(e) 2016	(f) Total
	iscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(u) 2013	(6) 2010	(7,
membership	, contributions, and fees received. (Do not "unusual grants.")						
merchandis formed, or fa any activity organizatior	ots from admissions, e sold or services per- acilities furnished in that is related to the i's tax-exempt purpose						
are not an u	ots from activities that nrelated trade or bus- section 513						
4 Tax revenue ization's be	es levied for the organ- nefit and either paid to d on its behalf						
furnished b	f services or facilities y a governmental unit to ation without charge						
6 Total. Add 7a Amounts in	lines 1 through 5 cluded on lines 1, 2, and						
<b>b</b> Amounts include from other than exceed the gre	from disqualified persons ded on lines 2 and 3 received disqualified persons that later of \$5,000 or 1% of the 13 for the year						
8 Public sup	a and 7b  port. (Subtract line 7c from line 6.)	an an an					1
	otal Support		T #10040	(-) 2014	(d) 2015	(e) 2016	(f) Total
	fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(u) 2015	(0)20.0	3,
10a Gross inco dividends, securities I and incom	om line 6 me from interest, payments received on oans, rents, royalties e from similar sources usiness taxable income						
(less section	1 511 taxes) from businesses er June 30, 1975						
11 Net income	10a and 10b e from unrelated business ot included in line 10b, r not the business is arried on						
12 Other inco or loss froi assets (Ex	me. Do not include gain n the sale of capital plain in Part VI.)						
40 Total augus	100 have be son or street 40 \	<u> </u>	1	ind former or fifth	tay year as a sect	ion 501(c)(3) o	rganization.
chack this	years. If the Form 990 is for box and stop here			nira, tourth, or illui	tax year as a sect		<b>▶</b> □
Section C.	Computation of Pub	lic Support P	ercentage				
15 Public sur	port percentage for 2016	(line 8, column (f)	divided by line 13	, column (f))		<del> </del>	
16 Public sur	port percentage from 201	5 Schedule A, Pa	rt III, line 15			[10]	
Section D.	Computation of Inve	estment Incor	ne Percentag	line 10 calumn (A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	17	
17 Investmen	nt income percentage for 2	016 (line 10c, col	umn (f) divided by	line 13, column (f)	9		
18 Investmen	nt income percentage from	2015 Schedule A	A, Part III, line 17		ing 15 is more than		
more than	nt income percentage from support tests - 2016. If the 33 1/3%, check this box support tests - 2015. If th	and <b>stop here.</b> TI e organization did	he organization qu I not check a box	alifies as a publici on line 14 or line 1	9a, and line 16 is r	more than 33 1	/3% , and
line 18 is a	not more than 33 1/3%, ch	neck this box and	stop nere. The or	rganization qualifie	this box and see	instructions	<b>▶</b> □

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No
1
100 A 100 A
2
3a
3b
3c
4a
4b
4-
5a
5b
5c
30
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7
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9a
9b
9c
10a
10b
000 000 E7\ 0046

Yes No	Sche	dule A (Form 990 or 990-EZ) 2016 CLEAN SHATE E3, INC.	
11 Has the organization accepted a gift or contribution from any of the following persons?  2 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?  3 A anythy member of a person described in (g) above?  4 A 39% controlled entify of a person described in (g) above?  5 A 29% controlled entify of a person described in (g) above?  5 A 29% controlled entify of a person described in (g) above?  5 A 29% controlled entify of a person described in (g) or (p) above?  6 A 39% controlled entify of a person described in (g) or (p) above?  7 B I bid 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 organizations of directors or trustees at all times during the tax year? If 'No,' describe in Pert VI now the supported organizations have the power during describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization of the than the supported organization supported organization powers during the tax year.  5 Did the organization provide to the benefit of any supported organization of the than the supported organization supported organization supported organization supported organization supported organization supported organization supported organization provided organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organization supported organiz			Yes No
a A person who disectly on indirectly controls, either alone or together with persons described in (s) and (c) below, the governing body of a supported organization?  b. A family member of a person described in (s) above?  7			
below, the governing body of a supported organization?  A family member of a person described in (a) or (b) above?!  A 39% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Part VI.  11c  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 organizations directions or furstees at all times during the tax year? If "No," describe in Part VI how the supported organizations directively operated, supervised, or controlled the organizations or restrictions, if any, applied to supported organization, describe how the powers to appoint and/or remove directions or inustees were allocated among the supported organization of entitles or the electric or any supported organization or estrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization or the than the supported organization of the than the supported organization of controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled the supporting organization or controlled and controlled or managed the supported organization or controlled and properties or furtities of each of the organization was vested in the same persons that controlled or managed for managed and organization or tax year. (i) a copy of the Form 90 bits was ment screenly the day of the fifth month of the organization provide to each of its supported organizations, and (ii) copies of the organization or stems person of the relationship described in (iv), did the organization, and (iii) copies of the organization was vested in the same persons that controlled or managed the organization was pr	11	Has the organization accepted a gift or contribution from any of the following persons?	等 馬 三點
below, the governing body of a supported organization?  A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Pert VI.  Section B. Type I Supporting Organizations  1 Did the directions, trustaes, or membership of one or more supported organizations have the power to replactly apopritor elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No", "describe in Pert VI how the supported organizations is directors or trustees at all times during the tax year? If "No"," describe in Pert VI how the supported organization is directors or trustees at all times during the tax year? If the organization's activities, If the organization and/or remove directions or trustees and among the supported organization, describe how the powers to appoint and/or remove directions or trustees and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit carried out the purposes of the supported organization of "Yes," explain in Pert VI how providing such benefit carried out the purposes of the susported organization of the supported organization of the supported organization of the supported organization of the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majerity of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or supported organizations and organizations and the organization or supported organizations and organizations and explain. No explain the supported organizatio	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	112
A A 35% controlled entity of a person described in (a) above?  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.  Section B. Type I Supporting Organizations  1 Did the directors, itusises, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the corpurations directors or trustees at all times during the tax year? If 'No,' describe in Part VI. Now the supported organizations have the power to exposition and or remove directors or trustees at all times during the controlled the organization's activities. If the organization site describes on the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization or organization organization organization and virtual conditions or restrictions, if any, applied to such powers during the tax year, and apported organization organization organization organization organization organization organization organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organizations supported organizations apported organization or remagement of the supported organizations.  2 were remained organization provide to each of its supported organizations, by the last day of the fifth month of the organization is supported organizations by the same persons that controlled or management of the supported organizations is by the same persons that controlled organization is apported organization or the date or orification, and (in) expose the provided control to the controlled organization and organization is during the supported organization, and (in) expose the organization is officed, orienters, or trustees other (in) provided during the prior tax year. (ii)		below, the governing body of a supported organization?	
Section B. Type I Supporting Organizations  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 directors or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organization of organization and what conditions or restrictions' if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the tax year and organization operated for the tensification or restrictions' if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of "Pare," departed organization (shift organization supporting organization') "Pare," describe in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization' in Pare Supporting organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization or management of the supporting organization's restricted organization or management of the supporting organization's restricted organization provided to each of its supported organizations by the last day of the fifth month of the organization provide to each of its supported organization's tax year, (i) a written organization or stress each of the date of notification, and (ii) copies of the organization or supported organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notificati	b	A family member of a person described in (a) above?	
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 directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of supported organization, adescribe 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 organization of the third to the benefit of any supported organization organization organization powers during the tax year organization of the providing such benefit carried out the purposes of the supporting organization of organization organization of the purposes of the supported organization organization organization organization or controlled the supported organization organization organization organization organization or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's 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 and the supported organization's and the supported organization's and year, (i) a copy of the Form 900 that was most recently lifed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extra not previously provided' organization's governing documents in effect on the date of notification, to the extra not previously provided' organization's governing documents in effect on the date of notification, to the extra not previously provided organization's governing documents in effect on the da	-	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.	110
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 is directors or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organizations directors or privates, and the controlled the organization is activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or invisees were allocated among the supported organization and what conditions or restrictions if any, applied to such powers during the tax year?  2 Did the organization operate for the benefit of any supported organization other than the supported organization part of the purposes of the supported organization in 'Yes,' expain in Part VI how providing such benefit carried out the purposes of the supported organization's life or controlled the supporting organization.  Section C. Type II Supporting Organizations  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 provided organization's supported organization's provided organization's provided organization's provided organization's provided organization's provided organization's powering documents in effect on the date of notification, and (iii) copies of the organization's tax year, (ii) a copy of the form 950 that was most recently like due to the date of notification, and (iii) copies of the organization's tax year, (ii) a copy of the form 950 that was most recently like due to the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization of officers, directors, or trustees either (ii) apported organization (iii).  3 By reason of the relationship described in (iii), of the organization will be used to the organization of th	Sec	tion B. Type I Supporting Organizations	1 1
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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.  3 Parent of Supported Organizations. Answer (a) and (b) below.  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? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3b		the pativities described in (a) constitute activities that but for the organization's involvement, one or more	
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<ul> <li>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? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</li> <li>3b</li> </ul>			
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  3b	3	Parent of Supported Organizations. Answer (a) and (b) below.	
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  3b		a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	32
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.		trustees of each of the supported organizations? Provide details in Part VI.	Ja
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ob.
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u> Orgal</u>	New 00, 4070 (combine in D	ort VI ) See instructions All
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in Pa	art vi.) See msu ucuons. Aii
	other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
	Depreciation and depletion	5		
5_	Portion of operating expenses paid or incurred for production or		-	
6	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
		7		
<del></del> _	Other expenses (see instructions)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1		(B) Current Year
Secti	on B - Minimum Asset Amount		(A) Prior 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	4 - 4		
-	factors (explain in detail in Part VI):	Ti.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
_3_	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
4		4		
	see instructions)  Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_5_		6		
6	Multiply line 5 by .035	7		
	Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)	8		
8	Minimum Asset Amount (add line 7 to line 0)			O Vaar
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	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		5		
<del>-5</del>	Distributable Amount. Subtract line 5 from line 4, unless subject to			
U	amargancy temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting org	anization (see
•	instructions).			

Pai	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	<u> </u>
Sect	ion D - Distributions		(55111111111111111111111111111111111111	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<b></b>	
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 responsiv	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
4	Distributable amount for 2016 from Section C. line 6			
2	Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reason-			The second secon
2	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	Excess distributions carryover, if any, to 2010.			
b		1.35 (7.4)		
	From 2013			
	From 2014			
	From 2015		74.5	STATE OF THE PARTY
	Total of lines 3a through e			
	Applied to underdistributions of prior years	Managara Managara		
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	The second of th		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$		The state of the s	
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c		The second secon	
8	Breakdown of line 7:		Harten Andrews (1977)	
а				or control program to the control of
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
6	Excess from 2016		ration of the second	

Schedule A (Form 990 or 990-EZ) 2016

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, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

	CLEAN SLATE E3, INC. 26-4311368
rganization type (che	
ilers of:	Section:
orm 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organiza  Note: Only a section 5	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organ	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or n any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
property) from	n any one contributor. Complete Parts I and II. See instructions for determining a contributor.
property) from Special Rules  X For an organ sections 508 any one con	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h
property) from  Special Rules  For an organ sections 50% any one con or (ii) Form 9  For an organ year total con part of the control or total	zation described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
property) from  Special Rules  X For an organ sections 50% any one con or (ii) Form 9  For an organ year, total or the prevention or the prevention of the p	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h 00-EZ, line 1. Complete Parts I and II.  ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the intributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

Name of organization

Employer identification number

CLEAN SLATE E3, INC.

26-4311368

Part I	Contributors (See instructions). Use duplicate copies of Part I if		(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1		\$\$	Person X Payroli
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and an	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	(Author See Sec)	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, add 665, and 65.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (20

**Employer identification number** 

CLEAN SLATE E3, INC.

26-4311368

Noncash Property (See instructions). Use duplicate copies of Part I	II if additional space is needed.								
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received							
	_   \$								
(b)  Description of noncash property given	(c) (d) FMV (or estimate) Date received (See instructions)								
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received							
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	<b>\$</b>								
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received							
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received							
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(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received							
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	_								
	(b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  (b)  Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)							

Employer identification number

art III E	ATE E3, INC.  Exclusively religious, charitable, etc., cont ne year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	MORE TO A LEAST TO THE TOTAL OF THE STREET O	in section 501(c)(7), (8), or (10) that total more than \$1,000 ving line entry. For organizations less for the year. (Enter this info. once.) \$							
U	lse duplicate copies of Part III if addition	al space is needed.								
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
_ =										
		(e) Transfer of gift	t.							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
		(e) Transfer of gift	t							
	Transferee's name, address, a	nd ZIP + 4	Relationship 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) Transfer of gif	er of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship 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) Transfer of gif								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee							
	Transferee's name, address, a									

#### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

INC. CLEAN SLATE E3,

Employer identification number 26-4311368

**Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: ..... a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? X **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(F) Compensation in column (B)		0	0	0	0	0	0		0																				Schedule J (Form 990) 2016
(E) Total of columns		0	153,221.	0	165,654.	1	173,728.	- 1	239,865.																				Schei
ple	Octions	0	22,211.	0	23,416.	0	16,737.		17,488.																			ļ	
(C) Retirement and	other deferred compensation	0	9.520.	١-	10,204.	0	11,355.	0	13,941.																				
-	(iii) Other reportable compensation																												
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation								0																				
(B) Breakdown of	(i) Base compensation		- 1	121,490.		134,	115 636	, C#1	208.43															\$ <b>3</b>	3 8				
		  -   	Ξ	(E)	<u>e</u>	(E)	<u>e</u>	<u> </u>	<u>e</u> 9		9		티 <sup>(</sup>	<u> </u>	<u> </u>	(ii)	<u> </u>	: E	9	9	<u> </u>	9	<u> </u>	<u> </u>	<u> </u>		1		
	(A) Name and Title		(1) BERNARD MCGINLEY	TREASURER	(2) DAVID WEBER	DIRECTOR	(3) MICHELLE SANDIDGE	DIRECTOR	(4) CASTER BINION	PRESIDENT																			

26-4311368

CL	
Schedule J (Form 990) 2016	Part III   Supplemental Information

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Schedule J (Form 990) 2016	
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number 26-4311368 Name of the organization CLEAN SLATE E3, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND SOCIAL SERVICES PROGRAMS, FOR RESIDENTS OF AFFORDABLE AND MIXED THE CORPORATION SHALL ALSO HAVE THE INCOME HOUSING COMMUNITIES. IN ANY OTHER ACTIVITIES PERMITTED BY LAW AND ABILITY TO ENGAGE CONSISTENT WITH THEIR CHARITABLE PURPOSE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACTIVITIES PERMITTED BY LAW AND CONSISTENT WITH THEIR CHARITABLE PURPOSE. FORM 990, PART VI, SECTION A, LINE 2: FOUR MEMBERS OF THE GOVERNING BODY ARE EMPLOYED BY THE HOUSING AUTHORITY OF THE CITY OF PITTSBURGH, AND FOUR MEMBERS OF THE GOVERNING BODY ALSO SERVE TOGETHER AS BOARD MEMBERS OF ALLIES & ROSS MANAGEMENT AND DEVELOPMENT CORPORATION. FORM 990, PART VI, SECTION A, LINE 3: CLEAN SLATE E3, INC. MANAGEMENT FUNCTIONS ARE PERFORMED BY HACP. FORM 990, PART VI, SECTION A, LINE 8A: ONE MEETING WAS HELD BY THE GOVERNING BODY DURING THE YEAR. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SUB-COMMITTEES OF THE GOVERNING BODY.

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

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

Employer identification number 26-4311368

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CLEAN SLATE E3, INC.

Name of the organization

Department of the Treasury Internal Revenue Service

					5
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(t)  Direct controlling  entity
					ALLIES AND BOSS
ARMDC GUARANTEE LLC - 35-2426370	TO DIRECTLY SUPPORT ALLIES				MANAGEMENT AND
200 ROSS STREET 9TH FLOOR	& ROSS MANAGEMENT AND			6 707 831	6 762 831 DEVELOPMENT CORPORATION
100000000000000000000000000000000000000	DEVELOPMENT CORPORATION	PENNSYLVANIA	7, TC, 22	1,72,031.	
PITTSBURGH, PA 13213					ALLIES AND ROSS
ALLIES PROPERTY MANAGEMENT GROUP LLC -	1				MANAGEMENT AND
37-1824477, 200 ROSS STREET, 9TH FLOOR,			c	0	0 DEVELOPMENT CORPORATION
DITMERSHIRGH PA 15219	MIXED FINANCE PROJECTS	PENNSYLVANIA	;   		ATTIES AND BOSS
ARMDC-MANCHESTER GP, LLC - 37-1834032					MANAGEMENT AND
200 ROSS STREET 9TH FLOOR	OWNERSHIP OF MANCHESTER	!		C	O DEVELOPMENT CORPORATION
PITTSBURGH PA 15219	LIMITED PARTNERSHIPS	PENNSYLVANIA			ALLIES AND ROSS
ARMDC-MURRAY TOWERS RAD, LLC - 35-2554025					MANAGEMENT AND
200 ROSS STREET, 9TH FLOOR	OWNERSHIP OF MURRAY TOWERS		_		0 DEVELOPMENT CORPORATION
promyseurch PA 15219	HOUSING DEVELOPMENT	PENNSYLVANIA	]		
				1000	

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Organizations dufing the tay year.					9	3	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(1) Direct controlling entity	Section 512(b)(13) controlled entity?	)(13) 1
of related organization		toreign country)		501(c)(3))		Yes	8
TICULIACED TO THE TAXABLE TO THE TAX	TO PROVIDE HOUSING						
HOUSING AUTHORITY CITY OF PILTSBURGH							
25-6001768, 200 ROSS STREET, 9TH FLOOR,	OPPORTUNITIES AND HOUSING		VITTING WOO		A/N	_	×
DIMMEDITACH DA 15219	RELATED ACTIVITIES	PENNSYLVANIA	dov Entiti		VIII GOURILLE CIVICILOIS		
ALLIES & ROSS MANAGEMENT AND DEVELOPMENT -	TO PROVIDE HOUSING				HOUSING ACIDOMIT		
20-8558857, 200 ROSS STREET, 9TH FLOOR,	OPPORTUNITIES THROUGH			E00/81/31	DITTERNINGH		×
DIWINGH PA 15219	MIXED FINANCE TRANSACTIONS	PENNSYLVANIA	DOT(C)(3)	(5) (9) 500			
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SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Page 2

INC. Schedule R (Form 990) 2016 CLEAN SLATE E3,

| Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

3	a &				
9	General or managing partner?			 _	
e	UBI n box sedule 1065)				
13	Disproportionate affocations?	-	-	 _	
	(9) Share of end-of-year assets				
	(f) Share of total income				
	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
	(d) Direct controlling entity				
k year.	(C) Legal domicile (state or foreign country)				 
nership during the ta	(b) Primary activity				
part III organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(0)	(d) Direct controlling	(e) Tvpe of entity	(1) Share of total	Share of	Percentage	Section 512(b)(13) controlled
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownersnip	entity?
		country)						
51-1741545			ALLIES & ROSS					
NC 01-1-1-1-1-2			MANAGEMENT AND					-
200 ROSS STREET, 9TH FLOOR	KEAL ESTATE	Ø.		C CORP				4
DITHTSRIBGH PA 15219	DEVELOPMENT	5	Ţ					_
THE ADDITION WEBBACE IT INC 37-1761212			ALLIES & KOSS					
	DEAT. ESTATE		MANAGEMENT AND					>
200 ROSS STREET, 9TH FLOOR		6	TNEWT	CCORP				4
DITHTERINGH DA 15219	DEVELOPMENT	ra Fa	Т					
TITIES ADDITION WERRACE ITT INC 30-0835758			ALLIES & KOSS					
AKMUC-AUDISON ILIMATICE	DEST. DOTATE		MANAGEMENT AND					>
200 ROSS STREET, 9TH FLOOR	KEAL ESIAIE	<b>6</b> 0	DEVIELOPMENT	CCORP				4
PITTSBURGH PA 15219	DEVELOPMENT	65	20000					
ARMDC-LARIMER-EAST LIBERTY I, INC			ALLIES & ROSS					
38-3935618, 200 ROSS STREET, 9TH FLOOR,	REAL ESTATE	, ,	MANAGEMENT AND	CORP				×
рттуSBURGH PA 15219	DEVELOPMENT	FA	DEVELOT MENT					<u>.</u>
ARMOC-LARIMER-EAST LIBERTY II, INC	-		ALLIES & ROSS					
20 0012425 200 ROSS STREET 9TH FLOOR,	REAL ESTATE		MANAGEMENT AND	6				×
30-031242, 400	DEVIET OPMENT	PA	DEVELOPMENT	CCORP			֓֞֜֜֜֜֜֜֝֓֓֓֟֟֜֝֓֓֓֟֟֟֝֓֓֓֟֟֟֓֓֓֓֓֟֟֓֓֓֓֟֓֓֓֟	100
PITTSBURGH, PA 15219						Sch	Schedule R (Form 990) 2016	ar 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Motor Complete line 1 if any entity is listed in Darte II III or IV of this schadule					Yes	å
NOTE: COMPLETE HITE I HEALD STREET HEALD THE AREA HELD STREET HEALD ST	and one or more rel	ilic. transcontions with one or more related organizations listed in Parts II.IV?	in Darts II.IV.			
During the tax year, and the organization engage in any or the following transactions		מנסת סופשוובמנוסווס ווסנסת		4		×
a Receipt of (t) interest, (ii) annuities, (iii) royaities, of (iv) rent from a controlled entity				5		: :
b Gift. grant. or capital contribution to related organization(s)				1b		×
(8)				10		×
				10		×
d Loans or loan guarantees to or for related organization(s)						<b> </b> >
e Loans or loan guarantees by related organization(s)				1e		۱
					i i	
6 Dividends from related evenuination(s)				#		×
I DIVIDENDS HOTH FEIGHT OF DEFINATION (S)				<u> </u>		×
g Sale of assets to related organization(s)				1g		( ا
Purchase of assets from related organization(s)				1h		X
				Ţ		X
Exchange of assets with related organization(s)				į		×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>		4
				100		
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			13	X	
	ion(e)			=	×	
	(2)			5		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				<u> </u>		I
						;
p Reimbursement paid to related organization(s) for expenses				2		×
				5		×
				ţ		×
r Other transfer of cash or property to related organization(s)				1		: >
s Other transfer of cash or property from related organization(s)				15		</td
If the answer to any of the above is "Yes," see the instructions for info	who must complete th	is line, including covered	irmation on who must complete this line, including covered relationships and transaction thresholds.	ļ		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(a) Method of determining amount involved	unt involved		
יאמונים כן נפונים כן שני ייביים ו	type (a-s)					
(1)						
(2)						
	_					
(3)						
(4)						
(5)						
(9)			170	1. d. d.	8	
632163 09-06-16			OCUE	Schedule K (Form 990) 2016	26 26 26 27	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity		Drodominon tingomo	Aream	91.	77 77 70		Idi Mahan	o le de de de	6.0
		ੂ .5	redominant income pa (related, unrelated, excluded from tax under	partners sec. 501(c)(3) orgs.?	Share of total	Share of end-of-year	Uspropor- tionate allocations?	amount in box 20 managing ownership of Schedule K-1	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	(Form 1065)	Yes No	
				+						
		-								
	2									
APPWOID A			-							
							<u> </u>		L	
· · · · · · · · · · · · · · · · · · ·								-		

#### Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ALLIES & ROSS MANAGEMENT AND DEVELOPMENT

PRIMARY ACTIVITY: TO PROVIDE HOUSING OPPORTUNITIES THROUGH MIXED FINANCE

TRANSACTIONS W/ HACP

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

ARMDC-ADDISON TERRACE I, INC.

DIRECT CONTROLLING ENTITY: ALLIES & ROSS MANAGEMENT AND DEVELOPMENT

CORPORATION

NAME OF RELATED ORGANIZATION:

ARMDC-ADDISON TERRACE II, INC.

DIRECT CONTROLLING ENTITY: ALLIES & ROSS MANAGEMENT AND DEVELOPMENT

CORPORATION

NAME OF RELATED ORGANIZATION:

ARMDC-ADDISON TERRACE III, INC.

DIRECT CONTROLLING ENTITY: ALLIES & ROSS MANAGEMENT AND DEVELOPMENT

CORPORATION

NAME OF RELATED ORGANIZATION:

ARMDC-LARIMER-EAST LIBERTY I, INC.

DIRECT CONTROLLING ENTITY: ALLIES & ROSS MANAGEMENT AND DEVELOPMENT

CORPORATION