# Form **990-EZ**

# Short Form 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. 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2018 calenda	r year, or tax year beginning , 2018, an	d ending		, 20		
	Check if a		C Name of organization		D Emplo	yer identification	n number	
	Address c	hange	ChooseWell Communities, Inc.		47-	47-2822055		
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number		
	Initial retu	rn						
	Final retur	n/terminated	1700 Rowan Street		(50	02)550-3533		
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
	Application	n pending	Louisville, KY 40203		Numbe	er ▶		
G	Accoun	ting Method:	☐ Cash ☒ Accrual Other (specify) ►		H Check ►	if the organiz	zation is <b>not</b>	
I	Website	e: ► www.	choose-well.org		required to	attach Schedule	В	
J	Tax-ex	empt status (	check only one) -	or 527	(Form 990,	, 990-EZ, or 990-I	PF).	
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other					
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if to	tal assets			
(Pa	art II, col	lumn (B)) are S	5500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	154,610	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see	the instructio	ns for Part I)		
		Check if	he organization used Schedule O to respond to any question in t	his Part I			<u>x</u>	
	1	Contributions	s, gifts, grants, and similar amounts received			1	122,559	
	2	Program ser	vice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3		
	4	Investment in	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory	a				
	b	Less: cost or	other basis and sales expenses	)				
	c	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from line 5a).			5c		
	6	Gaming and						
	а	Gross incom	e from gaming (attach Schedule G if greater than					
ne		\$15,000) .	66	a				
Revenue	b		e from fundraising events (not including \$	of contribu	tions			
Re		from fundrais	sing events reported on line 1) (attach Schedule G if the	_				
		sum of such	gross income and contributions exceeds \$15,000) 6	o	32,051			
	C	Less: direct	expenses from gaming and fundraising events 60		9,219			
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract				
		line 6c)				6d	22,832	
	7a	Gross sales	of inventory, less returns and allowances	a				
	b	Less: cost of	goods sold	<b>o</b>				
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8	Other revenu	ne (describe in Schedule O)			8		
	9	Total reven	<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	145,391	
	10	Grants and s	imilar amounts paid (list in Schedule O)			10		
	11	•	I to or for members			11		
G	12	Salaries, oth	er compensation, and employee benefits			12		
Se	13	Professional	fees and other payments to independent contractors $\ \ldots \ \ldots \ \ldots$			13	44,380	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,876	
Ω	15		lications, postage, and shipping			15		
	16		ses (describe in Schedule O)			16	35,648	
	17		ses. Add lines 10 through 16			17	81,904	
,,	18	•	eficit) for the year (Subtract line 17 from line 9)			18	63,487	
sets	19		r fund balances at beginning of year (from line 27, column (A)) (must agre					
Net Assets		•	igure reported on prior year's return)			19	17,631	
	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	1,421	
	21	Net assets of	r fund balances at end of year. Combine lines 18 through 20			21	82.539	

Form 990-EZ (2018) ChooseWell Communities, Inc. 47-2822055 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II ..... (B) End of year (A) Beginning of year 22 16,305 83,147 23 0 24 1,326 0 25 83,147 17,631 26 0 608 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). . . . . . . . . 27 17,631 82,539 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III . . . . . . . (Required for section What is the organization's primary exempt purpose? See Schedule O 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 See Schedule O ) If this amount includes foreign grants, check here ..... (Grants \$ 28a 65,457 29 ) If this amount includes foreign grants, check here ..... (Grants \$ 29a 30 (Grants \$ ) If this amount includes foreign grants, check here 30a (Grants \$ ) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a)................... 32 65,457 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Stephanie Barnett				
Director	40.00	18,650	0	0
Ruth Staten				
Co-Chair/Director	5.00	0	0	0
Martha Diebold				
Treasurer/Director	5.00	0	0	0
Kim Mascaro				
Secretary/Director	5.00	0	0	0
Justin Pohn				
Director	5.00	0	0	0
Jessica Whitish				
Director	1.00	0	0	0
Marie Dever				
Director	1.00	0	0	0
Victoria Coleman				
Director	1.00	0	0	0
Joseph Berghausen				
Director	1.00	0	0	0
Courtney Wallace				
Director	1.00	0	0	0
Joni Tamalonis				
Executive Director	40.00	3,633	0	0
Kimberly Moore				
Director	1.00	0	0	0

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n	tr	าเร	3 F	a	ırt	V		Yes	No
								162	INO
							33		X
									7.7
•	•	•	•	•	•	•	34		X
							35a		X
· (	2						35b		
•	•	•	•	•	•	•	35c		X
							36		Х
•	٠	•	•	•	٠	•			
							37b		X
•	•	•	•	•	•	•	38a		X
							_		
						-			
							40b		X
						_			
•	•	•	•	•	•	•	40e		<u> </u>
10		•		5	0:	2-5	50-3	533	
	<b>•</b>					203			
								Yes	No
•	•	•	•	•	•	•	42b		X
						-			
•			•		•	•	42c		X
						-		_	. $\Box$
•		•		•	·	 43		•	. [
	-	-			_			Yes	No
•	•	•	•	•	•	•	44a		X
							44b		X
							44c	_	X

Form 9	90-EZ (2018) ChooseWell Communities, Inc. 47-28220	)55	P	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ Joni Tamalonis Telephone no. ▶ 502-5	50-3	533	
	Located at ▶ 1700 Rowan Street, Louisville, KY ZIP+4 ▶ 40203			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year			Т
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		Х

47-2822055

to candidates for public office? If "Nes", complete Schedule C, Part IV Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  10 bid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									_	Yes	No
Part VI   Section 501(c)(3) organizations Only   All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.    Check if the organization used Schedule O to respond to any question in this Part VI	46										
All section 501(c)(3) organization sused Schedule O to respond to any question in this Part VI  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization as active as described in section 170(b)(1)(A)(6)? If "Yes," complete Schedule C, Part II  Bit the organization as active as described in section 170(b)(1)(A)(6)? If "Yes," complete Schedule E.  Bit Pries, "we he related organization as action 52 organization?  Bit Pries," were heritable organization as action 52 organization?  Bit Pries," were heritable organization as action 52 organization?  Bit Pries," were heritable organization as action 52 organization?  Complete this table for the organization of more than 5100,000 of compensation from the organization. If there is none, enter More.  (a) Name and life of each employees paid over \$100,000  Formal WY-2104A-MISC)  Total number of other employees paid over \$100,000  (b) Name and life of each employees paid over \$100,000  (c) Repressor complete Schedule A Pries organization. If there is none, enter More.  (d) Name and based organization from the organization in the organization organization becomes the priest organization organization becomes the priest organization org										46	X
Check if the organization used Schedule O to respond to any question in this Part VI    Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax   Yos   No   No   Yos   No   Yos   No   Yos   Yos   No   Yos   No   Yos	Par				ons 47 - 49b and	52, an	d compl	ete the	tables	for line	S
Value   Valu		:	50 and 51.								
1   Total number of other employees paid over \$100,000		(	Check if the organization used Sch	edule O to respond	to any question i	n this F	Part VI		<u></u>		
Second   S									_	Yes	No
the cognization as school as described in section 170(b)(1)(b)(li)(l)(li)(li)(li)(li)(li)(li)(li)(li)	47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in effect during	the tax					
49a   Did the organization make any transfers to an exempt non-charitable related organization?		year? If	"Yes," complete Schedule C, Part II							47	X
49a   Did the organization make any transfers to an exempt non-charitable related organization?	48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E	Ē				48	Х
b If "Yes", was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (9) Name and site of each employee  (9) Name and site of each employee  (9) Name and site of each employee  (9) Name and site of each employee paid over \$100,000	49a									49a	
Total number of other employees paid over \$100,000	b		-		=					49b	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average hours per veek devoted to position  (c) Reportable compensation  (d) Health breatth, and the compensation of the compensation (Forms V-2/1999-MMSC)  (e) Estimated amount of other compensation  (forms V-2/1999-MMSC)  (forms V-2/1999-MMS			ŭ	· ·							-1
(a) Name and title of each employee  (b) Average house per week focus per week fo		•	· · ·		•			•			
(a) Name and tills of each employee   Dougle per levels devoted to position   Comme W-2/10/9 MISC)   Compensation   Compensa		omploy	, who each received more than \$100,000	or componedien nem in			•				
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (a) Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a			(a) Name and title of each employee	hours per week	compensation	con	tributions to er fit plans, and	mployee deferred			
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (a) Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a											
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
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\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ▼ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Voni Tamalonis   Signature of officer   Date   Date   Check ▼ if   PTIN	f	Total nu	umber of other employees paid over \$100,00	00		•					
d Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	51	Comple	te this table for the organization's five highes	t compensated independe	ent contractors who ea	ach recei	ved more t	than			
d Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."						
d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a completed Schedule A			, ,	•							
d Total number of other independent contractors each receiving over \$100,000		(a)	Name and business address of each independent contra	ctor	(b) Type of se	rvice		(0	:) Compe	nsation	
d Total number of other independent contractors each receiving over \$100,000											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NON	E									
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total nu	umber of other independent contractors each	receiving over \$100,000			l l				
Completed Schedule A	52	Did the	organization complete Schedule A? <b>Note:</b>	All section 501(c)(3) orga	nizations must attach	n a					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Joni Tamalonis   Signature of officer   Date			·	( ) ( )					• 🕅	Yes 🗌	No
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Date  Joni Tamalonis, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Timothy J Darst  Firm's name  Timothy J Darst  Firm's name  Timothy J Darst, CPA, LLC  Firm's address  1534 Quadrant Avenue  Louisville KY 40205  Phone no. 502-276-5475	Under	<u> </u>						my knowle			
Sign Here  Joni Tamalonis Signature of officer  Joni Tamalonis, Executive Director Type or print name and title  Print/Type preparer's name Preparer's signature  Timothy J Darst Firm's name  Timothy J Darst Firm's name  Timothy J Darst, CPA, LLC Firm's elf-employed Firm's elf-employed Firm's elf-employed P10397855 Firm's EIN  Phone no. 502-276-5475								,	ago ana	200., 1. 10	
Sign Here    Signature of officer   Date	,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		mon proparer in		omougo.				
Here  Joni Tamalonis, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN  Self-employed P10397855  Preparer  Firm's name ▶ Timothy J Darst, CPA, LLC  Firm's elln ▶  Timothy J Darst, CPA, LLC  Firm's elln ▶  Louisville KY 40205  Phone no. 502-276-5475	Siar	n	<u> </u>				Date				
Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN  Self-employed  P10397855  Preparer  Firm's name  Timothy J Darst, CPA, LLC  Firm's ellN  Firm's address  1534 Quadrant Avenue  Louisville KY 40205  Phone no. 502-276-5475	_	I .	<b>Y</b>	Director							
Paid  Timothy J Darst  Timothy J Darst  Firm's name  Timothy J Darst, CPA, LLC  Firm's address  Timothy J Darst, CPA, LLC  Firm's address  Timothy J Darst, CPA, LLC  Firm's address  Phone no. 502-276-5475				DITECTOL							
Paid  Timothy J Darst  Timothy J Darst  Firm's name  Timothy J Darst, CPA, LLC  Firm's address  Timothy J Darst, CPA, LLC  Firm's address  Timothy J Darst, CPA, LLC  Firm's address  Phone no. 502-276-5475			, , ,	Preparer's signature	Date		Choo	<b>Y</b> :	PTIN		
Preparer Use Only  Firm's name	Pair	4				2010					
Use Only Firm's address ► 1534 Quadrant Avenue Louisville KY 40205 Phone no. 502-276-5475			_		μο-23-	2013			F103	91000	
Louisville KY 40205 Phone no. 502-276-5475	-	•					FIIIN'S EIN				
	USE	Oilly					Dhono ==	E02	276 -	475	
	Mav :	the IRS					riione no.	302-	<u> </u>		No

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization

ChooseWell Communities, Inc. 47-2822055 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		20,835	62,218	55,050	154,610	292,713
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		20,835	62,218	55,050	154,610	292,713
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						45,138
6 Soc	Public support. Subtract line 5 from line 4 lion B. Total Support						247,575
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	(4) 20	20,835	62,218	55,050		292,713
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		20,033	027210	33,030	1317010	232,712
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10 .						292,713
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	<b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>		· · · · · · · · · · · · · · · · · · ·				▶ 🗌
	tion C. Computation of Public Su	• •			T		
14	Public support percentage for 2018 (line 6, c						34.58 %
15	Public support percentage from 2017 Sched				_	15	%
16a	33 1/3% support test - 2018. If the organiz			•	•		. 57
	box and <b>stop here.</b> The organization qualif						▶ 🏻
b	33 1/3% support test - 2017. If the organization of						<b>.</b> $\Box$
17a	this box and <b>stop here</b> . The organization q 10%-facts-and-circumstances test - 2018						
174	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "fact				-		
	organization		-	•			▶ □
b	10%-facts-and-circumstances test - 2017						,
~	15 is 10% or more, and if the organization r	=				···· •	
	Explain in Part VI how the organization mee					:ly	
				-		-	▶ □
18	Private foundation. If the organization did						
	instructions	<u></u>			<u> </u>	<u></u>	▶ □

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b>	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supportin

#### **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 (as 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
		163	140
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
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A (Fo	10b rm 990	or 990-F	Z) 2018
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-	ule A (Form 990 o			Communities,	Inc.	47-2822055		Р	age
Pai	t IV Su	ipporting (	Organizations (co	ontinued)					
								Yes	No
					y of the following person ogether with persons de				
а	•	•	ody of a supported o		ogether with persons de	scribed in (b) and (c)	11a		
h		•	erson described in (	•			11b		
	-	-			hove? If "Yes" to a. b. or	r c, provide detail in <b>Part VI</b> .	11c		
			rting Organization			o, promas asiam m. i and i ii.	1110		
	<b>7</b>		<u> </u>					Yes	No
1	Did the dire	ectors, truste	es, or membership	of one or more si	upported organizations h	nave the power to			
	regularly a	ppoint or ele	ct at least a majority	of the organizati	ion's directors or trustee	s at all times during the			
	-					pperated, supervised, or			
		_		-	nd more than one suppo				
		-				ited among the supported			
	organizatio	ons and what	conditions or restri	ctions, it any, app	olied to such powers dur	ing the tax year.	1		
2	Did the ora	onization on	arata for the banefit	of any augments	d organization other than	a the supported			
2					d organization other than	? If "Yes," explain in <b>Part</b>			
	•		•		e supported organization	•			
		•	d the supporting or	•	o dapportod organizatio	ri(o) that operated,	2		
Sec	•		orting Organizati						
		•						Yes	No
1						majority of the directors			
			-		tion(s)? If "No," describe				
	_			tion was vested i	n the same persons that	t controlled or managed			
<u></u>		ted organiza					1		
Sec	tion D. All	Type III St	ipporting Organi	Zations				Yes	No
1	Did the ord	anization nr	ovide to each of its	supported organi:	zations, by the last day o	of the fifth month of the		163	140
•	-				-	rt provided during the prior tax			
	-	-				ation, and (iii) copies of the			
				-		nt not previously provided?	1		
2	Woro any	of the organi	zation's officers dire	actors or trustoo	s aithar (i) appainted or (	elected by the supported			
_						"No," explain in <b>Part VI</b> how			
	-				-	upported organization(s).	2		
•	_			_	•				
3	-				ization's supported orga				
	-		-		d in directing the use of lescribe in <b>Part VI</b> the ro	_			
			s played in this rega	-	escribe in F <b>art VI</b> the 10	ne the organization's	3		
Sec			ionally Integrate		Organizations				
1						Part Test during the year <b>(see in</b>	struci	tions)	
а	☐ The org	ganization sa	tisfied the Activities	Test. Complete	line 2 below.				
b					rganizations. Complete				
С					cribe in <b>Part VI</b> how you	supported a government entity (	see in	struct	ions
2			(a) and (b) below.					Yes	No
а		-		-	-	r the exempt purposes of			
		-		-	responsive? If "Yes," th				
		-	=			d their exempt purposes, e organization determined			
		-	as responsive to tric estituted substantiali		=	organization ucternineu	2a		
h				=		involvement, one or more	_u		
~						s," explain in <b>Part VI</b> the			
	-		· · ·		ganization(s) would have	-			
			anization's involven		( )	3 0	2b		
3			ganizations. <i>Answe</i>		low.				
					elect a majority of the of	ficers, directors, or			
	trustees of	each of the	supported organizat	tions? <i>Provide de</i>	etails in <b>Part VI.</b>		3a		

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Scried	CHOOSEWEII COMMUNITELES, IIIC.		47-202	12033 1 agc
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	ns A through E.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
со	lection of gross income or for management, conservation, or			
	sintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	,		
ins	tructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4 uplace subject to			

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

6

EEA

emergency temporary reduction (see instructions).

Schadi	ule A (Form 990 or 990-EZ) 2018	[na	47-282	22055 Page 7
Par				12033 rage 1
	tion D - Distributions	<del>,</del>		Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			

7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7:

a Excess from 2014

**b** Excess from 2015

Part VI. See instructions.

c Excess from 2016 d Excess from 2017

e Excess from 2018

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

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2016

**Employer identification number** 

Organiz	Organization type (check one):									
Filers o	f:	Section:								
Form 99	00 or 990-EZ	☐ 501(c)( ) (enter number) organization								
		☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
		☐ 527 political organization								
Form 99	00-PF	501(c)(3) exempt private foundation								
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation								
		☐ 501(c)(3) taxable private foundation								
	nly a section 501(c)(7)	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (a), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See								
Genera	l Rule									
	•	riling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.								
Special	Rules									
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year										

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Part I	Contributors (See instructions). Use duplicate cor	pies of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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
		\$	Person
(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
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

**Employer identification number** 

Part II	Noncash Property (See instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

Name of organization

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$								
	Use duplicate copies of Part III if add	itional space is need	ed						
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held					
		(e) Transfe	_						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held					
		(e) Transfe	r of gift						
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held					
-									
		(e) Transfe	r of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(a) No.	1								
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held					
		(e) Transfe	r of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
		l l							

# Form **990-EZ**

# Short Form 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. 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2018 calenda	r year, or tax year beginning , 2018, an	d ending		, 20	
	Check if a		C Name of organization		D Emplo	yer identification	n number
	Address c	hange	ChooseWell Communities, Inc.		47-	-2822055	
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number	
	Initial retu	rn					
	Final retur	n/terminated	1700 Rowan Street		(50	02)550-3533	
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
	Application	n pending	Louisville, KY 40203		Numbe	er ▶	
G	Accoun	ting Method:	☐ Cash ☒ Accrual Other (specify) ►		H Check ►	if the organiz	zation is <b>not</b>
I	Website	e: ► www.	choose-well.org		required to	attach Schedule	В
J	Tax-ex	empt status (	check only one) -	or 527	(Form 990,	, 990-EZ, or 990-I	PF).
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other				
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if to	tal assets		
(Pa	art II, col	lumn (B)) are S	5500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	154,610
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see	the instructio	ns for Part I)	
		Check if	he organization used Schedule O to respond to any question in t	his Part I			<u>x</u>
	1	Contributions	s, gifts, grants, and similar amounts received			1	122,559
	2	Program ser	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment in	ncome			4	
	5a	Gross amou	nt from sale of assets other than inventory	a			
	b	Less: cost or	other basis and sales expenses	)			
	c	Gain or (loss		5c			
	6	Gaming and					
	а	Gross incom	e from gaming (attach Schedule G if greater than				
ne		\$15,000) .	66	a			
Revenue	b		e from fundraising events (not including \$	of contribu	tions		
Re		from fundrais					
		sum of such	gross income and contributions exceeds \$15,000) 6	o	32,051		
	C	Less: direct	expenses from gaming and fundraising events 60		9,219		
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract			
		line 6c)				6d	22,832
	7a	Gross sales	of inventory, less returns and allowances	a			
	b	Less: cost of	goods sold	<b>o</b>			
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ne (describe in Schedule O)			8	
	9	Total reven	<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	145,391
	10	Grants and s	imilar amounts paid (list in Schedule O)			10	
	11	•	I to or for members			11	
G	12	Salaries, oth	er compensation, and employee benefits			12	
Se	13	Professional	fees and other payments to independent contractors $\ \ldots \ \ldots \ \ldots$			13	44,380
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,876
Ω	15		lications, postage, and shipping			15	
	16		ses (describe in Schedule O)			16	35,648
	17		ses. Add lines 10 through 16			17	81,904
,,	18	•	eficit) for the year (Subtract line 17 from line 9)			18	63,487
sets	19		r fund balances at beginning of year (from line 27, column (A)) (must agre				
Ass		•	igure reported on prior year's return)			19	17,631
Net Assets	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	1,421
_	21	Net assets of	r fund balances at end of year. Combine lines 18 through 20			21	82.539

Form 990-EZ (2018) ChooseWell Communities, Inc. 47-2822055 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II ..... (B) End of year (A) Beginning of year 22 16,305 83,147 23 0 24 1,326 0 25 83,147 17,631 26 0 608 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). . . . . . . . . 27 17,631 82,539 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III . . . . . . . (Required for section What is the organization's primary exempt purpose? See Schedule O 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 See Schedule O ) If this amount includes foreign grants, check here ..... (Grants \$ 28a 65,457 29 ) If this amount includes foreign grants, check here ..... (Grants \$ 29a 30 (Grants \$ ) If this amount includes foreign grants, check here 30a (Grants \$ ) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a)................... 32 65,457 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Stephanie Barnett				
Director	40.00	18,650	0	0
Ruth Staten				
Co-Chair/Director	5.00	0	0	0
Martha Diebold				
Treasurer/Director	5.00	0	0	0
Kim Mascaro				
Secretary/Director	5.00	0	0	0
Justin Pohn				
Director	5.00	0	0	0
Jessica Whitish				
Director	1.00	0	0	0
Marie Dever				
Director	1.00	0	0	0
Victoria Coleman				
Director	1.00	0	0	0
Joseph Berghausen				
Director	1.00	0	0	0
Courtney Wallace				
Director	1.00	0	0	0
Joni Tamalonis				
Executive Director	40.00	3,633	0	0
Kimberly Moore				
Director	1.00	0	0	0

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			n t			. ,			
n	tr	าเร	3 F	a	ırt	V		Yes	No
								162	INO
							33		X
									7.7
•	•	•	•	•	•	•	34		X
							35a		X
· (	2						35b		
•	•	•	•	•	•	•	35c		X
							36		Х
•	٠	•	•	•	٠	•			
							37b		X
•	•	•	•	•	•	•	38a		X
							_		
						-			
							40b		X
						_			
•	•	•	•	•	•	•	40e		<u> </u>
10		•		5	0:	2-5	50-3	533	
	<b>•</b>					203			
								Yes	No
•	•	•	•	•	•	•	42b		X
						-			
•			•		•	•	42c		X
						-		_	. $\Box$
•		•		•	·	 43		•	. [
	-	-			_			Yes	No
•	•	•	•	•	•	•	44a		X
							44b		X
							44c	_	X

Form 9	90-EZ (2018) ChooseWell Communities, Inc. 47-28220	)55	P	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ Joni Tamalonis Telephone no. ▶ 502-5	50-3	533	
	Located at ▶ 1700 Rowan Street, Louisville, KY ZIP+4 ▶ 40203			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year			Т
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		Х

47-2822055

to candidates for public office? If "Nes", complete Schedule C, Part IV Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  10 bid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									_	Yes	No
Part VI   Section 501(c)(3) organizations Only   All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.    Check if the organization used Schedule O to respond to any question in this Part VI	46										
All section 501(c)(3) organization sused Schedule O to respond to any question in this Part VI  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization as active as described in section 170(b)(1)(A)(6)? If "Yes," complete Schedule C, Part II  Bit the organization as active as described in section 170(b)(1)(A)(6)? If "Yes," complete Schedule E.  Bit Pries, "we he related organization as action 52 organization?  Bit Pries," were heritable organization as action 52 organization?  Bit Pries," were heritable organization as action 52 organization?  Bit Pries," were heritable organization as action 52 organization?  Complete this table for the organization of more than 5100,000 of compensation from the organization. If there is none, enter More.  (a) Name and life of each employees paid over \$100,000  Formal WY-2104A-MISC)  Total number of other employees paid over \$100,000  (b) Name and life of each employees paid over \$100,000  (c) Repressor complete Schedule A Pries organization. If there is none, enter More.  (d) Name and based organization from the organization in the organization organization becomes the priest organization organization becomes the priest organization org										46	X
Check if the organization used Schedule O to respond to any question in this Part VI    Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax   Yos   No   No   Yos   No   Yos   No   Yos   Yos   No   Yos   No   Yos	Par				ons 47 - 49b and	52, an	d compl	ete the	tables	for line	S
Value   Valu		:	50 and 51.								
1   Total number of other employees paid over \$100,000		(	Check if the organization used Sch	edule O to respond	to any question i	n this F	Part VI		<u></u>		
Second   S									_	Yes	No
the cognization as school as described in section 170(b)(1)(b)(li)(l)(li)(li)(li)(li)(li)(li)(li)(li)	47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in effect during	the tax					
49a   Did the organization make any transfers to an exempt non-charitable related organization?		year? If	"Yes," complete Schedule C, Part II							47	X
49a   Did the organization make any transfers to an exempt non-charitable related organization?	48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E	Ē				48	Х
b If "Yes", was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (9) Name and site of each employee  (9) Name and site of each employee  (9) Name and site of each employee  (9) Name and site of each employee paid over \$100,000	49a									49a	
Total number of other employees paid over \$100,000	b		-		=					49b	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average hours per veek devoted to position  (c) Reportable compensation  (d) Health breatth, and the compensation of the compensation (Forms V-2/1999-MMSC)  (e) Estimated amount of other compensation  (forms V-2/1999-MMSC)  (forms V-2/1999-MMS			ŭ	· ·							-1
(a) Name and title of each employee  (b) Average house per week focus per week fo		•	· · ·		•			•			
(a) Name and tills of each employee   Dougle per levels devoted to position   Comme W-2/10/9 MISC)   Compensation   Compensa		omploy	, who each received more than \$100,000	or componedien nem in			•				
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (a) Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a			(a) Name and title of each employee	hours per week	compensation	con	tributions to er fit plans, and	mployee deferred			
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (a) Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a											
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000											
\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ▼ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Voni Tamalonis   Signature of officer   Date   Date   Check ▼ if   PTIN	f	Total nu	umber of other employees paid over \$100,00	00		•					
d Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	51	Comple	te this table for the organization's five highes	t compensated independe	ent contractors who ea	ach recei	ved more t	than			
d Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."						
d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a completed Schedule A			, ,	•							
d Total number of other independent contractors each receiving over \$100,000		(a)	Name and business address of each independent contra	ctor	(b) Type of se	rvice		(0	:) Compe	nsation	
d Total number of other independent contractors each receiving over \$100,000											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NON	E									
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total nu	umber of other independent contractors each	receiving over \$100,000			l l				
Completed Schedule A	52	Did the	organization complete Schedule A? <b>Note:</b>	All section 501(c)(3) orga	nizations must attach	n a					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Joni Tamalonis   Signature of officer   Date			·	( ) ( )					• 🕅	Yes 🗌	No
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Date  Joni Tamalonis, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Timothy J Darst  Firm's name  Timothy J Darst  Firm's name  Timothy J Darst, CPA, LLC  Firm's address  1534 Quadrant Avenue  Louisville KY 40205  Phone no. 502-276-5475	Under	<u> </u>						my knowle			
Sign Here  Joni Tamalonis Signature of officer  Joni Tamalonis, Executive Director Type or print name and title  Print/Type preparer's name Preparer's signature  Timothy J Darst Firm's name  Timothy J Darst Firm's name  Timothy J Darst, CPA, LLC Firm's elf-employed Firm's elf-employed Firm's elf-employed P10397855 Firm's EIN  Phone no. 502-276-5475								,	ago ana	200., 1. 10	
Sign Here    Signature of officer   Date	,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		proparer in		omougo.				
Here  Joni Tamalonis, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN  Self-employed P10397855  Preparer  Firm's name ▶ Timothy J Darst, CPA, LLC  Firm's elln ▶  Timothy J Darst, CPA, LLC  Firm's elln ▶  Louisville KY 40205  Phone no. 502-276-5475	Siar	n	<u> </u>				Date				
Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN  Self-employed  P10397855  Preparer  Firm's name  Timothy J Darst, CPA, LLC  Firm's ellN  Firm's address  1534 Quadrant Avenue  Louisville KY 40205  Phone no. 502-276-5475	_	I .	<b>Y</b>	Director							
Paid  Timothy J Darst  Timothy J Darst  Firm's name  Timothy J Darst, CPA, LLC  Firm's address  Timothy J Darst, CPA, LLC  Firm's address  Timothy J Darst, CPA, LLC  Firm's address  Phone no. 502-276-5475				DITECTOL							
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Preparer Use Only  Firm's name	Pair	4				2010					
Use Only Firm's address ► 1534 Quadrant Avenue Louisville KY 40205 Phone no. 502-276-5475			_		μο-23-	2013			F103	91000	
Louisville KY 40205 Phone no. 502-276-5475	-	•					FIIIN'S EIN				
	USE	Oilly					Dhono ==	E02	276 -	475	
	Mav :	the IRS					riione no.	302-	<u> </u>		No

#### **SCHEDULE A**

# **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.

Open to Public

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Jno	ose	well Communities, inc.					4/-28220	55	
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.	
The	orgai	nization is not a private foundation beca					,		
1	Й	A church, convention of churches, or		=	-				
2	П	A school described in <b>section 170(b</b> )			` '				
3	П	A hospital or a cooperative hospital s		,	,	•			
4	H	·	•				V1VAViii) Enter the		
4	Ш	A medical research organization ope	rated in conjunctio	ii wiiii a nospitai describ	eu III <b>Seci</b>	מאסירו ווטו	(I)(A)(III). LIILEI LIIE		
_		hospital's name, city, and state:	f:t =f = ==  -=== ==.				talit alaa asib a diia		
5	Ш	An organization operated for the bene		iniversity owned or opera	ated by a g	governmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete							
6		A federal, state, or local government	•						
7	X	An organization that normally receives	•		ernmental	unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi	<b>).</b> (Complete Part I	l.)					
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	ege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	te of the college or		
		university:							
10		An organization that normally receives	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	s	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	from businesses		
		acquired by the organization after Ju		,		,			
11	П	An organization organized and opera			•	,			
12	П	An organization organized and operat	•	, ,		` ' ' '		es	
_		of one or more publicly supported org	•	• •		•			
		Check the box in lines 12a through 12	-				•		
	а	Type I. A supporting organization						•	
	u	the supported organization(s) the		•		•	. ,	viiig	
		supporting organization. You mu			ity of the c	ill Colors of	trustices of the		
	<b>L</b>		•		ith ita awa	orted orac	ani-ation(a) by bayin	~	
	b	Type II. A supporting organization	•			•		•	
		control or management of the sup		•	rsons that	control or r	manage the supported	a	
		organization(s). You must comp							
	С	Type III functionally integrated		·				with,	
		its supported organization(s) (see	•	•					
	d							. ,	
		that is not functionally integrated.		•			nt and an attentivenes	S	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.			
	е	☐ Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III		
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.				
	f	Enter the number of supported organi	izations						
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other suppo instructi	
				above (see mondonon)	doddii		instructions)	monuon	0110)
					Yes	No			
/A\									
(A)									
(D)									
(B)									
<b>(</b> 0)									
(C)									
<b>.</b>									
(D)									
/E\									
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Tota	ı								<u> </u>

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		20,835	62,218	55,050	154,610	292,713
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		20,835	62,218	55,050	154,610	292,713
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						45,138
6 Soc	Public support. Subtract line 5 from line 4 lion B. Total Support						247,575
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	(4) 20	20,835	62,218	55,050		292,713
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		20,033	027210	33,030	1317010	232,712
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10 .						292,713
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	<b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>		· · · · · · · · · · · · · · · · · · ·				▶ 🗌
	tion C. Computation of Public Su	• •			T		
14	Public support percentage for 2018 (line 6, c						34.58 %
15	Public support percentage from 2017 Sched				_	15	%
16a	33 1/3% support test - 2018. If the organiz			•	•		. 57
	box and <b>stop here.</b> The organization qualif						▶ 🏻
b	33 1/3% support test - 2017. If the organization of						<b>.</b> $\Box$
17a	this box and <b>stop here</b> . The organization q 10%-facts-and-circumstances test - 2018						
174	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "fact				-		
	organization		-	•			▶ □
b	10%-facts-and-circumstances test - 2017						,
~	15 is 10% or more, and if the organization r	=				···· •	
	Explain in Part VI how the organization mee					:ly	
				-		-	▶ □
18	Private foundation. If the organization did						
	instructions	<u></u>			<u> </u>	<u></u>	▶ □

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b>	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supportin

#### **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 (as 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
		163	140
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
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	8		
	9a		
	9b		
	9с		
	10a		
	401-		
A (Fo	10b rm 990	or 990-F	Z) 2018
,			,

Pai	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		1a		
	• • • • • • • • • • • • • • • • • • • •	1b		
		1c		
sec	tion B. Type I Supporting Organizations	$\overline{}$	V	
	Did the directors to the company of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
202	tion C. Type II Supporting Organizations			
500			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
_				
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ucti	ions)	
а				
b				
С				ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	,	а		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	·	b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	11 9	а		
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.	b		

Scried	die A (1 diff 990 di 990-12) 2010 CHOOSEWEII COMMIGNITUTES, IIIC.		47-202	12033 1 agc
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zations	must complete Section	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
	sintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount Subtract line 5 from line 4 unless subject to			

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

6

EEA

emergency temporary reduction (see instructions).

Schadi	ule A (Form 990 or 990-EZ) 2018	[na	47-282	22055 Page 7
Par				1 age 1
	tion D - Distributions	<del>,</del>		Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			

7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7:

a Excess from 2014

**b** Excess from 2015

Part VI. See instructions.

c Excess from 2016 d Excess from 2017

e Excess from 2018

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

# SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

hooseWell Communities, Inc.						822055
Part I Fundraising Activities	•	_		swered "Yes" on	Form 990, Part IV	/, line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rais	sed funds through		_			
<ul><li>a Mail solicitations</li><li>b Internet and email solicitations</li></ul>				of non-government grants	ants	
<ul><li>b ☐ Internet and email solicitations</li><li>c ☐ Phone solicitations</li></ul>				Iraising events		
d In-person solicitations		g ⊔	Special func	iraising events		
2a Did the organization have a written or	r oral agreement	with any indiv	idual (includi	ing officers directors	trustees	
or key employees listed in Form 990,						Yes No
<b>b</b> If "Yes," list the 10 highest paid individ				•		be
compensated at least \$5,000 by the o	organization.					
	T					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		ooi. (t)	
1						
2						
3						
4						
5						
6						
7						
В						
9						
0						
otal				tions or has been noti	fied it is exempt from	
		_	_			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	1 990-EZ, lines 1 and 6b	. List events with
		g. στο του η το g. στο το το ποιο.	(a) Event #1  Thrive Walk  (event type)	(b) Event #2  Love > Fear  (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	18,860	8,250	4,940	32,050
	2	Less: Contributions Gross income (line 1 minus				
		line 2)	18,860	8,250	4,940	32,050
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	1,612			1,612
Direct Expenses	7	Food and beverages			3,637	3,637
Dire	8	Entertainment				
	9	Other direct expenses	2,248	1,384	338	3,970
	10	Direct expense summary. Add lines				9,219
	11	Net income summary. Subtract line				22,831
Pa	rt II	Gaming. Complete if the o than \$15,000 on Form 990	•	Yes" on Form 990, Part	IV, line 19, or reported	more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
9 a b	ls	nter the state(s) in which the organizat the organization licensed to conduct of 'No," explain:	gaming activities in each of			Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes					•	Yes No

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

# Supplemental Information to Form 990 or 990-EZ

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

**Open to Public** Inspection Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

ChooseWell Communities, Inc. 47-2822055

# 01. General explanation attachment Page 2, Part III, line 28, Accomplishments ChooseWell assisted 18 families in recovery to access supported, safe, & affordable housing, community resources for vocational and education achievement, and physical and behavioral health care. 18 families led by parents in early addiction recovery were anchored in safe, permanent housing. These families were embraced by a growing compassionate community of support as they navigate reunification with children lost during their active addiction, a return to school and/or the workforce; physical, emotional and spiritual healing; and reconstruction of social connections which further sustain the rebuilding of their lives and the lives of their families. 02. Description of other expenses (Part I, line 16) Amount Description 28,197 Program expenses Bank charges 337 Parking 386 1,509 Insurance Information technology 2,536 Office supplies 1,789 Advertising and outreach 532 362 Miscellaneous 03. Other changes in net assets or fund balances (Part I, line 20) Description Amount

Schedule O (Form 990 or 990-EZ) (2018)			Page 2
Name of the organization		Employer	dentification number
ChooseWell Communities, Inc.		47-282	2055
Prior period adjustment	1,421		
$\underline{04.}$ Description of other assets (Eq.	Part II, line 24)		
Category	Beginning of Year	End of Year	
Accounts receivable	1,326	0	
05. Description of total liabiliti	ies (Part II, line 26)		
~ ·		- 1 6	
Category	Beginning of Year	End of Year	
7	0	200	
Accounts payable	0	290	
Galas tau manabla	0	210	
Sales tax payable	0	318	