

PKF O'CONNOR DAVIES, LLP  
3001 SUMMER STREET, 5TH FLOOR, EAST  
STAMFORD, CT 06905

INSPIRICA, INC.  
141 FRANKLIN STREET  
STAMFORD, CT 06901



Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INSPIRICA, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>141 FRANKLIN STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>STAMFORD, CT 06901</b> <b>F</b> Name and address of principal officer: <b>STEVE WOLFE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>06-1172535</b> <b>E</b> Telephone number <b>(203) 388-0119</b> <b>G</b> Gross receipts \$ <b>17,049,729.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.INSPIRICACT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1987</b>		<b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INSPIRICA'S MISSION IS TO BREAK THE CYCLE OF HOMELESSNESS BY HELPING PEOPLE ACHIEVE, AND MAINTAIN,</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>22</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>22</b>	
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>5</b>	<b>100</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>2000</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	6,213,997.	12,833,686.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,490,709.	1,493,517.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	234,241.	369,377.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	73,744.	130,772.	
		<b>8,012,691.</b>	<b>14,827,352.</b>	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	98,422.	117,251.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	4,214,591.	4,214,157.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>275,957.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	2,358,971.	2,288,884.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	6,671,984.	6,620,292.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,340,707.	8,207,060.		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	26,347,558.	34,942,201.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	6,501,232.	6,762,814.	
		19,846,326.	28,179,387.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BRUCE HELLER, CHAIRMAN</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>
	Date <b>05/13/19</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>
	Firm's address ▶ <b>3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905</b>	Phone no. <b>203-323-2400</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
INSPIRICA IS ONE OF THE LARGEST PROVIDERS OF SERVICES TO THE HOMELESS IN CONNECTICUT AND THE LARGEST IN LOWER FAIRFIELD COUNTY. EACH NIGHT WE HOUSE APPROXIMATELY 350 PEOPLE, AND EACH YEAR WE SERVE OVER 1,050 PEOPLE. WE OPERATE 11 FACILITIES IN LOWER FAIRFIELD COUNTY AND PROVIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,890,085. including grants of \$ 5,774. ) (Revenue \$ 68,367. )
HOMELESS PROGRAMS - EMERGENCY SHELTER/TRANSITIONAL HOUSING AND SUPPORT FOR FAMILIES AND SINGLE WOMEN

IN FY2018, INSPIRICA SERVED 341 PEOPLE IN FAMILY'S EMERGENCY SHELTER AND TRANSITIONAL HOUSING AS WELL AS 97 SINGLE WOMEN IN EMERGENCY SHELTER. IN ADDITION TO RECEIVING HOUSING SERVICES, ALL PARTICIPANTS ALSO RECEIVED INTEGRATED CASE MANAGEMENT, GENERAL COUNSELING, ACCESS TO DRUG AND ALCOHOL ABUSE COUNSELING, WORKFORCE EDUCATION, VOCATIONAL TRAINING, EMPLOYMENT & JOB PLACEMENT SERVICES, HOUSING PLACEMENT, JOB/HOUSING RETENTION SERVICES, CHILDREN'S SERVICES, EARLY CHILDHOOD & PARENTING SERVICES ETC. IN ADDITION TO THESE IN-HOUSE SERVICES, PARTICIPANTS RECEIVED DIRECT ACCESS TO SERVICES SUCH AS MEDICAL AND

4b (Code: ) (Expenses \$ 1,686,373. including grants of \$ 110,957. ) (Revenue \$ 836,945. )
PERMANENT HOUSING, INCLUDING PERMANENT SUPPORTIVE HOUSING AND DEEPLY AFFORDABLE HOUSING

IN FY2018, INSPIRICA SERVED 206 PEOPLE IN PERMANENT SUPPORTIVE HOUSING AND DEEPLY AFFORDABLE HOUSING IN THE FOLLOWING FACILITIES: COLONY APARTMENTS (37), ATLANTIC PARK APARTMENTS (27), ROSE PARK APARTMENTS (7), METCALF HOUSE (10), 24 AND 26 WOODLAND PLACE (41), SUMMER HOUSE (60) AND MCKINNEY HOUSE (24). IN ADDITION TO RECEIVING HOUSING, ALL PARTICIPANTS IN THE ABOVE PROGRAMS ALSO RECEIVED THE SAME COMPREHENSIVE, INTEGRATED SERVICES LISTED ABOVE.

4c (Code: ) (Expenses \$ 767,954. including grants of \$ ) (Revenue \$ 64,038. )
MENTAL ILLNESS PROGRAMS - OUTREACH, JAIL DIVERSION AND TRANSITIONAL HOUSING & SUPPORT SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS.

IN FY2018, INSPIRICA SERVED 49 IN OUTREACH, 10 PEOPLE IN JAIL DIVERSION, AND 18 PEOPLE IN TRANSITIONAL HOUSING. ALL INDIVIDUALS SUFFERED FROM PERSISTENT, SERIOUS MENTAL ILLNESS. THE OUTREACH PROGRAM PROVIDES RETENTION SUPPORT FOR PEOPLE WHO ARE LIVING IN THEIR OWN COMMUNITY BUT NEED SOME FORM OF SUPPORT SERVICES. THE JAIL DIVERSION PROGRAM PROVIDES AN ALTERNATIVE FOR PEOPLE ALLEGED TO HAVE COMMITTED NON-VIOLENT CRIMES AS THEIR CASES MOVE THROUGH THE LEGAL SYSTEM. THE TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING AND SUPPORT SERVICES TO PEOPLE WHO HAVE BEEN DISCHARGED FROM MENTAL HEALTH INSTITUTIONS OR

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,545,173. including grants of \$ 520. ) (Revenue \$ 524,167. )

4e Total program service expenses 5,889,585.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 46, 0, 100). Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	22	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	22	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **STEVE WOLFE - 203-388-0119**  
**141 FRANKLIN STREET, STAMFORD, CT 06901**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF BRENNAN CHAIRMAN (FROM 7/17 - 11/17)	2.00	X		X				0.	0.	0.
(2) BRUCE HELLER CHAIRMAN (AS OF 02/18)	2.00	X		X				0.	0.	0.
(3) CARMEN DOMONOKOS CHAIRMAN (11/17-2/18), VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(4) MARIANNE DROST SECRETARY	2.00	X		X				0.	0.	0.
(5) LARRY GOLDBERG TREASURER	2.00	X		X				0.	0.	0.
(6) CLAUDE BERNSTEIN DIRECTOR	2.00	X						0.	0.	0.
(7) DOUG BURKE DIRECTOR	2.00	X						0.	0.	0.
(8) JANE CARLIN DIRECTOR	2.00	X						0.	0.	0.
(9) BEATRICE CHODOSH DIRECTOR	2.00	X						0.	0.	0.
(10) DONNA CHRISTENSEN DIRECTOR	2.00	X						0.	0.	0.
(11) LINDA CREMIN DIRECTOR	2.00	X						0.	0.	0.
(12) NORMAN COLE DIRECTOR	2.00	X						0.	0.	0.
(13) SCOTT DAVIS DIRECTOR	2.00	X						0.	0.	0.
(14) LARRY L. GILMORE DIRECTOR	2.00	X						0.	0.	0.
(15) MARY GRANDE DIRECTOR	2.00	X						0.	0.	0.
(16) STEVE HOOVER DIRECTOR	2.00	X						0.	0.	0.
(17) MANDEEP JOHAR DIRECTOR	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEN LARRABEE DIRECTOR	2.00	X						0.	0.	0.
(19) KAY MAXWELL DIRECTOR	2.00	X						0.	0.	0.
(20) PAT MENDELSON DIRECTOR	2.00	X						0.	0.	0.
(21) GARY NEEMS DIRECTOR	2.00	X						0.	0.	0.
(22) MARCI PAULK DIRECTOR	2.00	X						0.	0.	0.
(23) STEVE NAPIER DIRECTOR	2.00	X						0.	0.	0.
(24) JASON SHAPLEN CEO & ACTING CHIEF DEV. OFFICER	40.00			X				347,088.	0.	27,526.
(25) STEVE WOLFE CFO	40.00			X				108,006.	0.	10,478.
<b>1b Sub-total</b>								455,094.	0.	38,004.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								455,094.	0.	38,004.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DARIEN ASPHALT PAVING, INC. 139 WOODWARD AVENUE, NORWALK, CT 06854	PAVING SERVICES	109,340.
A-PREFERRED CONSTRUCTION LLC 602 NORTH AVENUE, BRIDGEPORT, CT 06606	ROOFING SERVICES	105,500.
C.H. GENERAL CONTRACTORS 10 TWITCHGRASS ROAD, TRUMBULL, CT 06611	CONSTRUCTION	100,025.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 27,750.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 230,645.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 3,229,222.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 9,346,069.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	2,376,973.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 12,833,686.				
	Program Service Revenue	<b>2 a</b> TENANT INCOME	Business Code 531110	1,430,149.	1,430,149.	
<b>b</b> RAPID REHOUSING PROGRAM		531110	63,368.	63,368.		
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶ 1,493,517.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 184,110.			184,110.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		2,357,714.				
		<b>b</b> Less: cost or other basis and sales expenses .....	2,172,447.			
	<b>c</b> Gain or (loss) .....	185,267.				
	<b>d</b> Net gain or (loss) .....	▶ 185,267.			185,267.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 230,645. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 31,225.				
<b>b</b> Less: direct expenses .....		<b>b</b> 49,930.				
<b>c</b> Net income or (loss) from fundraising events .....		▶ -18,705.			-18,705.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		Business Code				
	<b>11 a</b> REIMBURSEMENT	900099	102,330.		102,330.	
	<b>b</b> LAUNDRY INCOME	900099	16,510.		16,510.	
	<b>c</b> INSURANCE SETTLEMENTS	900099	15,000.		15,000.	
	<b>d</b> All other revenue .....	900099	15,637.		15,637.	
	<b>e Total.</b> Add lines 11a-11d .....	▶ 149,477.				
<b>12 Total revenue.</b> See instructions. .....	▶ 14,827,352.	1,493,517.	0.	500,149.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	117,251.	117,251.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	490,675.	443,927.	22,790.	23,958.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	3,127,191.	2,822,365.	151,668.	153,158.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	242,391.	226,248.	4,779.	11,364.
10 Payroll taxes .....	353,900.	330,331.	6,977.	16,592.
11 Fees for services (non-employees):				
a Management .....	82,468.	46,185.	35,750.	533.
b Legal .....	46,169.	14,260.	31,440.	469.
c Accounting .....	78,240.	24,165.	53,281.	794.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	42,561.		42,561.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	105,243.	46,789.	55,184.	3,270.
12 Advertising and promotion .....	6,027.	116.	2,573.	3,338.
13 Office expenses .....	46,885.	29,152.	1,247.	16,486.
14 Information technology .....	114,514.	105,400.	2,251.	6,863.
15 Royalties .....				
16 Occupancy .....	841,874.	803,138.	22,044.	16,692.
17 Travel .....	19,261.	17,226.	1,792.	243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	66,969.	59,724.	5,661.	1,584.
20 Interest .....	6,010.	5,845.		165.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	566,359.	542,568.	12,564.	11,227.
23 Insurance .....	79,207.	74,698.	1,028.	3,481.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM SUPPLIES</b>	63,006.	62,957.	23.	26.
b <b>CLIENT SUPPORT &amp; MEALS</b>	48,581.	48,581.		
c <b>EQUIPMENT EXPENSE</b>	47,119.	41,498.	1,137.	4,484.
d <b>OTHER EXPENSES</b>	28,391.	27,161.		1,230.
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,620,292.</b>	<b>5,889,585.</b>	<b>454,750.</b>	<b>275,957.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,201,003.	<b>1</b>	1,082,817.
	<b>2</b> Savings and temporary cash investments .....	3,225,289.	<b>2</b>	8,095,324.
	<b>3</b> Pledges and grants receivable, net .....	123,946.	<b>3</b>	779,480.
	<b>4</b> Accounts receivable, net .....	73,247.	<b>4</b>	41,840.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	63,872.	<b>9</b>	128,059.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 23,665,053.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,604,132.	13,702,194.	<b>10c</b> 16,060,921.
	<b>11</b> Investments - publicly traded securities .....	5,808,564.	<b>11</b>	6,504,511.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,149,443.	<b>15</b>	2,249,249.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	26,347,558.	<b>16</b>	34,942,201.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	388,985.	<b>17</b>	500,950.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	31,725.	<b>19</b>	138,463.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	31,914.	<b>21</b>	33,073.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	6,048,608.	<b>23</b>	6,090,328.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,501,232.	<b>26</b>	6,762,814.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	12,807,589.	<b>27</b>	16,135,753.
	<b>28</b> Temporarily restricted net assets .....	4,171,284.	<b>28</b>	9,176,181.
	<b>29</b> Permanently restricted net assets .....	2,867,453.	<b>29</b>	2,867,453.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	19,846,326.	<b>33</b>	28,179,387.	
<b>34</b> Total liabilities and net assets/fund balances .....	26,347,558.	<b>34</b>	34,942,201.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,827,352.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,620,292.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,207,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,846,326.
5	Net unrealized gains (losses) on investments	5	140,034.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,033.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,179,387.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10441221.	6338051.	6047328.	6213997.	12833686.	41874283.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10441221.	6338051.	6047328.	6213997.	12833686.	41874283.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3737858.
<b>6 Public support.</b> Subtract line 5 from line 4.						38136425.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	10441221.	6338051.	6047328.	6213997.	12833686.	41874283.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	72,014.	534,210.	209,005.	157,655.	184,110.	1156994.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		10,103.		2,543.		12,646.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			65,446.	71,201.	149,477.	286,124.
<b>11 Total support.</b> Add lines 7 through 10						43330047.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,758,188.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.01 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	94.79 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2017

**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISC. INCOME**

2015 AMOUNT: \$ 34,574.

2016 AMOUNT: \$ 3,790.

2017 AMOUNT: \$ 6,396.

**LAUNDRY INCOME**

2015 AMOUNT: \$ 21,034.

2016 AMOUNT: \$ 17,089.

2017 AMOUNT: \$ 16,510.

**VENDING MACHINE INCOME**

2015 AMOUNT: \$ 9,838.

2016 AMOUNT: \$ 9,881.

2017 AMOUNT: \$ 9,241.

**REIMBURSEMENT**

2016 AMOUNT: \$ 39,003.

2017 AMOUNT: \$ 102,330.

**INSURANCE SETTLEMENT**

2016 AMOUNT: \$ 1,438.

2017 AMOUNT: \$ 15,000.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>INSPIRICA, INC.</b>	Employer identification number <b>06-1172535</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>978,121.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>982,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>638,697.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>548,263.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>2,607,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INSPIRICA, INC.</b>	Employer identification number <b>06-1172535</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,864,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>INSPIRICA, INC.</b>	Employer identification number  <b>06-1172535</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	LAND _____ _____ _____	\$ 2,340,000.	06/30/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>INSPIRICA, INC.</b>	Employer identification number <b>06-1172535</b>
--	---

**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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization **INSPIRICA, INC.** Employer identification number **06-1172535**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	4,307,661.	3,913,634.	3,925,297.	3,807,435.	3,236,180.
b Contributions .....					
c Net investment earnings, gains, and losses	319,494.	394,027.	-11,663.	117,862.	571,255.
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....	4,627,155.	4,307,661.	3,913,634.	3,925,297.	3,807,435.

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ 61.97 %
- c Temporarily restricted endowment ▶ 38.03 %

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

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

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

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		4,781,622.		4,781,622.
b Buildings .....		15,503,196.	5,157,938.	10,345,258.
c Leasehold improvements .....		1,921,148.	1,530,250.	390,898.
d Equipment .....		978,498.	754,682.	223,816.
e Other .....		480,589.	161,262.	319,327.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>16,060,921.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RESTRICTED DEPOSITS AND FUNDED RESERVES	2,249,249.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,249,249.

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,910,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	140,034.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	140,034.	
3	Subtract line 2e from line 1	3	14,770,758.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,561.	
b	Other (Describe in Part XIII.)	4b	14,033.	
c	Add lines 4a and 4b	4c	56,594.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,827,352.	

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

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

1	Total expenses and losses per audited financial statements		1	6,577,731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	6,577,731.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,561.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	42,561.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,620,292.	

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

INSPIRICA COLLECTS AND MAINTAINS TENANT SECURITY DEPOSITS IN ALIGNMENT WITH THE FOLLOWING PROCEDURE: RESIDENTS PROVIDE THE BUILDING MANAGER WITH A SECURITY DEPOSIT UPON MOVING INTO THE HOUSING UNIT. FOR FIVE OF OUR PROPERTIES, THESE FUNDS ARE DEPOSITED INTO OUR GENERAL OPERATING ACCOUNT. FOR THE OTHER TWO PROPERTIES, THESE FUNDS ARE DEPOSITED INTO A SEPARATE ACCOUNT AND HELD BY THE ORGANIZATION TO ADDRESS FUTURE EXPENSES THAT MAY BE INCURRED FOR REPAIRS AND/OR DAMAGES TO THE HOUSING UNITS AFTER THE TENANT VACATES THE PREMISES. THE REMAINING SECURITY DEPOSIT FUNDS ARE DISBURSED BACK TO THE TENANT BY THE ORGANIZATION WHEN ALL NECESSARY REPAIRS HAVE BEEN COMPLETED TO PREPARE THE UNIT FOR AN INCOMING TENANT.

**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF PERMANENTLY RESTRICTED FUNDS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT FOR THE ORGANIZATION'S PROGRAMS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

MANAGEMENT RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS 14,033.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING SOIREE (event type)	WALK-A-THON (event type)	1 (total number)		
Revenue	1	Gross receipts	241,520.	19,250.	1,100.	261,870.
	2	Less: Contributions	210,295.	19,250.	1,100.	230,645.
	3	Gross income (line 1 minus line 2)	31,225.			31,225.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,697.		1,648.	5,345.
	7	Food and beverages	8,059.	95.	193.	8,347.
	8	Entertainment	7,615.			7,615.
	9	Other direct expenses	22,083.	1,083.	5,457.	28,623.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				49,930.
11	Net income summary. Subtract line 10 from line 3, column (d)				-18,705.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING STABILITY FUND	14	25,641.	0.		
RAPID REHOUSING FUND	15	85,316.	0.		
SCHOLARSHIP FUND	5	520.	0.		
FOOD, HOUSEHOLD GOODS, AND CLOTHING	400	0.	5,774.	COST	FOOD, HOUSEHOLD GOODS, AND CLOTHING

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

ASSISTANCE TO INDIVIDUALS IS PROVIDED AFTER THE INDIVIDUAL'S CIRCUMSTANCES ARE REVIEWED AND VERIFIED. VERIFICATION INCLUDES CONFIRMING CLIENT ANNUAL INCOME, COMPLETING A BUDGET, AND FILING OUT AN APPLICATION. PAYMENTS FOR ASSISTANCE FOR INDIVIDUALS IS PAID DIRECTLY TO A 3RD PARTY ON BEHALF OF THE RECIPIENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **INSPIRICA, INC.** Employer identification number **06-1172535**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

JASON SHAPLEN (CEO) AND STEVE WOLFE (CFO) RECEIVED BONUSES FROM THE ORGANIZATION IN THE AMOUNT OF \$52,000 AND \$1,000 RESPECTIVELY FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2017. THESE PAYMENTS WERE INCLUDED IN THE REPORTABLE COMPENSATION REPORTED FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D). THE BONUS OF JASON SHAPLEN WAS BASED ON THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AS WELL AS A REVIEW OF THE INDIVIDUAL'S PERFORMANCE. IT WAS APPROVED BY THE EXECUTIVE COMMITTEE PRIOR TO BEING AWARDED. THE BONUS FOR STEVE WOLFE WAS BASED ON THE DISCRETION OF THE CEO AS WELL AS A REVIEW OF THE INDIVIDUAL'S PERFORMANCE.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization **INSPIRICA, INC.** Employer identification number **06-1172535**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,774.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	31,199.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	2,340,000.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2017

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERMANENT HOUSING AND STABILITY IN THEIR LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AN EXTENSIVE ARRAY OF SUPPORT SERVICES, INCLUDING VOCATIONAL TRAINING,

WORKFORCE EDUCATION, JOB PLACEMENT, HOUSING PLACEMENT, JOB & HOUSING

RETENTION SUPPORT, CHILDREN'S SERVICES, EARLY CHILDHOOD & PARENTING

SERVICES, COUNSELING, CASE MANAGEMENT, AND MUCH MORE. WE FURTHER

PROVIDE DIRECT ACCESS TO MEDICAL CARE, MENTAL HEALTH CARE, PSYCHIATRIC

CARE, DENTAL CARE, AND SUBSTANCE ABUSE TREATMENT ETC. THROUGH A NETWORK

OF STRATEGIC PARTNERSHIPS.

WE ARE UNIQUE FOR SEVERAL REASONS:

- THE FIRST IS THE BREADTH OF HOUSING WE PROVIDE. BY OPERATING

SHELTERS, TRANSITIONAL HOUSING, PERMANENT HOUSING, DEEPLY AFFORDABLE

HOUSING AND RAPID REHOUSING, WE WORK ACROSS THE SPECTRUM OF HOUSING,

ENABLING US TO BREAK THE CYCLE OF HOMELESSNESS RATHER THAN PROVIDE ONLY

A TEMPORARY FIX.

- THE SECOND IS THE SCOPE OF PEOPLE WE SERVE. BY SERVING SINGLE MEN,

SINGLE WOMEN, FAMILIES, PEOPLE WITH MENTAL ILLNESS, AND PERSONS LIVING

WITH HIV/AIDS, WE ARE ABLE TO WORK ACROSS THE SPECTRUM OF PEOPLE WHO

ARE HOMELESS RATHER THAN WITH JUST ONE SEGMENT.

- THE THIRD IS OUR COMPREHENSIVE APPROACH TO HELPING PEOPLE. WE ADDRESS

NOT JUST THE PHYSICAL PART OF HOMELESSNESS, BUT ALL OF THE UNDERLYING

REASONS A PERSON BECOMES HOMELESS, IMPROVING OUR SUCCESS RATE. OUR

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

ABILITY TO INTEGRATE SERVICES IS A KEY ELEMENT OF OUR SUCCESS AND SETS US APART FROM MANY OTHER ORGANIZATIONS.

INSPIRICA IS ALSO UNIQUE FOR A FOURTH REASON - OUR INTENSE FOCUS ON RESULTS. WE MEASURE SUCCESS NOT BY HOW MANY PEOPLE WE SERVE, BUT THE ULTIMATE GOAL: HOW MANY OF THEM ACHIEVE AND MAINTAIN PERMANENT HOUSING AND STABILITY.

COMMUNITY NEEDS

THE STAMFORD-NORWALK METROPOLITAN AREA REMAINS ONE OF THE MOST EXPENSIVE HOUSING JURISDICTION IN THE NATION. WHILE MOST DAILY EXPENSES HERE TRACK A FEW PERCENTAGE POINTS ABOVE NATIONAL NORMS, HOUSING COSTS ARE AN OUTLIER THEY ARE MORE THAN DOUBLE THE NATIONAL AVERAGE. THIS HAS RESULTED IN A DIFFERENT KIND OF HOMELESSNESS: ECONOMIC HOMELESSNESS. WHILE MENTAL ILLNESS AND SUBSTANCE ABUSE STILL PLAY AN OUTSIZED ROLE, THE RISING COST OF LIVING, COUPLED WITH WAGE STAGNATION, ARE LEADING TO INCREASING HOMELESSNESS. WE REMAIN SOBERED BY THE FACT THAT HOMELESSNESS TODAY REMAINS AT THE SAME LEVEL AS IT WAS AT THE END OF THE GREAT RECESSION IN FEBRUARY 2010, WHEN UNEMPLOYMENT WAS 10.1%. IN SHORT, WE CONTINUE TO MAKE PROGRESS, BUT THE WAR ON ENDING HOMELESSNESS HAS HARDLY BEEN WON. INSPIRICA CONTINUES TO ADDRESS THE RISING AND CHANGING FACE OF HOMELESSNESS THROUGH SEVERAL MEANS, INCLUDING: CREATING DEEPLY AFFORDABLE HOUSING; EXPANDING RAPID REHOUSING; LAUNCHING SEVERAL INITIATIVES AIMED AT OUR YOUNGEST, MOST VULNERABLE CLIENTS; AND, HELPING ESTABLISH IMPORTANT LOCAL AND REGIONAL COLLABORATIONS.

THE ECONOMY HAS IMPROVED, BUT THE EFFECTS HAVE NOT YET TRICKLED DOWN.

Name of the organization

INSPIRICA, INC.

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TODAY, 101 MILLION PEOPLE IN THE UNITED STATES (1 OUT OF 3) LIVE IN POVERTY OR WITHIN 50% OF THE POVERTY LINE (DEFINED AS "NEAR POVERTY"). FROM THERE THEY ARE CASCADING INTO HOMELESSNESS. OUR AREA HAS BEEN PARTICULARLY HARD HIT DUE TO THE HIGH COST OF LIVING. THE STAMFORD-NORWALK METROPOLITAN AREA IS NOW THE 5TH MOST EXPENSIVE HOUSING JURISDICTION IN THE NATION. WHILE MOST DAILY EXPENSES HERE TRACK A FEW PERCENTAGE POINTS ABOVE NATIONAL NORMS, HOUSING COSTS ARE AN OUTLIER - THEY ARE 208% OF THE NATIONAL AVERAGE. THIS HAS RESULTED IN A DIFFERENT KIND OF HOMELESSNESS: ECONOMIC HOMELESSNESS. WHILE MENTAL ILLNESS AND SUBSTANCE ABUSE STILL PLAY AN OUTSIZED ROLE, THE RISING COST OF LIVING COUPLED WITH WAGE STAGNATION IS NOW LEADING TO SOARING HOMELESSNESS AND A RECORD DEMAND FOR OUR SERVICES. INDEED, HOMELESSNESS IN OUR COMMUNITY IS RISING FASTER THAN ELSEWHERE IN CONNECTICUT. INSPIRICA CONTINUES TO ADDRESS THE RISING - AND CHANGING - FACE OF HOMELESSNESS THROUGH SEVERAL MEANS, INCLUDING: CREATING THE FIELD AND EXPANDING OUR STOCK OF DEEPLY AFFORDABLE HOUSING; LAUNCHING A WAGE GROWTH INITIATIVE; EXPANDING RAPID REHOUSING; AND, FORGING MULTIPLE COLLABORATIONS ON A LOCAL AND REGIONAL LEVEL.

THE POPULATION WE SERVE

INSPIRICA SERVES INDIVIDUALS AND FAMILIES THAT LIVE IN POVERTY OR NEAR POVERTY AND ALL ARE HOMELESS OR AT RISK OF BECOMING HOMELESS. THE MAJORITY HAVE LITTLE OR LIMITED JOB EXPERIENCE AND OFTEN DEFICIENT EDUCATIONAL BACKGROUNDS. MANY SUFFER FROM SUBSTANCE ABUSE, MENTAL ILLNESS AND/OR HIV/AIDS. WE SERVE SINGLE WOMEN, MEN, FAMILIES, INDIVIDUALS WITH COGNITIVE IMPAIRMENTS AS WELL AS SOME WITH A HISTORY OF INCARCERATION. WITHOUT INSPIRICA, THEY ARE UNLIKELY TO SECURE

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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EMPLOYMENT AND EARN THE INCOME THEY NEED TO BE ABLE TO MOVE INTO THE COMMUNITY AND BECOME PRODUCTIVE MEMBERS OF SOCIETY. OUR CLIENTS' DEMOGRAPHICS INCLUDE 49% AFRICAN AMERICAN, 18% CAUCASIAN, 29% LATINO AND 4% OTHER. THE AGES OF OUR PROGRAM PARTICIPANTS RANGE FROM NEWBORNS TO SENIORS IN THEIR 80S.

#### PROGRAMS

INSPIRICA IS UNIQUE IN ITS ABILITY TO ADDRESS THE NEEDS OF OUR CLIENTS HOLISTICALLY AND COMPREHENSIVELY THROUGH END-TO-END PLATFORM OF INTEGRATED SERVICES, ALL OF WHICH LEVERAGE EACH OTHER. WE ARE ONE OF ONLY A FEW ORGANIZATIONS NATIONALLY THAT HAS COMBINED RESIDENTIAL AND SUPPORT SERVICES UNDER ONE ROOF IN A ONE-STOP-SHOP SETTING. OUR ABILITY TO ADDRESS BOTH THE PHYSICAL ASPECT OF HOMELESSNESS AND ITS UNDERLYING ROOT CAUSES EXPONENTIALLY INCREASES OUR SUCCESS RATE.

#### RESIDENTIAL PROGRAMS

FAMILY HOUSING: OUR FAMILY HOUSING PROGRAM HAS TWO DISTINCT COMPONENTS: AN EMERGENCY SHELTER THAT PROVIDES HOUSING AND SUPPORT SERVICES TO APPROXIMATELY 17 FAMILIES (42 INDIVIDUALS) FOR UP TO TWO MONTHS; AND, A TRANSITIONAL HOUSING FACILITY THAT PROVIDES HOUSING AND SUPPORT SERVICES TO APPROXIMATELY 25 FAMILIES (63 INDIVIDUALS) FOR UP TO 24 MONTHS.

WOMEN'S HOUSING: OUR WOMEN'S HOUSING PROGRAM PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES TO 25 SINGLE WOMEN FOR UP TO TWO MONTHS.

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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GILEAD HOUSE: OUR GILEAD PROGRAM PROVIDES TRANSITIONAL HOUSING FOR 16 SINGLE MEN AND WOMEN LIVING WITH PERSISTENT MENTAL ILLNESS, INCLUDING THREE BEDS IN A JAIL DIVERSION PROGRAM.

PERMANENT SUPPORTIVE HOUSING: OUR PERMANENT SUPPORTIVE HOUSING PROGRAM CONSISTS OF FOUR RESIDENCES (COLONY APARTMENTS, ATLANTIC PARK APARTMENTS, METCALF HOUSE, AND ROSE PARK) THAT TOGETHER PROVIDE 86-91 PEOPLE WITH PERMANENT SUPPORTIVE HOUSING. TENANTS IN THIS PROGRAM HOLD THEIR OWN LEASES AND PAY 30% OF THEIR INCOME IN RENT.

DEEPLY AFFORDABLE HOUSING: OUR DEEPLY AFFORDABLE HOUSING PROGRAM CONSISTS OF TWO RESIDENCES (24 WOODLAND PLACE AND 26 WOODLAND PLACE) THAT PROVIDE DEEPLY AFFORDABLE HOUSING FOR NINE FAMILIES (APPROXIMATELY 25-27 PEOPLE).

RAPID RE-HOUSING: INSPIRICA IS THE CONTRACTOR OR SUBCONTRACTOR FOR THREE DISTINCT RAPID REHOUSING PROGRAMS, THROUGH WHICH WE PROVIDE HOUSING TO APPROXIMATELY 25-30 FAMILIES IN THE COMMUNITY.

IN ADDITION TO THE ABOVE, INSPIRICA RECENTLY COMPLETED A 48-UNIT BUILDING FOR SENIORS AND IS CURRENTLY DEVELOPING A 53-UNIT BUILDING FOR INDIVIDUALS AND FAMILIES.

#### NON-RESIDENTIAL/SUPPORT PROGRAMS

ALL OF OUR RESIDENTIAL PROGRAMS ARE ENHANCED WITH SUBSTANTIAL SUPPORT SERVICES THAT ARE ESSENTIAL TO ADDRESSING THE UNDERLYING CAUSES OF HOMELESSNESS, ALLOWING PEOPLE TO BREAK THE CYCLE OF HOMELESSNESS AND RETURN TO HEALTHY, STABLE LIVES IN THE COMMUNITY:

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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CHILDREN'S SERVICES: OUR CHILDREN'S SERVICES PROGRAM PROVIDES CRITICAL FOUNDATIONAL, EDUCATIONAL, PSYCHOLOGICAL, DEVELOPMENTAL, AND AFTER-SCHOOL SUPPORT TO THE CHILDREN IN OUR CARE, ALLOWING THEM TO MAINTAIN STABILITY, GAIN SELF-ESTEEM, EXCEL IN SCHOOL, AND DEVELOP IN LINE WITH OR AHEAD OF THEIR PEERS WHO ARE NOT HOMELESS. LAST MONTH WE LAUNCHED A CRITICAL FIFTH COMPONENT TO ADDRESS THE NEEDS OF OUR MOST VULNERABLE RESIDENTS - AN EARLY CHILDHOOD AND PARENTING PROGRAM THAT PROVIDES PRE-LITERACY AND DEVELOPMENTAL PROGRAMMING TO CHILDREN FROM BIRTH TO AGE 5, WITH CONCURRENT TRAINING FOR THEIR PARENTS.

JUMPSTART CAREER PROGRAM: OUR JUMPSTART CAREER PROGRAM PROVIDES PARTICIPANTS WITH THE CORE SKILLS THEY NEED TO PREPARE FOR, FIND, MAINTAIN AND ADVANCE IN EMPLOYMENT. THE PROGRAM HAS THREE DISTINCT COMPONENTS: JUMPSTART VOCATIONAL TRAINING, JUMPSTART EDUCATION, AND JUMPSTART EMPLOYMENT AGENCY. PARTICIPANTS IN THE JUMPSTART CAREER PROGRAM DEVELOP CRITICAL LIFE AND WORK SKILLS THAT ALLOW THEM TO SECURE EMPLOYMENT AND EARN THE INCOME THEY NEED TO EXIT HOMELESSNESS AND MAINTAIN HEALTHY, STABLE LIVES IN THE COMMUNITY. JUMPSTART EMPLOYMENT AGENCY FURTHER INCLUDES A WAGE GROWTH INITIATIVE TO HELP CLIENTS INCREASE THEIR EARNING CAPACITY.

JOB & HOUSING RETENTION SERVICES: OUR JOB AND HOUSING RETENTION PROGRAM PROVIDES ESSENTIAL JOB AND HOUSING RETENTION SUPPORT TO PARTICIPANTS WHO HAVE RECENTLY BECOME EMPLOYED OR MOVED INTO PERMANENT HOUSING. WITHOUT THIS SUPPORT, MANY WOULD LIKELY LOSE THEIR JOBS OR HOMES, PERPETUATING THE CYCLE OF HOMELESSNESS.



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ADDITIONAL SUPPORT SERVICES: IN ADDITION TO THE ABOVE, WE PROVIDE AN EXTENSIVE ARRAY OF SUPPORT SERVICES, INCLUDING COUNSELING AND CASE MANAGEMENT WITHIN OUR RESIDENTIAL PROGRAMS. WE FURTHER PROVIDE DIRECT ACCESS TO MEDICAL AND DENTAL CARE, IN-PATIENT SUBSTANCE ABUSE TREATMENT, PSYCHIATRIC CARE AND MORE THROUGH A NETWORK OF FORMAL, STRATEGIC PARTNERSHIPS.

#### OUTCOMES & RESULTS

INSPIRICA HOLDS ITSELF TO A HIGH STANDARD. WE MEASURE SUCCESS NOT BY HOW MANY PEOPLE WE SERVE, BUT BY HOW MANY OF THEM ATTAIN JOBS AND MOVE INTO PERMANENT HOUSING. OUR RIGOROUS APPROACH TO METRICS AND ABILITY TO EVALUATE OUR PROGRAMS HAVE PROVEN EXTREMELY SUCCESSFUL. IN FY18 OUR RESULTS INCLUDED THE FOLLOWING:

JOB PLACEMENTS: WE MADE A RECORD 209 JOB PLACEMENTS AT A RECORD AVERAGE STARTING WAGE OF \$12.78 PER HOUR (26.5% ABOVE MINIMUM WAGE), BRINGING OUR TOTAL OVER THE PAST SEVEN FISCAL YEARS TO A RECORD 1,477. THE AVERAGE PERSON WHOM WE PLACED IN A JOB WORKED 32 HOURS PER WEEK.

HOUSING: WE MOVED A RECORD 207 MEN, WOMEN AND CHILDREN INTO PERMANENT HOUSING, BRINGING OUR TOTAL OVER THE PAST SEVEN FISCAL YEARS TO A RECORD 1,312 INDIVIDUALS.

CHILDREN'S SERVICES: AT THE END OF THE SCHOOL YEAR, 100% PERCENT OF THE CHILDREN IN OUR CARE GRADUATED TO THE NEXT GRADE LEVEL. THEIR AVERAGE GRADE WAS A B-. BOTH STATISTICS FAR EXCEED THE NATIONAL AVERAGE.

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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JOB & HOUSING RETENTION: THE PEOPLE WE PLACE IN JOBS AND HOUSING REMAIN EMPLOYED AND HOUSED. THE FOLLOWING FAR EXCEED NATIONAL AVERAGES.

JOB RETENTION: 99% OF PARTICIPANTS WHOM WE PLACE IN JOBS REMAIN EMPLOYED AFTER 1 MONTH, 74% AFTER 3 MONTHS, 52% AFTER 6 MONTHS, AND 50% AFTER 12 MONTHS.

HOUSING RETENTION: 100% OF PARTICIPANTS WHOM WE PLACE IN PERMANENT HOUSING REMAIN HOUSED AFTER 1 MONTH, 98% AFTER 3 MONTHS, 88% AFTER 6 MONTHS, AND 68% AFTER 12 MONTHS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
DENTAL CARE, INPATIENT SUBSTANCE ABUSE TREATMENT, PSYCHIATRIC CARE,  
HEAD START/EARLY HEAD START (FAMILIES ONLY) ETC. THROUGH A NETWORK OF  
FORMAL STRATEGIC PARTNERSHIPS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
GROUP HOMES, BUT ARE NOT YET ABLE TO LIVE INDEPENDENTLY. IN ADDITION  
TO RECEIVING HOUSING, ALL PARTICIPANTS IN THE ABOVE PROGRAMS RECEIVED  
THE SAME COMPREHENSIVE, INTEGRATED SERVICES LISTED ABOVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
OTHER PROGRAMS INCLUDE WORKFORCE EDUCATION, VOCATIONAL TRAINING, JOB  
PLACEMENT, CHILDREN'S SERVICES (INCLUDING AN AFTER SCHOOL PROGRAM),  
EARLY CHILDHOOD & PARENTING, AND ACCESS TO HEALTH CARE, DENTAL CARE,  
PSYCHIATRIC CARE, SUBSTANCE ABUSE, HOLIDAY GIFT COLLECTION, AND  
HIV/AIDS PROGRAMS.

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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EXPENSES \$ 1,545,173. INCLUDING GRANTS OF \$ 520. REVENUE \$ 524,167.

FORM 990, PART VI, SECTION A, LINE 3:

PROPERTY MANAGEMENT OF THE 2 WHOLLY-OWNED LIMITED LIABILITY COMPANIES, ATLANTIC PSH, LLC AND COLONY PSH, LLC, WERE OPERATED BY DEMARCO MANAGEMENT CORPORATION. THE PROPERTY MANAGEMENT COMPANY OVERSEES THE ACCOUNTING FOR THE COMPANIES, INCLUDING RECEIVING PAYMENTS AND DISBURSING FUNDS FROM THE COMPANIES BANK ACCOUNTS. IN FISCAL YEAR 2018, DEMARCO MANAGEMENT WAS PAID \$29,970 FOR THESE SERVICES.

THE ORGANIZATION HAS A MANAGEMENT AGREEMENT FOR CERTAIN ADMINISTRATIVE AND HUMAN RESOURCES WITH ADP TOTALSOURCE, INC THRU MARCH 2017. BEGINNING IN APRIL 2017, THE ORGANIZATION SWITCHED TO ADP WORKFORCE NOW. THE OFFICERS AND HIGHEST COMPENSATED EMPLOYEES LISTED IN PART VII AND SCHEDULE J WERE PAID BY ADP TOTALSOURCE, INC. AND ADP WORKFORCE IN 2017. IN FISCAL YEAR 2018, ADP WORKFORCE NOW WAS PAID \$52,498 FOR THESE SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

INSPIRICA, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL AND A CONFERENCE CALL IS HELD FOR DISCUSSION. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS AND EMPLOYEES SIGN A CONFLICT OF INTEREST FORM ANNUALLY. IN

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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EACH FISCAL YEAR AT LEAST ONE BOARD MEETING INCLUDES AN AGENDA ITEM ON CONFLICT OF INTEREST, REMINDING ALL BOARD MEMBERS OF THEIR COMMITMENT TO ADHERE TO THE POLICY AND ASKING IF THERE ARE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST.

ANY REAL OR PERCEIVED CONFLICT OF INTEREST BETWEEN A BOARD MEMBER AND INSPIRICA MUST BE DISCLOSED IN WRITING (SEE CONFLICT OF INTEREST DISCLOSURE STATEMENT). MEMBERS OF THE BOARD OF DIRECTORS MUST DISCLOSE ANY PERSONAL, FAMILY, OR BUSINESS INTERESTS THAT MAY, IN THE EYES OF A REASONABLE PERSON, INFLUENCE THEIR JUDGMENT. THIS INCLUDES, BUT IS NOT LIMITED TO:

- A) A PERSONAL, PROFESSIONAL OR FINANCIAL RELATIONSHIP WITH INSPIRICA AS A SUPPLIER OF GOODS OR SERVICES (FOR WHICH HE OR SHE, A FAMILY MEMBER OR AN AFFILIATED BUSINESS RECEIVES FINANCIAL COMPENSATION);
- B) A PERSONAL, PROFESSIONAL OR FINANCIAL RELATIONSHIP WITH A CLIENT OF INSPIRICA;
- C) A FAMILY RELATIONSHIP WITH ANY INSPIRICA STAFF MEMBER, OR
- D) A BUSINESS RELATED GIFT OR PAYMENT THAT MIGHT INFLUENCE HIS OR HER DECISION-MAKING OR ACTIONS RELATING TO INSPIRICA.

CONFLICTS OF INTEREST (REAL AND PERCEIVED) SHOULD NOT PREVENT AN INDIVIDUAL FROM SERVING AS A DIRECTOR UNLESS, IN THE JUDGMENT OF THE BOARD OF DIRECTORS, THE EXTENT OF THE CONFLICT IS SO SIGNIFICANT THAT THE POTENTIAL FOR DIVIDED LOYALTY IS PRESENT. ONCE A POTENTIAL CONFLICT IS DISCLOSED, THE GOVERNANCE COMMITTEE WILL BE RESPONSIBLE FOR EVALUATING THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE IF AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT EXISTS. IN THE EVENT, THE GOVERNANCE COMMITTEE DETERMINES THAT AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT EXISTS, IT SHALL

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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PRESENT THE CONFLICT AND THE GOVERNANCE COMMITTEE'S RECOMMENDATION AS TO HOW TO MANAGE THE CONFLICT TO THE FULL BOARD.

BOARD MEMBERS MUST RECUSE THEMSELVES FROM ANY DISCUSSIONS OR VOTING ON ANY MATTERS WHERE THEY HAVE, OR MAY BE PERCEIVED AS HAVING, A CONFLICT OF INTEREST. SUCH RECUSAL AND DISCLOSURE OF THE CONFLICT OF INTEREST SHALL BE RECORDED IN THE MINUTES OF MEETINGS.

THE BOARD MUST ALSO BE ADVISED OF ANY POTENTIAL CONFLICT OF INTEREST.

THE CEO IS EXPECTED TO DISCLOSE CONFLICTS OF INTEREST TO THE BOARD CHAIR PURSUANT TO THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO AND CFO INCLUDED USING A COPY OF A COMPREHENSIVE COMPENSATION SURVEY BY AN INDEPENDENT ENTITY. THE SURVEY WAS COMPLETED IN 2017 AND INCLUDED COMPENSATION DATA FOR THE ABOVE POSITIONS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS IN SOUTHWEST CT. THE DATA WAS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL AT THE TIME THE SURVEY WAS COMPLETED. THE CEO'S SALARY WAS DETERMINED BY THE EXECUTIVE COMMITTEE. THE COMMITTEE UTILIZED THE ABOVE SURVEYS IN DETERMINING THE CEO'S SALARY. IT FURTHER BASED ITS DECISIONS ON A COMPREHENSIVE 360-DEGREE PERFORMANCE REVIEW. A REVIEW OF RESULTS/OUTCOMES, FINANCIAL STANDING OF THE ORGANIZATION, AND PERFORMANCE MEASUREMENT AGAINST GOALS DETERMINED AT THE START OF THE FISCAL YEAR. THE CEO'S SALARY WAS PRESENTED TO THE FULL BOARD FOR COMMENT. THE SALARY OF THE CFO WAS DETERMINED BY THE CEO BASED ON THE ABOVE SURVEY. THE CEO'S SALARY IS ADDRESSED WITH THE FULL BOARD AT BOARD MEETING AT THE END OF EACH FISCAL

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
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YEAR WITH THE FINAL COMPENSATION BEING CONVEYED IN WRITING TO THE CFO.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLILCY,  
FORM 990 AND FORM 1023 ARE MADE AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN  
REQUEST AT 141 FRANKLIN STREET, STAMFORD, CT 06901 OR BY CALLING THE  
ORGANIZATION DIRECTLY AT (203)-388-0119.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL OF ASSETS -14,033.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES THE RESPONSIBILITY  
FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT.  
NO CHANGES HAVE BEEN MADE IN THE PRIOR YEAR.







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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	1b	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	1c	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	1d	
<b>e</b> Loans or loan guarantees by related organization(s) .....	1e	
<b>f</b> Dividends from related organization(s) .....	1f	
<b>g</b> Sale of assets to related organization(s) .....	1g	
<b>h</b> Purchase of assets from related organization(s) .....	1h	
<b>i</b> Exchange of assets with related organization(s) .....	1i	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	1j	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	1k	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	1l	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	1m	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	1n	
<b>o</b> Sharing of paid employees with related organization(s) .....	1o	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	1p	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	1q	
<b>r</b> Other transfer of cash or property to related organization(s) .....	1r	
<b>s</b> Other transfer of cash or property from related organization(s) .....	1s	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>INSPIRICA, INC.</b>	Employer identification number (EIN) or <b>06-1172535</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>141 FRANKLIN STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STAMFORD, CT 06901</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEVE WOLFE**

- The books are in the care of ▶ **141 FRANKLIN STREET - STAMFORD, CT 06901**  
Telephone No. ▶ **203-388-0119** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**