

PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

2016

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

A For the **2016** calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization DAYSRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1588</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAND SPRINGS, OK 74063-1588</p> <p>F Name and address of principal officer: WILMA LIVELY PO BOX 1588, SAND SPRINGS, OK 74063</p>	<p>D Employer identification number 73-1474319</p> <p>E Telephone number (918) 245-4075</p> <p>G Gross receipts \$ 2,502,652.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I 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</p> <p>J Website: ▶ WWW.DAYSRINGVILLA.COM</p> <p>K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶</p> <p>L Year of formation: 1995 M State of legal domicile: OK</p>		

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CHRIST-LIKE CARE TO ENABLE WOMEN AND THEIR CHILDREN TO LIVE GOD-HONORING LIVES</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 14</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14</p> <p>5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 30</p> <p>6 Total number of volunteers (estimate if necessary) 6 2736</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -17,931.</p> <p>b Net unrelated business taxable income from Form 990-T, line 34 7b 0.</p>																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">916,771.</td> <td align="right">2,337,388.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">26,280.</td> <td align="right">57,145.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">142,844.</td> <td align="right">72,129.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">1,085,895.</td> <td align="right">2,466,662.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	916,771.	2,337,388.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,280.	57,145.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142,844.	72,129.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,085,895.	2,466,662.							
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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.

Sign Here	<p>▶ Signature of officer</p> <p>RON LUNDIN, TREASURER</p> <p>Type or print name and title</p>	<p>Date</p>
Paid Preparer Use Only	<p>Print/Type preparer's name CHANDRA FOSTER</p> <p>Firm's name ▶ EIDE BAILLY LLP</p> <p>Firm's address ▶ 810 S CINCINNATI AVE, STE 600 TULSA, OK 74119-1623</p>	<p>Preparer's signature CHANDRA FOSTER</p> <p>Date 11/15/17</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN P00104736</p> <p>Firm's EIN ▶ 45-0250958</p> <p>Phone no. 918-748-5000</p>

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

DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.

Form 990 (2016)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE PHYSICAL, EMOTIONAL, CHRIST-LIKE CARE TO ENABLE WOMEN AND THEIR CHILDREN TO LIVE GOD-HONORING LIVES.

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 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 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 \$ **879,378.** including grants of \$) (Revenue \$ **66,075.**)
DAYSPRING VILLA IS ONE OF ONLY TWO CERTIFIED SHELTERS FOR BATTERED AND SEXUALLY ASSAULTED WOMEN AND THEIR CHILDREN IN THE TULSA METRO AREA, AND THE ONLY FAITH-BASED CERTIFIED DOMESTIC VIOLENCE SHELTER IN OKLAHOMA. IN APRIL 2012 DAYSPRING VILLA BECAME THE FIRST SHELTER IN OKLAHOMA TO BE CERTIFIED TO HELP ADULT WOMEN OF HUMAN SEX TRAFFICKING. THROUGH SPIRITUAL GUIDANCE, ADVOCACY AND SUPPORT, SOCIAL SERVICES AND GOAL-BASED PROGRAMS, DAYSPRING VILLA HELPS WOMEN IN CRISIS TRANSFORM THEIR LIVES TO EMERGE STRONG, INDEPENDENT AND SELF-SUFFICIENT. DAYSPRING VILLA PROVIDES FOOD, SHELTER, CLOTHING, TRANSPORTATION AND VITAL LIFE TOOLS FOR AS MANY AS 66 WOMEN AND CHILDREN AT RISK AT ONE TIME.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **879,378.**

**DAYSRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

Part IV Checklist of Required Schedules

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

**DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

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Part IV Checklist of Required Schedules *(continued)*

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

Form **990** (2016)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

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
1a 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	14		
b Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a 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?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

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: ▶
RON LUNDIN - (918) 245-4075
P.O. BOX 1588, SAND SPRINGS, OK 74063-1588

**DAYSRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

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) NORA COOK PRESIDENT	3.00	X		X				0.	0.	0.
(2) JOHN NIKKEL VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) RON LUNDIN TREASURER	3.00	X		X				0.	0.	0.
(4) JUDY WHITE SECRETARY	3.00	X		X				0.	0.	0.
(5) SCOTT PALMER BOARD MEMBER	3.00	X						0.	0.	0.
(6) JARENE ROBISON BOARD MEMBER	3.00	X						0.	0.	0.
(7) EDWARD HICKS BOARD MEMBER	3.00	X						0.	0.	0.
(8) ED LUNA BOARD MEMBER	3.00	X						0.	0.	0.
(9) DES BENNETT BOARD MEMBER	3.00	X						0.	0.	0.
(10) BILL COODY BOARD MEMBER	3.00	X						0.	0.	0.
(11) PATTY ECK BOARD MEMBER	3.00	X						0.	0.	0.
(12) CINDY GRAHAM BOARD MEMBER	3.00	X						0.	0.	0.
(13) BOB GREEN BOARD MEMBER	3.00	X						0.	0.	0.
(14) REBECCA RIESS BOARD MEMBER	3.00	X						0.	0.	0.
(15) WILMA LIVELY EXECUTIVE DIRECTOR	45.00			X				64,009.	0.	13,619.

**DAYSPRING VILLA WOMEN AND CHILDREN'S
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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	49,964.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,287,424.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,337,388.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		56,301.			56,301.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		844.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		844.			
	d Net gain or (loss)			844.		844.	
	8 a Gross income from fundraising events (not including \$ 49,964. of contributions reported on line 1c). See Part IV, line 18	a		59,975.			
		b Less: direct expenses	b	35,990.			
		c Net income or (loss) from fundraising events		23,985.			23,985.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISC REVENUE-RELATED	900099		66,075.	66,075.			
b PTP LOSSES	525990		-17,931.		-17,931.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			48,144.				
12 Total revenue. See instructions.			2,466,662.	66,075.	-17,931.	81,130.	

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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
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	64,009.	19,202.	32,005.	12,802.
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	508,366.	397,401.	75,487.	35,478.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	128,142.	94,644.	23,395.	10,103.
10 Payroll taxes	47,464.	34,245.	9,017.	4,202.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,170.		12,170.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	100,080.			100,080.
13 Office expenses	22,182.	5,050.	14,353.	2,779.
14 Information technology				
15 Royalties				
16 Occupancy	56,076.	36,109.	15,288.	4,679.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,848.	101,848.		
23 Insurance	32,320.		32,320.	
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 481 ADJUSTMENT	85,326.	85,326.		
b OTHER PROGRAM EXPENSE	45,670.	45,670.		
c REPAIRS AND MAINTENANCE	38,469.	27,152.	11,317.	
d FOOD	29,585.	29,585.		
e All other expenses	6,948.	3,146.	3,197.	605.
25 Total functional expenses. Add lines 1 through 24e	1,278,655.	879,378.	228,549.	170,728.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**DAYSPRING VILLA WOMEN AND CHILDREN'S
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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
Assets	1 Cash - non-interest-bearing	195,972.	1	128,472.
	2 Savings and temporary cash investments	46,036.	2	670,489.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	5,277.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,446,196.		
	b Less: accumulated depreciation	694,245.		
		1,807,223.	10c	1,751,951.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	410,390.	12	1,421,273.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,459,621.	16	3,977,462.	
Liabilities	17 Accounts payable and accrued expenses	622.	17	117,578.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	622.	26	117,578.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,901,785.	27	3,302,670.
	28 Temporarily restricted net assets	433,568.	28	433,568.
	29 Permanently restricted net assets	123,646.	29	123,646.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,458,999.	33	3,859,884.	
34 Total liabilities and net assets/fund balances	2,459,621.	34	3,977,462.	

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**DAYSPRING VILLA WOMEN AND CHILDREN'S
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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	2,466,662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,278,655.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,188,007.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,458,999.
5	Net unrealized gains (losses) on investments	5	213,103.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-225.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,859,884.

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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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 _____		

Form **990** (2016)

DAYSPRING VILLA WOMEN AND CHILDREN'S

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1026147.	1290929.	1172526.	916,771.	2287424.	6693797.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1026147.	1290929.	1172526.	916,771.	2287424.	6693797.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						965,394.
6 Public support. Subtract line 5 from line 4.						5728403.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1026147.	1290929.	1172526.	916,771.	2287424.	6693797.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,284.	16,314.	28,217.	25,346.	56,301.	138,462.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,835.	49,644.	52,006.	59,196.	48,144.	232,825.
11 Total support. Add lines 7 through 10						7065084.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	81.08 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	87.97 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.

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

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

Section C - Distributable Amount		(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	Distributable Amount. 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).		

DAYSPRING VILLA WOMEN AND CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2016

SHELTER, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

DAYSPRING VILLA WOMEN AND CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2016 SHELTER, INC.

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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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.

Employer identification number

73-1474319

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) (2016)

Name of organization DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.	Employer identification number 73-1474319
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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	_____ _____ _____	\$ <u>272,894.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>457,812.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.	Employer identification number 73-1474319
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.	Employer identification number 73-1474319
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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.**

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization **DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.** **Employer identification number**
73-1474319

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 8/17/06, 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?

Yes No

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)?

Yes No

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

▶ \$ _____

**DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

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) ENDOWMENT FUNDS - TULSA		
(B) COMMUNITY FOUNDATION	12,032.	END-OF-YEAR MARKET VALUE
(C) SCHWAB INVESTMENTS	907,785.	END-OF-YEAR MARKET VALUE
(D) BAPTIST FOUNDATION OF		
(E) OKLAHOMA	21,005.	END-OF-YEAR MARKET VALUE
(F) DAYSPRING VILLA ENDOWMENT		
(G) TRUST	480,451.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,421,273.	

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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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)	
Total. (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

**DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

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	2,715,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	213,103.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	35,990.
e	Add lines 2a through 2d	2e	249,093.
3	Subtract line 2e from line 1	3	2,466,661.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,466,661.

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	1,229,318.
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	35,990.
e	Add lines 2a through 2d	2e	35,990.
3	Subtract line 2e from line 1	3	1,193,328.
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	
b	Other (Describe in Part XIII.)	4b	85,326.
c	Add lines 4a and 4b	4c	85,326.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,278,654.

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 X, LINE 2:

DSV IS ORGANIZED AS AN OKLAHOMA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. DSV IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, DSV IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. WE HAVE DETERMINED THAT DSV IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAVE NOT

Part XIII Supplemental Information (continued)

FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

WE BELIEVE THAT DSV HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. WE WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. DSV'S FORMS 990, 990-T AND OTHER INCOME TAX FILINGS REQUIRED BY STATE, LOCAL, OR NON-U.S. TAX AUTHORITIES ARE NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS BEFORE 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 35,990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 35,990.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

481 ADJUSTMENT TO CHANGE FROM MODIFIED CASH TO ACCRUAL METHOD OF ACCOUNTING 85,326.

DAYSPRING VILLA WOMEN AND CHILDREN'S

Schedule G (Form 990 or 990-EZ) 2016

SHELTER, INC.

73-1474319 Page 2

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ROYAL FEAST (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	109,939.			109,939.
	2 Less: Contributions	49,964.			49,964.
	3 Gross income (line 1 minus line 2)	59,975.			59,975.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,283.			7,283.
	7 Food and beverages	19,200.			19,200.
	8 Entertainment	800.			800.
	9 Other direct expenses	8,707.			8,707.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,990.
11 Net income summary. Subtract line 10 from line 3, column (d)				23,985.	

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
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: _____

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization	DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.	Employer identification number	73-1474319
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FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND THEN HAS THE TREASURER SIGN THE FORM 990. THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 AND REPORT TO THE BOARD AT THE NEXT BOARD MEETING.

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

THE BOARD OF DIRECTORS AND VARIOUS COMMITTEES MONITOR COMPLIANCE OF THIS POLICY. A BOARD MEMBER OR OFFICER OF THE CORPORATION SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF THAT BOARD MEMBER OR OFFICER HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST WHICH MIGHT IMPAIR OR MIGHT APPEAR TO IMPAIR SUCH PERSONS' INDEPENDENT, UNBIASED JUDGMENT IN THE DISCHARGE OF HIS/HER RESPONSIBILITIES TO THE BOARD. A BOARD MEMBER OR CORPORATE OFFICER WITH A CONFLICT OF INTEREST (PERCEIVED OR OTHERWISE) SHALL DECLARE HIS/HER CONFLICT AND REFRAIN FROM ANY FURTHER DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE CONFLICT.

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

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ANNUALLY EVALUATING THE EXECUTIVE DIRECTOR AND DETERMINING THE FINANCIAL COMPENSATION FOR THIS POSITION. WHEN MAKING ALL RECOMMENDATIONS TO THE FINANCE COMMITTEE, THE PERSONNEL COMMITTEE WILL TAKE INTO CONSIDERATION THE FOLLOWING:

ANNUAL SOCIAL SECURITY COLA INCREASE.

Name of the organization DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.	Employer identification number 73-1474319
--	---

COMPARABILITY DATA GATHERED FROM OTHER SIMILAR AGENCIES.

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION.

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

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIALS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2016

Prepared for	Dayspring Villa Women and Children's Shelter, Inc. P.O. Box 1588 Sand Springs, OK 74063-1588
Prepared by	Eide Bailly LLP 810 S Cincinnati Ave, Ste 600 Tulsa, OK 74119-1623
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2017
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1588</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAND SPRINGS, OK 74063-1588</p>	<p>D Employer identification number (Employees' trust, see instructions.) 73-1474319</p> <p>E Unrelated business activity codes (See instructions.) 525990</p>
---	-----------------------------	--	--

C Book value of all assets at end of year: **3,977,462.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **RON LUNDIN** Telephone number ▶ **(918) 245-4075**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

**DAYSPRING VILLA WOMEN AND CHILDREN'S
SHELTER, INC.**

Form 990-T (2016)

73-1474319

Page 2

Part III Tax Computation			
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1) \$	(2) \$	(3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
(2) Additional 3% tax (not more than \$100,000) \$			
c Income tax on the amount on line 34			35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			
			36
37 Proxy tax. See instructions			37
38 Alternative minimum tax			38
39 Tax on Non-Compliant Facility Income. See instructions			39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 0.

Part IV Tax and Payments			
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a	
b Other credits (see instructions)		41b	
c General business credit. Attach Form 3800		41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		41d	
e Total credits. Add lines 41a through 41d		41e	
42 Subtract line 41e from line 40		42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
44 Total tax. Add lines 42 and 43		44	0.
45a Payments: A 2015 overpayment credited to 2016		45a	
b 2016 estimated tax payments		45b	
c Tax deposited with Form 8868		45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)		45d	
e Backup withholding (see instructions)		45e	
f Credit for small employer health insurance premiums (Attach Form 8941)		45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total		45g	
46 Total payments. Add lines 45a through 45g		46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)			
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No	
			X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.			X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$			

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 taxpayer) is based on all information of which preparer has any knowledge.				
Sign Here	<input type="text"/> Signature of officer	<input type="text"/> Date	TREASURER	<input type="text"/> Title
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	CHANDRA FOSTER	CHANDRA FOSTER	11/15/17	PTIN P00104736
	Firm's name EIDE BAILLY LLP	Firm's address 810 S CINCINNATI AVE, STE 600 TULSA, OK 74119-1623		Firm's EIN 45-0250958
				Phone no. 918-748-5000

Form 990-T (2016)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes
			property produced or acquired for resale) apply to		No
5 Total. Add lines 1 through 4b	5		the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ► **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

DAYSPRING VILLA WOMEN AND CHILDREN'S

Form 990-T (2016) **SHELTER, INC.**

73-1474319

Page **5**

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2016)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INVESTMENTS IN PUBLICALLY TRADED PARTNERSHIPS

TO FORM 990-T, PAGE 1

	FOOTNOTES	STATEMENT	2
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SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

LINE 5 INCOME FROM PARTNERSHIPS

WILLIAMS PARTNERS, LP	-7,287.
MAGELLAN MIDSTREAM PARTNERS, LP	0.
ONEOK PARTNERS, LP	-5,340.
ENABLE MIDSTREAM PARTNERS, LP	-5,304.
PTP LOSSES CARRYOVER TO 2017	17,931.
	<hr/>
2016 PARTNERSHIP INCOME	0.
	<hr/> <hr/>

Electronic Filing PDF Attachment

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

► Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

Name of filer (name of parent corporation if a consolidated group) (see instructions) Dayspring Villa Women and Children's Shelter, Inc.	Identification number (see instructions) 73-1474319
Number, street, and room or suite no. If a P.O. box, see the instructions. P.O. Box 1588	Principal business activity code number (see instructions) 624100
City or town, state, and ZIP code Sand Springs, OK 74063-1588	Tax year of change begins (MM/DD/YYYY) 01/01/2016 Tax year of change ends (MM/DD/YYYY) 12/31/2016
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Name of contact person (see instructions) Ron Lundin
	Contact person's telephone number (918) 245-4075

If the applicant is a member of a consolidated group, check this box.

If **Form 2848**, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box.

Check the box to indicate the type of applicant.

<input type="checkbox"/> Individual	<input type="checkbox"/> Cooperative (Sec. 1381)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Controlled foreign corporation (Sec. 957)	<input type="checkbox"/> S corporation
<input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E))	<input type="checkbox"/> Insurance co. (Sec. 816(a))
<input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2))	<input type="checkbox"/> Insurance co. (Sec. 831)
<input checked="" type="checkbox"/> Exempt organization. Enter Code section ► 501(c)(3)	<input type="checkbox"/> Other (specify) ►

Check the appropriate box to indicate the type of accounting method change being requested.

See instructions.

<input type="checkbox"/> Depreciation or Amortization
<input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions
<input checked="" type="checkbox"/> Other (specify) ► <u>Change from Cash to Overall Accrual Method</u>

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes (1) all relevant information requested on this Form 3115 (including its instructions), and (2) any other relevant information, even if not specifically requested on Form 3115. **The taxpayer must attach all applicable statements requested throughout this form.**

Part I Information for Automatic Change Request

		Yes	No
1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions.			
a (1) DCN: <u>122</u> (2) DCN: _____ (3) DCN: _____ (4) DCN: _____ (5) DCN: _____ (6) DCN: _____ (7) DCN: _____ (8) DCN: _____ (9) DCN: _____ (10) DCN: _____ (11) DCN: _____ (12) DCN: _____			
b Other <input type="checkbox"/> Description ► _____			
2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation.			✓
3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions.		✓	
Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.			

Part II Information for All Requests

		Yes	No
4 During the tax year of change, did or will the applicant (a) cease to engage in the trade or business to which the requested change relates, or (b) terminate its existence? See instructions.			✓
5 Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)? If "No," go to line 6a. If "Yes," the applicant cannot file a Form 3115 for this change. See instructions.			✓

Sign Here

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

Signature of filer (and spouse, if joint return) ►	Date	Name and title (print or type) Ron Lundin, Treasurer
--	------	---

Preparer (other than filer/applicant)	Print/Type preparer's name Chandra Foster	Preparer's signature	Date
	Firm's name ► Eide Bailly LLP		

Part II Information for All Requests (continued)		Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? If "No," go to line 7a.		✓
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions.		
c	Enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions. If "No," attach an explanation.	✓	
b	If "Yes," check the applicable box and attach the required statement. <input checked="" type="checkbox"/> Not under exam <input type="checkbox"/> 3-month window <input type="checkbox"/> 120 day: Date examination ended ▶ _____ <input type="checkbox"/> Method not before director <input type="checkbox"/> Negative adjustment <input type="checkbox"/> CAP: Date member joined group ▶ _____ <input type="checkbox"/> Audit protection at end of exam <input type="checkbox"/> Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? If "No," go to line 9.		✓
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions. If "Yes," attach an explanation.		
c	If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c?		
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity?		✓
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the five tax years ending with the tax year of change? If "No," go to line 12.		✓
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s).		✓
13	Is the applicant requesting to change its overall method of accounting? If "Yes," complete Schedule A on page 4 of the form.	✓	

Part II Information for All Requests (continued)		Yes	No						
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of accounting and changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions): a The item(s) being changed. b The applicant's present method for the item(s) being changed. c The applicant's proposed method for the item(s) being changed. d The applicant's present overall method of accounting (cash, accrual, or hybrid).								
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es). b If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe (i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; (iii) the overall method of accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting method as part of this application or a separate application. Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete Lines 16a-c.								
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. b Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. c Include either a discussion of the contrary authorities or a statement that no contrary authority exists.								
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions. If "No," attach an explanation.	✓							
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?	✓							
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st preceding year ended: mo. 12 yr. 2015</td> <td style="width: 33%;">2nd preceding year ended: mo. 12 yr. 2014</td> <td style="width: 33%;">3rd preceding year ended: mo. 12 yr. 2013</td> </tr> <tr> <td style="text-align: right;">\$ 1,085,895</td> <td style="text-align: right;">\$ 1,312,352</td> <td style="text-align: right;">\$ 1,409,818</td> </tr> </table>	1st preceding year ended: mo. 12 yr. 2015	2nd preceding year ended: mo. 12 yr. 2014	3rd preceding year ended: mo. 12 yr. 2013	\$ 1,085,895	\$ 1,312,352	\$ 1,409,818		
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\$ 1,085,895	\$ 1,312,352	\$ 1,409,818							
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo. _____ yr. _____ \$ _____								
Part III Information for Non-Automatic Change Request		N/A							
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.								
21	Attach a copy of all documents related to the proposed change (see instructions).								
22	Attach a statement of the applicant's reasons for the proposed change.								
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation.								
24a	Enter the amount of user fee attached to this application (see instructions). ▶ \$ _____								
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).								

Part IV Section 481(a) Adjustment		Yes	No
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.		✓
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ▶ \$ <u>-85,326</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant.		
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? If "Yes," check the box for the applicable elective provision used to make the election (see instructions). <input type="checkbox"/> \$50,000 de minimis election <input type="checkbox"/> Eligible acquisition transaction election		✓
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		✓

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.) **N/A**

Part I Change in Overall Method (see instructions)																			
1	Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Present method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description) Proposed method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)																		
2	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.																		
	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>a Income accrued but not received (such as accounts receivable)</td> <td style="text-align: right;">\$ 4,815</td> </tr> <tr> <td>b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method.</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>c Expenses accrued but not paid (such as accounts payable).</td> <td style="text-align: right;">-90,141</td> </tr> <tr> <td>d Prepaid expenses previously deducted</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>e Supplies on hand previously deducted and/or not previously reported</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>h Net section 481(a) adjustment (Combine lines 2a–2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26.</td> <td style="text-align: right;">\$ -85,326</td> </tr> </tbody> </table>	Amount		a Income accrued but not received (such as accounts receivable)	\$ 4,815	b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method.	NONE	c Expenses accrued but not paid (such as accounts payable).	-90,141	d Prepaid expenses previously deducted	NONE	e Supplies on hand previously deducted and/or not previously reported	NONE	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.	NONE	g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	NONE	h Net section 481(a) adjustment (Combine lines 2a–2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26.	\$ -85,326
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g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	NONE																		
h Net section 481(a) adjustment (Combine lines 2a–2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26.	\$ -85,326																		
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
4	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with the amounts shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.																		
5	Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a statement that provides the applicant's NAICS code. See instructions.																		

Part II Change to the Cash Method for Non-Automatic Change Request (see instructions)	
Applicants requesting a change to the cash method must attach the following information:	
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
2	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)**N/A**

- 1** If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - a** A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)–(c) of Rev. Proc. 2004-34.
 - c** If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)–(f) of Rev. Proc. 2004-34.
- 2** If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
 - a** A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
 - b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - c** A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)**N/A****Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a** Valuing inventory (for example, unit method or dollar-value method).
 - b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
 - c** Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
 - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

Table with 3 columns: Line number, Description, Present method, Proposed method. Rows include Marketing, selling, advertising, and distribution expenses; Research and experimental expenses; Bidding expenses; General and administrative costs; Income taxes; Cost of strikes; Warranty and product liability costs; Section 179 costs; On-site storage; Depreciation, amortization, and cost recovery allowance; Other costs.

Schedule E—Change in Depreciation or Amortization. See instructions. N/A

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested.

Note: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?
2 Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A?
3 Has a depreciation, amortization, expense, or disposition election been made for the property such as, the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?
4a To the extent not already provided, attach a statement describing the property subject to the change.
b If the property is residential rental property, did the applicant live in the property before renting it?
c Is the property public utility property?
5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method.
6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
a The Code section under which the property is or will be depreciated or amortized.
b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
c The facts to support the asset class for the proposed method.
d The depreciation or amortization method of the property, including the applicable Code section.
e The useful life, recovery period, or amortization period of the property.
f The applicable convention of the property.
g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property.
h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Dayspring Villa Women and Children's Shelter, Inc.
 Identification 73-1474319
 Attachment to Form 3115
 Change 122: Change from Cash Method
 to Overall Accrual Method

Page 3, Part II, Question #15a

Applicant's trade or business is Individual and Family Services, principal business activity code is 624100.

Page 4, Part IV, Question #26

The Section 481(a) adjustment calculation is based on the accrual basis balances at the end of the year prior to the year of the change in the accounting method.

	<u>Applicant</u>
Receivables	\$4,815
Accrued Expenses	(\$90,141)
Net Section 481(a) adjustment	(\$85,326)

The Section 481(a) adjustment is a reduction in taxable income that will be recognized in income in full in the year of change.

Page 4, Schedule A, Part I, Line 2

Adjustment Type	Amount	Notes
Income accrued, but not received (A/R)		
(a)	4,815	Balance at 12/31/15 not including uncollectible amounts
Accounts Receivable		
Income received or reported before it was earned		
(b)	-	
Income Received and Reported before being Earned		
Expenses accrued, but not paid (A/P)		
(c)		
Accounts Payable		
Accrued Payroll Taxes		Employer portion of payroll taxes accrued but not paid in 2015
Accrued Wages	(90,141)	
Accrued Interest		
Accrued Liabilities		
Prepaid expenses		
(d)		
Prepaid Rent		
Prepaid Liability Insurance		

	Prepaid Medical Insurance		Prepaid expenses relating to period not exceeding 12 months after payment
(e)	Supplies on hand previously deducted or not previously reported	-	
(f)	Inventory on hand previously deducted or not previously reported	-	
(g)	Other Amounts	-	
Net Section 481(a) Adjustment		(85,326)	

Page 4, Schedule A, Part I, Line 4

Please find attached a copy of the Applicant's profit and loss statement for the tax year ending December 31, 2015, and a balance sheet for December 31, 2015. The profit and loss statement and balance sheet were prepared using the cash method of accounting.

Client: **147244 - DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER INC**
 Engagement: **TX12-2015 - DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.**
 Period Ending: **12/31/2015**
 Trial Balance: **T.12 - TB - IMPORT FROM AUDIT BINDER**
 Workpaper: **T.10 - Tax Grouping Report 2**

Account	Description	FTAX 12/31/2015
Group : [10-01]	Cash - non-interest-bearing-990	
Subgroup : None		
111000.01	Petty Cash - Women's Shelter	500.00
130000.01	Cash - Operating	192,301.00
130500.01	Debit Account	3,171.00
Subtotal : None		195,972.00
Total [10-01]	Cash - non-interest-bearing-990	195,972.00
Group : [10-02]	Savings and temp. investments-990	
Subgroup : None		
121000.01	Money Market Account - BOK	38,562.00
121500.01	Temporary Cash Investments	7,474.00
Subtotal : None		46,036.00
Total [10-02]	Savings and temp. investments-990	46,036.00
	Current Assets	242,008.00
Group : [10-10A]	Buildings and equipment-990	
Subgroup : None		
140500.01	Building	1,420,408.00
140550.01	Construction in Progress	0.00
141000.01	Furniture	33,428.00
141500.01	Room Furniture & Decor	8,269.00
142000.01	Fence	22,248.00
142500.01	Heat & Air	101,823.00
143000.01	Landscape/Grounds	2,023.00
143500.01	Kitchen Equipment	37,263.00
144000.01	Other Equipment	69,329.00
144500.01	Remodeling	234,222.00
145000.01	Building Improvements	220,886.00
145500.01	Storage Building	10,000.00
146000.01	Roof	78,445.00
146500.01	Vehicles	151,768.00
Subtotal : None		2,390,112.00
Total [10-10A]	Buildings and equipment-990	2,390,112.00

Group : [10-10A.01]	Land-990	
Subgroup : None		
140000.01	Land	5,000.00
Subtotal : None		5,000.00
Total [10-10A.01]	Land-990	5,000.00

Group : [10-10B]	Less accumulated depreciation-990	
Subgroup : None		
147000.01	Accumulated Depreciation	(587,889.00)
Subtotal : None		(587,889.00)
Total [10-10B]	Less accumulated depreciation-990	(587,889.00)

Group : [10-12.01]	Investments-oth secs(ovrd)-990	
Subgroup : None		
123000.01	Endowment - Baptist Foundation of O	1,487.00
123100.01	Trust - Baptist Foundation	2,553.00
123200.01	Trust Baptist Founds.Gain/Loss	15,030.00
123500.01	Baptist Foundation-Gain/Loss	1,911.00
124000.01	Endowment - Tulsa Community Foundat	5,535.00
124500.01	Tulsa Community Found.-Gain/Loss	4,993.00
125000.01	Schwab Investment Acct.	147,040.00
125500.01	Schwab - Gain/Loss	63,862.00
126000.01	Schwab Trust Account	100,295.00
126500.01	Schwab Trust-Gain/Loss	67,684.00
Subtotal : None		410,390.00
Total [10-12.01]	Investments-oth secs(ovrd)-990	410,390.00

Non-Current Assets 2,217,613.00

TOTAL ASSET **2,459,621.00**

Group : [10-17]	Accts payable & accr.exps.-990	
Subgroup : None		
210000.01	Accounts Payable	(276.00)
241000.01	FICA Payable	7.00
242000.01	Medicare Payable	2.00
243000.01	FWH Payable	23.00
244000.01	OWH Payable	(378.00)
Subtotal : None		(622.00)
Total [10-17]	Accts payable & accr.exps.-990	(622.00)

Current Liabilities (622.00)

	Non-Current Liabilities	0.00
		<hr/>
	TOTAL LIABILITY	(622.00)
		<hr/>
Group : [10-27]	Unrestricted net assets-990	
Subgroup : None		
380000.01	Undesignated Fund Balance	(2,067,846.00)
Subtotal : None		(2,067,846.00)
Total [10-27]	Unrestricted net assets-990	(2,067,846.00)
		<hr/> <hr/>
Group : [10-28]	Temp. restricted net assets-990	
Subgroup : None		
310500.01	Designated - Chapel Roof/Steeple	(1,838.00)
310700.01	Designated - Dental Fund	(132.00)
311500.01	Designated - General Fund Raising	(3,240.00)
312500.01	Designated - Guest Moving Out Fund	(1,195.00)
313000.01	Designated - Bible Purchases	(550.00)
314000.01	Designated - Equipment/Furniture	(33,733.00)
314500.01	Designated - Vehicles	(5,957.00)
315500.01	Designated - Vision Project	(6,177.00)
316000.01	Designated - Grounds	(2,777.00)
316500.01	Designated - CCA Funds	(4,006.00)
317000.01	Designated - Children	(8,500.00)
318000.01	Designated - Property Rehab	(17,829.00)
318500.01	Designated - Refurbishing	(7,144.00)
319000.01	Designated - Wish List	(680.00)
320000.01	Designated - Christmas	(346.00)
320500.01	Designated - Childrens Education	(2,032.00)
325000.01	Designated - Endowment Account	(348,191.00)
Subtotal : None		(444,327.00)
Total [10-28]	Temp. restricted net assets-990	(444,327.00)
		<hr/> <hr/>
	Equity	(2,512,173.00)
	NET (INCOME) LOSS	21,023.80
		<hr/>
	TOTAL EQUITY	(2,491,149.20)
		<hr/>
	TOTAL LIABILITY AND EQUITY	(2,491,771.20)
		<hr/> <hr/>
Group : [8-01F]	Contr.recv.-All other-(Cash)-990	
Subgroup : None		
412000.01	Business	(79,619.00)

413000.01	Churches	(256,814.00)
414000.01	Grants	(158,363.00)
415000.01	Individuals	(374,818.00)
431000.01	Memorial Gifts	(26,081.00)
431500.01	Gifts in Honor Of	(7,326.00)
440000.01	Hunger Funds	(13,750.00)
Subtotal : None		(916,771.00)
Total [8-01F]	Contr.recv.-All other-(Cash)-990	(916,771.00)

Revenues (916,771.00)

Group : [8-03B.01]	Dividend income-Related-990	
Subgroup : None		
454000.01	Investment Income	(25,196.47)
Subtotal : None		(25,196.47)
Total [8-03B.01]	Dividend income-Related-990	(25,196.47)

Group : [8-03B.02]	Interest income-Related-990	
Subgroup : None		
453000.01	Interest Income	(150.00)
Subtotal : None		(150.00)
Total [8-03B.02]	Interest income-Related-990	(150.00)

Group : [8-07DB]	Net gain(loss)(ovrd)-Rel-990	
Subgroup : None		
450000.01	Gain/Loss on Sale of Assets	(934.39)
Subtotal : None		(934.39)
Total [8-07DB]	Net gain(loss)(ovrd)-Rel-990	(934.39)

Group : [8-11B]	Misc. revenue-Related-990	
Subgroup : [8-11B.03]	Director's Speaking Honorariums	
431600.01	Speaking Honorariums	(3,908.00)
Subtotal [8-11B.03]	Director's Speaking Honorariums	(3,908.00)

Subgroup : [8-11B.04]	Other Income	
452000.01	Unrealized Gain/Loss on Investments	(115.34)
480000.01	Other Income	(55,173.00)
Subtotal [8-11B.04]	Other Income	(55,288.34)

Subgroup : [8-11B.05]	Fundraising	
431800.01	Royal Feast Fund Raiser Income	(129,409.00)
432000.01	Golf/Bass Tournament	0.00
581500.01	Bass/Golf Tournament Expense	0.00

581900.01	Royal Feast Fund Raiser Expense	45,761.00
9999-1	Garage Sale Income	0.00
Subtotal [8-11B.05]	Fundraising	(83,648.00)
Total [8-11B]	Misc. revenue-Related-990	(142,844.34)
	Other Income	(169,125.20)
	TOTAL REVENUE	(1,085,896.20)
	Cost of Sales	0.00
Group : [9-05B]	Comp.of officers-ProgServ-990	
Subgroup : None		
511000.01	Director's Salary	64,495.00
Subtotal : None		64,495.00
Total [9-05B]	Comp.of officers-ProgServ-990	64,495.00
Group : [9-07B]	Oth.salaries&wages-ProgServ-990	
Subgroup : None		
512000.01	Asst.Director Wages	51,923.00
512500.01	Volunteer Coordinator Wages	10,675.00
513000.01	Case Manager Wages	105,480.00
514000.01	Bookkeeper Wages	24,284.00
515000.01	Maintenance Wages	11,366.00
516000.01	Secretary Wages	5,387.00
518000.01	Dev. Coord. Wages	9,756.00
520000.01	Licensed Counselor Wages	7,100.00
521000.01	Housestaff Wages	208,261.00
521001.01	Housestaff Overtime	5,767.00
Subtotal : None		439,999.00
Total [9-07B]	Oth.salaries&wages-ProgServ-990	439,999.00
Group : [9-09B]	Oth emp benefits-ProgServ-990	
Subgroup : None		
511020.01	Director's Benefits	9,674.00
511030.01	Director's Christmas Gift	750.00
511050.01	Director's Professional Expense	855.00
511060.01	Director's Seminar/Training Expense	114.00
512020.01	Asst. Director's Christmas Gift	150.00
512030.01	Asst.Director Benefits	7,788.00
512060.01	Asst.Director Training	114.00
512520.01	Volunteer Coord.Christmas Gift	0.00

512530.01	Volunteer Coordinator Benefits	1,717.00
512560.01	Volunteer Coord.Seminar/Training	0.00
513030.01	Case Managers Christmas Gift	350.00
513060.01	Case Manager Seminar/Training	474.00
513070.01	Case Manager Benefits	15,538.00
514030.01	Bookkeeper Christmas Gift	100.00
514050.01	Bookkeeper Benefits	3,696.00
514060.01	Bookkeeper Seminar/Training	114.00
515045.01	Maintenance Christmas Gift	100.00
516030.01	Secretary Benefits	251.00
516060.01	Secretary Seminar/Training Expense	0.00
516065.01	Secretary Christmas Gift	0.00
518030.01	Dev. Coord. Benefits	1,209.00
518060.01	Dev. Coord. Seminar/Training Exp.	55.00
518080.01	Christmas Gift	75.00
521030.01	Housestaff - Benefits	27,355.00
521060.01	Housestaff Seminars/Training Expens	1,249.00
521075.01	Housestaff Christmas Gifts	625.00
532021.01	Summer Missionary	471.00
532060.01	Live-in Staff Seminar/Training	0.00
533000.01	Staff Food/Meals	4,583.00
533500.01	Staff Meals -Special Occasions-Out	0.00
534000.01	Background Checks	0.00
535000.01	Volunteer Staff Assistance	0.00
536000.01	Volunteer Program Expense	0.00
537000.01	Worker's Comp. Insurance	20,644.00
539000.01	All Staff Business Travel Expenses	2,121.00
539500.01	Chaplaincy Services	8,844.00
Subtotal : None		109,016.00
Total [9-09B]	Oth emp benefits-ProgServ-990	109,016.00

Group : [9-10B]	Payroll taxes-ProgServ-990	
Subgroup : None		
511010.01	Director's FICA/Med Expense	5,731.00
512010.01	Asst.Director FICA/Med	4,568.00
512510.01	Volunteer Coordinator FICA/Med Exp	929.00
513010.01	Case Manager FICA/Med Expense	8,876.00
514010.01	Bookkeeper FICA/Med Expense	2,016.00
515010.01	Maintenance FICA/Med Expense	869.00
516010.01	Secretary FICA/Med Expense	412.00
518010.01	Dev. Coord. FICA/Med	858.00
521010.01	Housestaff FICA/Med Expense	17,937.00
Subtotal : None		42,196.00
Total [9-10B]	Payroll taxes-ProgServ-990	42,196.00

Group : [9-11BC]	Legal fees-Mngmnt-990	
Subgroup : None		
564000.01	Legal & Professional Expense	0.00
Subtotal : None		0.00
Total [9-11BC]	Legal fees-Mngmnt-990	0.00

Group : [9-11CC]	Accounting fees-Mngmnt-990	
Subgroup : None		
560500.01	Audit Expense	10,800.00
Subtotal : None		10,800.00
Total [9-11CC]	Accounting fees-Mngmnt-990	10,800.00

Group : [9-12B]	Advertising-ProgServ-990	
Subgroup : None		
544000.01	Fundraising Promotions	114,647.00
Subtotal : None		114,647.00
Total [9-12B]	Advertising-ProgServ-990	114,647.00

Group : [9-13B]	Office expenses-ProgServ-990	
Subgroup : None		
550500.01	Bank/Credit Card Charges	5,451.00
551000.01	Computer Maintenance/Software	3,120.00
552000.01	Copier Maintenance/Supplies	1,759.00
552300.01	Internet/Cable	1,812.00
552500.01	Miscellaneous Expense	253.00
553100.01	Office Equipment - New	320.00
553500.01	Postage	1,394.00
553800.01	Subscriptions	641.00
554000.01	Office Supplies	4,695.00
555000.01	Telephone	4,331.00
561000.01	Cell Phones	2,464.00
Subtotal : None		26,240.00
Total [9-13B]	Office expenses-ProgServ-990	26,240.00

Group : [9-16B]	Occupancy-ProgServ-990	
Subgroup : None		
571500.01	Electricity	26,991.00
572400.01	Building Supplies	5,858.00
573000.01	Gas/Heating	11,970.00
574000.01	Lawn Care/Seasonal Plants	112.00
575500.01	Pest Control	1,065.00
576000.01	Plumbing	2,159.00
578000.01	Water	16,673.00
Subtotal : None		64,828.00

Total [9-16B]	Occupancy-ProgServ-990	64,828.00
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Group : [9-22B]	Depreciation(ovrd)-ProgServ-990	
Subgroup : None		
581000.01	Depreciation	91,753.00
Subtotal : None		91,753.00
Total [9-22B]	Depreciation(ovrd)-ProgServ-990	91,753.00
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Group : [9-24B]	Other expenses-ProgServ-990	
Subgroup : [9-24.01]	OTHER PROGRAM EXPENSES	
540500.01	Benevolence	5,948.00
540600.01	Benevolence - Medical	839.00
540700.01	Children's Program Expenses	1,727.00
540800.01	Diapers	281.00
541000.01	Educational Supplies	330.00
543000.01	Health/Hygiene Products	576.00
543500.01	Medicine/Medical	535.00
544500.01	Recreation	668.00
545500.01	Kitchen Supplies	3,436.00
572700.01	Designated Funds	36,840.00
Subtotal [9-24.01]	OTHER PROGRAM EXPENSES	51,180.00
<hr/>		
Subgroup : [9-24.02]	OTHER OPERATING	
564500.01	Licenses/Permits/Dues	726.00
Subtotal [9-24.02]	OTHER OPERATING	726.00
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Subgroup : [9-24.05]	EQUIPMENT RENTAL & MAINT	
542000.01	Equipment Purchases	0.00
565500.01	Vehicles Maintenance/Repairs	1,473.00
572000.01	Equipment Repair	605.00
573500.01	Heating/Air Maintenance	19,158.00
575000.01	Other Maintenance	5,540.00
576500.01	Roof & Building Maintenance	0.00
579000.01	Security & Security Maintenance	1,217.00
Subtotal [9-24.05]	EQUIPMENT RENTAL & MAINT	27,993.00
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Subgroup : [9-24.06]	AUTO EXPENSE	
561700.01	Gasoline Expense	5,108.00
561800.01	Mileage Reimbursement	0.00
Subtotal [9-24.06]	AUTO EXPENSE	5,108.00
<hr/>		
Subgroup : [9-24.07]	MEALS	
540900.01	Formula/Baby Food	0.00
542500.01	Resident's Food/Meals	27,077.00
Subtotal [9-24.07]	MEALS	27,077.00
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Subgroup : [9-24.08]	INSURANCE	
562000.01	Insurance-Building, Contents & Auto	25,474.00
562500.01	Insurance - Director's & Officers	1,421.00
563000.01	Insurance -Liability/Umbrella	3,967.00
Subtotal [9-24.08]	INSURANCE	<u>30,862.00</u>
Total [9-24B]	Other expenses-ProgServ-990	<u>142,946.00</u>
	Operating Expenses	<u>1,106,920.00</u>
	Other Expenses	<u>0.00</u>
	TOTAL EXPENSE	<u>1,106,920.00</u>
	NET (INCOME) LOSS	<u><u>21,023.80</u></u>
	Sum of Account Groups*	(32,150.20)

* The Sum of Account Groups total does not include any groups assigned to the MEM classification.

FILING FEE:

INITIAL/RENEWAL -

\$65.00 for contributions exceeding \$10,000.00
\$15.00 for contributions that do not exceed \$10,000.00

UPDATE/AMENDED - \$25.00

PRINT CLEARLY

Registration Statement of Charitable Organization

Initial Registration Renewal Update

Oklahoma Secretary of State, 421 N.W. 13th, Suite 210, Oklahoma City, OK 73103
Telephone: (405)-522-2520

1. The legal name of the charitable organization:

DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER, INC.

2. Any trade name(s) the charitable organization uses, any other name the organization may be identified or known as, and any distinctive names the organization uses for the purposes of solicitation of contributions:

Baptist Women and Children's Shelter, Inc.

3. The mailing address of the charitable organization:

P.O. BOX 1588 SAND SPRINGS, OK 74063

Street

City

State

Zip Code

4. The period(s) of time during which such solicitation is to be conducted:

YEAR ROUND

5. An identification of the specific method or methods of solicitation utilized by the charitable organization and its agents:

personal contact

direct mail

telephone

television

radio

other FUNDRAISING EVENTS

6. Solicitation will be conducted by the following for or on behalf of the charitable organization:

Professional Fundraisers

Employees or volunteers of the charitable organization

and/or Others

7. The purposes for which the contributions solicited or accepted are to be used:

TO PROVIDE SHELTER TO WOMEN AND CHILDREN

8. The name and mailing address of each professional fundraiser or professional solicitor that will have custody of the contributions:

NONE

Name	Address	City	State	Zip Code
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9. Each person associated with a professional fundraiser, professional solicitor or charitable organization that is directly responsible for the payment and distribution of funds collected:

WILMA LIVELY	P.O. BOX 1588	SAND SPRINGS	OK	74063-1588
Name	Address	City	State	Zip Code

10. The name and mailing address of each professional fundraising counsel utilized by the charitable organization:

NONE

Name	Address	City	State	Zip Code
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11. For charitable organizations that register for the first time, a statement whether or not the charitable organization believed contributions for the first year of registration will exceed Ten Thousand Dollars (\$10,000.00)

Yes

No

REQUIRED FINANCIAL INFORMATION

12. The gross amount of the contributions, gifts, grants and other similar amounts received by the charitable organization:

2,287,424

13. The total Program Service Expenses of the charitable organization:

826,372

14. The total Management and General Expenses of the charitable organization:

196,229

15. The total Fundraising Expenses of the charitable organization:

170,728

16. The aggregate amount paid, or payable, to professional fundraisers and professional fundraising counsel:

0

REQUIRED ATTACHMENTS

17. If the solicitation is to be conducted in whole or in part by professional fundraisers, you **must** complete and attach Form 101A, the Professional Fundraiser information page, to the Registration Statement.
18. A copy of Form 990 as filed by the charitable organization for the most recently completed fiscal year; or for the initial registration of a newly formed charitable organization, a copy of a letter from the Internal Revenue Service, or other evidence, showing the that such organization is exempt from federal income taxation; or, for a charitable organization that has not applied for federal income tax exemption with the Internal Revenue Service or is not required to apply for federal income tax exemption, evidence showing that said charitable organization is organized in any state or jurisdiction as a not-for-profit entity.
19. The name and mailing address of each officer, director, trustee, and/or equivalent, and each salaried executive employee of the charitable organization.

EXECUTION AND ACKNOWLEDGMENT

Any registration form required to be filed under this section shall be executed by signature, without more, of the person or persons signing the form.

I, the undersigned, under penalty of perjury, have caused this registration to be executed this ____ day of _____, _____; and that the contents of the application are true and complete.

Signature

Type or Print Name

Title

DaySpring Villa Women Children's Shelter, Inc.
Board of Directors

2016

Name	Address	City	Zip	Home	Business	Fax	Church	E-Mail
Des Bennett	8608 E. 103rd St.	Tulsa	74133	809-6149	496-8118	496-0980	Living Oaks	desbennett@sbcglobal.net
Bill Coody	1309 W. Jackson Place	Broken Arrow	74012	251-8679	809-6104 C		Arrow Heights	wcoody1@cox.net
Nora Cook	14518 S. 53rd E. Ave.	Bixby	74008	366-2452			First, Tulsa	cooknot9o7@yahoo.com
Patty Eck	2445 E. 31st Street	Tulsa	74105	808-4680	599-9901		Parkview	peck@eckchapter13.com
Cindy Graham	3248 East 93rd Street	Tulsa	74137	770-3120			The Kirk	grahamcindyL@gmail.com
Bob Green	16620 E. 127th Street	Broken Arrow	74011	455-4673			Arrow Heights	baylorgrad65@gmail.com
Edward Hicks	5648 S. Delaware Place	Tulsa	74105	749-2195	606-1506 C		First, Tulsa	ejhicks3@yahoo.com
Ed Luna	4819 E. 112th St.	Tulsa	74137	298-1039	639-0670 C		First, Tulsa	edwano@aol.com
Ron Lundin	201 W. 46th Street	Sand Springs	74063	514-4323	592-5674	592-2530	Trinity, Tulsa	ronlundin@elitesbsolutions.com
John Nikkel	7404 S. Yale Ave.	Tulsa	74136	492-8356	878-7410	878-7419	Southern Hills	ign@nikeexpl.com
Scott Palmer	155 N. 65 W. Ave.	Tulsa	74127	241-3069	245-2241	241-9573	Olivet	scott@olivetonline.com
Rebecca Riess	10708 S. Forest Ave.	Jenks	74037	296-0882	231-7859 C		St. Bernard's	riess1@cox.net
Jarene Robison	6344 W. Riverview Dr.	Tulsa	74107	446-0685	859-2960 C		First, Tulsa	jarenerobison@att.net
Judy White	3008 E. 87th St.	Tulsa	74137	299-9280	639-7231	296-9170	South Tulsa	dougjudyw@aol.com
Wilma Lively	P. O. Box 1588	Sand Springs	74063	241-4122	740-2016 C		Olivet	wlightly@dayspringvilla.com