

Return of Organization Exempt from Income Tax

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

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

B Check if applicable: C Name of organization RELIEF AFTER VIOLENT ENCOUNTER - IONIA

D Employer identification number ***-0056

E Telephone number 616-527-3351

F Name and address of principal officer: JENNIFER BUTLER

G Gross receipts \$ 526,853

H(a) Is this a group return for subordinates? Yes [X] No []

H(b) Are all subordinates included? Yes [] No [X]

I Tax-exempt status: [X] 501(c)(3) [] 501(c) () 4947(a)(1) or 527

J Website: WWW.RAHEIM.ORG

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Year of formation: 2001 M State of legal domicile: MI

1 Briefly describe the organization's mission or most significant activities: WORK TO ELIMINATE THE CRIMES OF DOMESTIC AND SEXUAL VIOLENCE THROUGH PROGRAMS, SUPPORT AND ADVOCACY.

2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 9

4 Number of independent voting members of the governing body (Part VI, line 1b) 9

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 26

6 Total number of volunteers (estimate if necessary) 39

7 a Total unrelated business revenue from Part VIII, column (C), line 12 0

7 b Net unrelated business taxable income from Form 990-T, line 34 0

8 Contributions and grants (Part VIII, line 1h) 472,460

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 473

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,331

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 510,264

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 714

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 424,635

16a Professional fundraising fees (Part IX, column (A), line 1e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) 111,631

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 536,980

19 Revenue less expenses. Subtract line 18 from line 12 -26,716

20 Total assets (Part X, line 16) 385,573

21 Total liabilities (Part X, line 26) 45,920

22 Net assets or fund balances. Subtract line 21 from line 20 339,653

Part II Signature Block

Print/Type preparer's name BRANDY L. TERWILLIGER, CP

Preparer's signature BRANDY L. TERWILLIGER

Date 07/10/19

Firm's name MANER COSTERISAN PC

Firm's address 2425 E. GRAND RIVER, SUITE 1

LANISING, MI 48912-3291

Phone no. 517-323-7500

Firm's EIN ***-7642

PTIN P00645694

Check if self-employed []

Signature of officer JENNIFER BUTLER, EXECUTIVE DIRECTOR

Date 7/10/19

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.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADDRESS THE EFFECTS OF DOMESTIC VIOLENCE AND SEXUAL VIOLENCE; TO

PROMOTE INDIVIDUAL DIGNITY, RESPECT, AND SAFETY; TO EMPOWER AND

SUPPORT SURVIVORS BY PROVIDING SHELTER, COUNSELING AND ADVOCACY; AND

TO BE AN AGENT FOR SOCIAL CHANGE IN THE COMMUNITY.

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.

Yes No

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 \$ 117,778. Including grants of \$ 662.) (Revenue \$)

PROVIDED INDIVIDUALS WITH COUNSELING, COURT ADVOCACY, CRISIS

INTERVENTION, SUPPORT SERVICES, AND ANSWERED CRISIS AND INFORMATION

CALLS.

4b (Code:) (Expenses \$ 147,979. Including grants of \$) (Revenue \$)

PROVIDED SHELTER AND RELATED SERVICES TO WOMEN AND CHILDREN.

4c (Code:) (Expenses \$ 36,239. Including grants of \$) (Revenue \$)

PROVIDED SURVIVOR EMERGENCY RESPONSE ADVOCATE SERVICES - SFRA.

4d Other program services (Describe in Schedule O.)

4e Total program service expenses 301,996.

(Expenses \$) (Revenue \$)

Part IV Checklist of Required Schedules

1	2	3	4	5	6	7	8	9	10	11	a	b	c	d	e	f	g	h	12a	b	13	14a	b	15	16	17	18	19

Part IV Checklist of Required Schedules (continued)

Form 990 (2017)	Yes	No	20a
	X		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
	X		b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
	X		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? If "Yes," complete Schedule I, Parts I and II
	X		22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
	X		23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
	X		24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II
	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 or any of these persons? If "Yes," complete Schedule L, Part III
	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):
	X		a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
	X		b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
	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? If "Yes," complete Schedule L, Part IV
	X		29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
	X		30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
	X		31 Did the organization liquidate, terminate, or dissolve and cease operations?
	X		32 If "Yes," complete Schedule N, Part I
	X		32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
	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? If "Yes," complete Schedule R, Part I
	X		34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
	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)? If "Yes," complete Schedule R, Part V, line 2
			36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
	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? If "Yes," complete Schedule R, Part VI
	X		38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

1a		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	1a	0
1b		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1b	0
1c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
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	26	2a	26
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b		If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	
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)?		4a	X
b		If "Yes," enter the name of the foreign country: ▶		4b	
b		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		4c	
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c		If "Yes," to line 5a or 5b, did the organization file Form 8866-T?		5c	
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?		6a	X
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7		Organizations that may receive deductible contributions under section 170(c).		7a	
a		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?		7a	X
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d		If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8		Sponsoring organizations maintaining donor advised funds.		8	
a		Sponsoring organization have excess business holdings at any time during the year?		8a	
b		Did the sponsoring organization make any taxable distributions under section 4966?		8b	
9		Sponsoring organizations maintaining donor advised funds.		9a	
a		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10		Section 501(c)(7) organizations. Enter:		10a	
a		Initiation fees and capital contributions included on Part VIII, line 12		10b	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10c	
11		Section 501(c)(12) organizations. Enter:		11a	
a		Gross income from members or shareholders		11b	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11c	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	
a		Is the organization licensed to issue qualified health plans in more than one state?		13b	
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13c	
c		Enter the amount of reserves on hand		13d	
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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.

Section A. Governing Body and Management

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

Table with 2 columns: Question (1a-9) and Yes/No. 1a: Enter the number of voting members of the governing body at the end of the tax year. 1b: Enter the number of voting members included in line 1a, above, who are independent.

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

Table with 2 columns: Question (1a-9) and Yes/No. 1a: Did the organization have local chapters, branches, or affiliates? 1b: Did the organization have a written conflict of interest policy? 1c: Did the organization regularly and consistently monitor and enforce compliance with the policy?

Section C. Disclosure

Table with 2 columns: Question (10a-16b) and Yes/No. 10a: Did the organization have local chapters, branches, or affiliates? 11a: Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a: Did the organization have a written conflict of interest policy?

17 List the states with which a copy of this Form 990 is required to be filed MI
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.
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.

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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- 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 compensation amount of other organizations and related organizations
(1) MARIA BLACKMER	1.00	Individual trustee or director	0.	0.	0.
(2) BETTY KELLEMBERGER	1.00	Individual trustee or director	0.	0.	0.
BOARD MEMBER					
(3) MICHELLE LYONS	1.00	Individual trustee or director	0.	0.	0.
BOARD MEMBER					
(4) GARY VALENTINE	1.00	Individual trustee or director	0.	0.	0.
BOARD MEMBER					
(5) VICTORIA SIMON	1.00	Individual trustee or director	0.	0.	0.
BOARD MEMBER					
(6) DENISE HUBBARD	1.00	Individual trustee or director	0.	0.	0.
BOARD MEMBER					
(7) COLLEEN HOGLE	1.00	Individual trustee or director	0.	0.	0.
TREASURER					
(8) DEBRA ALEXANDER	1.00	Individual trustee or director	0.	0.	0.
VICE PRESIDENT					
(9) CHRISTINE FELDE	5.00	Individual trustee or director	0.	0.	0.
PRESIDENT					
(10) JENNIFER BUTLER	40.00	Individual trustee or director	67,053.	0.	1,374.
EXECUTIVE DIRECTOR					

Statement of Revenue

Part VIII

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

(A)	(B)	(C)	(D)
Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
516,320.			
Contributions, Gifts, Grants and Other Similar Amounts			
1a			
1b			
1c			
1d			
1e			
1f			
g			
h			

Program Service Revenue			
2a			
b			
c			
d			
e			
f			
g			
3			
4			
5			

6a			
b			
c			
d			
7a			
b			
c			
d			
8a			
b			
c			
9a			
b			
c			
10a			
b			
c			

11a			
b			
c			
d			
e			
12			

11a			
b			
c			
d			
e			
12			

11a			
b			
c			
d			
e			
12			

11a			
b			
c			
d			
e			
12			

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.			
(A)	(B)	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	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	662.	
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	62,437.	6,937.
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	134,483.	178,724.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		
9	Other employee benefits	9,697.	9,190.
10	Payroll taxes	17,692.	15,094.
11	Fees for services (non-employees):		
a	Management		
b	Legal		
c	Accounting	2,500.	2,600.
d	Lobbying		
e	Professional fundraising services. See Part IV, line 17		
f	Investment management fees		
g	Other. (If line 1g amount exceeds 10% of line 25, column (A) amount, list line 1g expenses on Sch O.)	862.	
12	Advertising and promotion		
13	Office expenses	17,374.	1,304.
14	Information technology		
15	Royalties		
16	Occupancy	14,833.	695.
17	Travel	9,939.	292.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings	1,609.	64.
20	Interest		
21	Payments to affiliates		
22	Depreciation, depletion, and amortization	12,819.	
23	Insurance	12,241.	3,559.
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	COMMUNICATION	9,349.	856.
b	MISCELLANEOUS	968.	690.
c	FOOD	687.	
d			
e	All other expenses		
25	Total functional expenses. Add lines 1 through 24e	301,996.	220,005.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	522,001.	0.

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

Part IX Statement of Functional Expenses

RELIEF AFTER VIOLENT ENCOUNTER - IONIA

MONTCALM, INC.

Form 990 (2017)

Part X Balance Sheet

Page 11 ***0056

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

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	114,709.	108,375.
2	Savings and temporary cash investments	53,156.	53,800.
3	Pledges and grants receivable, net		
4	Accounts receivable, net	25,266.	53,500.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
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		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	912.	1,440.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	361,706.	
	10a		
	10b	182,995.	
b	Less: accumulated depreciation	191,530.	178,711.
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 34)	385,573.	395,826.
17	Accounts payable and accrued expenses	19,253.	20,407.
18	Grants payable		
19	Deferred revenue	26,667.	33,138.
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		
23	Complete Part II of Schedule L		
24	Secured mortgages and notes payable to unrelated third parties		
25	Unsecured notes and loans payable to unrelated third parties		
26	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		
27	Total liabilities. Add lines 17 through 25	45,920.	53,545.
28	Temporarily restricted net assets		
29	Permanently restricted net assets		
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	339,653.	342,281.
34	Total liabilities and net assets/fund balances	385,573.	395,826.

Form 990 (2017)

732011 11-28-17

15000710 755817 E11710

Form 990 (2017)

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

2b Were the organization's financial statements audited by an independent accountant? Yes No

2c 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? Yes No

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? Yes No

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

Part XIII Financial Statements and Reporting

1	Total revenue (must equal Part VIII, column (A), line 12)	524,629.
2	Total expenses (must equal Part IX, column (A), line 25)	522,001.
3	Revenue less expenses. Subtract line 2 from line 1	2,628.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	339,653.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	342,281.

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

Part XI Reconciliation of Net Assets

Form 990 (2017) MONTCALM, INC. ***0056 Page 12

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	481,713.	470,001.	534,648.	472,460.	516,320.	2475142.
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	481,713.	470,001.	534,648.	472,460.	516,320.	2475142.
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 1, column (f)						
6 Public support. Subtract line 5 from line 4.						2475142.

Section B. Total Support

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total

7 Amounts from line 4 481,713. 470,001. 534,648. 472,460. 516,320. 2475142.

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0. 0. 559. 473. 644. 1,676.

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) 9,960. 11,293. 11,204. 37,331. 9,889. 79,677.

11 Total support. Add lines 7 through 10 481,713. 470,001. 534,648. 472,460. 516,320. 2475142.

12 Gross receipts from related activities, etc. (see instructions) 2556495.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	96.82%
15 Public support percentage from 2016 Schedule A, Part II, line 14	98.35%

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2016. If the 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

17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2016. 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total

1	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1						
2						
3						
4						
5						
6						
7a						
8						
Public support. (Subtract line 7c from line 6.)						

9	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9						
10a						
10b						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

RELIEF AFTER VIOLENT ENCOUNTER - IONIA

Schedule A (Form 990 or 990-EZ) 2017 MONTCALM, INC.

***0056 Page 6

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

1 Net short-term capital gain

2 Recoveries of prior-year distributions

3 Other gross income (see instructions)

4 Add lines 1 through 3

5 Depreciation and depletion

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)

7 Other expenses (see instructions)

8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

1		(A) Prior Year	(B) Current Year (optional)
2			
3			
4			
5			
6			
7			
8			

Section B - Minimum Asset Amount

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

b Average monthly cash balances

c Fair market value of other non-exempt-use assets

d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI):

1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

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

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)

2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

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).

- 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 *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. \$
- 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)(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)(v), 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.

Special Rules

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.

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

- Filters of:** Section: 501(c) 3 (enter number) organization Form 990 or 990-EZ
- 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

Organization type (check one):

Name of the organization RELIEF AFTER VIOLENT ENCOUNTER - IONIA MONTCALM, INC.	** - * * * * 0056
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	2017 OMB No. 1545-0047
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Name of organization: RELIEF AFTER VIOLENT ENCOUNTER - IONIA
 Employer identification number: ***-***0056

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	DEPARTMENT OF HEALTH & HUMAN SERVICE PO BOX 30025 LANSING, MI 48909	\$ 438,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	FERMA 550 C STREET SW WASHINGTON, DC 20472	\$ 16,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
3	UNITED WAY MONTCALM-IONIA 10260 S SHERIDAN RD FENWICK, MI 48834	\$ 13,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization
 RELIEF AFTER VIOLENT ENCOUNTER - IONIA
 MONTCALM, INC.
 Employer identification number
 ***-**-0056

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization **RELIEF AFTER VIOLENT ENCOUNTER - IONIA MONTCALM, INC.**
Employer identification number ****-***0056**

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? Yes 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? Yes 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)
 Protection of natural habitat
 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.

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

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)? 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

(iii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

Amount	1c	1d	1e	1f
	Beginning balance	Additions during the year	Distributions during the year	Ending balance

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

3a(ii)	3a(iii)	3b
Yes		
No		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 1a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	328,037.	152,588.	175,449.	
c Leasehold improvements				
d Equipment	33,669.	30,407.	3,262.	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B), line 10c.)				178,711.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows for (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows for (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for (1) Federal income taxes, (2) through (9), and a Total row.

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.

RELIEF AFTER VIOLENT ENCOUNTER - IONIA

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		Direct Expenses	
	1	2	3	4
1 Gross receipts	11,742.	8,821.	2,921.	
2 Less: Contributions				
3 Gross income (line 1 minus line 2)				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	175.			
7 Food and beverages	376.			
8 Entertainment				
9 Other direct expenses	696.			
10 Direct expense summary. Add lines 4 through 9 in column (d)	1,247.			
11 Net income summary. Subtract line 10 from line 3, column (d)	1,674.			

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		Direct Expenses		Volunteer labor	
	1	2	3	4	Yes %	No %
1 Gross revenue						
2 Cash prizes						
3 Noncash prizes						
4 Rent/facility costs						
5 Other direct expenses						
6 Volunteer labor						
7 Direct expense summary. Add lines 2 through 5 in column (d)						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)						

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

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

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

organization's own exempt activities during the tax year \$ _____

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Director/officer Employee Independent contractor

16 Gaming manager information:

Name _____

Address _____

Description of services provided _____

Gaming manager compensation \$ _____

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party: _____

Name _____

Address _____

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: _____

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility _____

b An outside facility _____

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

11 Does the organization conduct gaming activities with nonmembers? Yes No

13a	%
13b	%

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

Multiple horizontal lines for supplemental information.

ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

NO-CONFLICT POLICY ANNUALLY. SIGNED DOCUMENTS ARE KEPT ON FILE.

CONFLICTS OF INTEREST AS THEY MAY ARISE. INDIVIDUALS ARE REQUIRED TO SIGN A

BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL

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

BOARD MEMBERS REVIEW THE 990 AT A SCHEDULED BOARD MEETING.

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

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

RELIEF AFTER VIOLENT ENCOUNTER - IONIA MONTCALM, INC.

Employer identification number ***-**-0056

Open to Public Inspection

2017

OMB No. 1545-0047

IRS e-file Signature Authorization for an Exempt Organization

2017

For calendar year 2017, or fiscal year beginning OCT 1, 2017, and ending SEP 30, 2018

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization RELIEF AFTER VIOLENT ENCOUNTER - IONIA

Name and title of officer JENNIFER BUTLER

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 524,629.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9)
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22)
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5)
5a Form 8868 check here [] b Balance Due (Form 8868, line 3c)

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment or taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MANER, COSTERISAN PC

to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

As my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 7/10/19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38015712345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MANER, COSTERISAN PC

Date 07/10/19

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

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

OMB No. 1545-1709

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. RELIEF AFTER VIOLENT ENCOUNTER - IONIA
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 93
Enter the Return Code for the return that this application is for (file a separate application for each return)	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IONIA, MI 48846
Return Code	01

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

- The books are in the care of ▶ P.O. BOX 93 - IONIA, MI 48846
 Telephone No. ▶ 616-527-3351
 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension is for.
- 1 I request an automatic 6-month extension of time until AUGUST 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year OCT 1, 2017 or
 - ▶ tax year beginning SEP 30, 2018 and ending SEP 30, 2018
- 2 If the year entered in line 1 is for less than 12 months, check reason:
 - Change in accounting period
 - Initial return
 - Final return

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Form 8868 (Rev. 1-2017)