## Form **990**

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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.

2016 Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number VAIL VETERANS FOUNDATION INC. ]Name |change Doing business as 20-5254885 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (970) 476-4906 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende 1,907,369, VAIL CO 81658 H(a) Is this a group return Applica-F Name and address of principal officer:NANCI NORTHWAY for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: x 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.VAILVETERANSPROGRAM.ORG H(c) Group exemption number K Form of organization: x Corporation Trust Association Other > L Year of formation: 2006 M State of legal domicile; co Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE MILITARY INJURED AND Activities & Governance THEIR FAMILIES INNOVATIVE AND TRANSFORMATIONAL PROGRAMS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 49 b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 1,102,975 1,828,891. Program service revenue (Part VIII, line 2g) n 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10.723 33,976. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,113,698 1,862,867, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 132,456 177.454. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 512,797 881,452. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 645 253 1.058.906. Revenue less expenses. Subtract line 18 from line 12 468,445 803 961. **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 1,370,664 2,239,421. Total liabilities (Part X, line 26) 21 3.804 20 274. Net assets or fund balances. Subtract line 21 from line 20 ..... 1 366 860 2 219 147. 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. Name Korthway Signature of officer Sign Here NANCI NORTHWAY TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN Paid MICHAEL N. JENKINS, CPA ulda self-employed Preparer Firm's name MCMAHAN AND ASSOCIATES Firm's EIN > 84-1509269 Use Only Firm's address P.O. BOX 5850 AVON CO 81620 Phone no. (970) 845-8800 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

| :i" ::                                  |   |                           |   |
|---|---|---------------------------|---|
| Fon                                     | m 990 (2016) VAIL VETERANS FOUNDATION, INC.   |                           |   |
| Pε                                      | art III Statement of Program Service Accomplishments  | 20-525488                 | 5 Page 2                                |
|   | Check if Schedule O contains a response or note to any line in this Part III  |                           |   |
| 1                                       | Briefly describe the organization's mission:  | ************************* |   |
| ::                                      | VAIL VETERANS FOUNDATION PROVIDES MILITARY INJURED AND THEIR FAMILIES   | :                         |   |
|   | INNOVATIVE AND TRANSFORMATIONAL PROGRAMS THAT BUILD CONFIDENCE AND IMPROVE LIVES.   |                           |   |
|   | ALL MAIS GLAD.  |                           |   |
| 2                                       | Did the organization undertake any significant program services during the year which were not listed or  |                           |   |
|   | prior Form 990 or 990-EZ?   | n the                     |   |
|   | res," describe triese new services on Schedule O.   | *************             | Yes X No                                |
| 3                                       | Did the organization cease conducting, or make significant changes in how it conducts, any program so   | ervices?                  | Yes X No                                |
| A                                       | ii res, describe these changes on Schedule O.   |                           | 11 4                                    |
| ~                                       | Describe the organization's program service accomplishments for each of its three largest program services 501(c)(3) and 501(c)(4) propolations are residually accomplishments.   | vices, as measured by     | expenses.                               |
|   | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation revenue, if any, for each program service reported.  | s to others, the total e  | xpenses, and                            |
| 4a                                      | (Code:) (Expenses \$270_332_, including grants of \$  |                           |   |
| ::                                      | WINTER RECREATIONAL PROGRAMS (INCLUDING SKIING, SNOWBOARDING, AND CROSS   | ) (Revenue \$             | )                                       |
| :                                       | COUNTRY SKIING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES  |                           | *************************************** |
|   | PROVIDED AT NO COST TO PARTICIPANTS.  |                           |   |
|   |   |                           |   |
|   |   |                           |   |
|   |   | :                         |   |
| :                                       |   |                           |   |
|   |   |                           | <u></u>                                 |
|   |   |                           | ······································  |
|   |   |                           |   |
| 4b                                      | (Code: ) (Expenses \$ 217,281, including grants of \$  SUMMER RECREATIONAL PROGRAMS (INCLIDING WITHERWARDS DARRENCE   | ) (Revenue \$             |   |
| <b>4</b> b                              | (Code:) (Expenses \$ 217,281, including grants of \$  SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   | ) (Revenue.\$             |   |
| <b>4b</b>                               | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO   | ) (Revenue.\$             |   |
| <b>4b</b>                               | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   | ) (Revenue \$             |   |
| <b>4</b> b                              | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   | ) (Revenue \$             |   |
| <b>4b</b>                               | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   | ) (Revenue.\$             |   |
| <b>4b</b>                               | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   |                           |   |
| <b>4b</b>                               | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   |                           |   |
| <b>4b</b> ::                            | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.   |                           |   |
| 4b                                      | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   |                           |   |
|   | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   |                           |   |
|   | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   |                           |   |
|   | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   |                           |   |
|   | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY MOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  [Code:   | (Revenue \$               |   |
| io: ::                                  | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   | (Revenue \$               |   |
| i ::                                    | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   | (Revenue \$               |   |
| io: ::                                  | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   | (Revenue \$               |   |
| io: ::                                  | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code: )(Expenses \$ 259,455, including grants of \$ ) VETERANS PATH TO SUCCESS FOCUSES ON PERFORMANCE PSYCHOLOGY EXERCISE PHYSIOLOGY, AND NUTRITION, PARTICIPANTS LEARN HOW TO EXPAND THEIR PHYSICAL, EMOTIONAL MENTAL, AND SPIRITUAL ENERGY IN ORDER TO SUSTAIN INCREASED ENGAGEMENT, PERFORMANCE, AND RESILIENCY. THIS TRAINING PROGRAM ASSISTS WOUNDED VETERANS IN ACKNOWLEDGING THEIR "OLD STORY", WHILE HELPING THEM TO IDENTIFY THEIR "NEW STORY" FOR FUTURE SUCCESS OUTSIDE OF THE MILITARY.   | (Ravenue \$               |   |
| io: ::                                  | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   | (Revenue \$               |   |
| io: ::                                  | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MCOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$  | (Revenue \$               |   |
| # 12                                    | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  [Code:] (Expenses \$ 259,455. including grants of \$ ) VETERANS PATH TO SUCCESS FOCUSES ON PERFORMANCE PSYCHOLOGY EXERCISE PHYSIOLOGY, AND NUTRITION. PARTICIPANTS LEARN HOW TO EXPAND THEIR PHYSICAL, EMOTIONAL, MENTAL, AND SPIRITUAL ENERGY IN ORDER TO SUSTAIN INCREASED ENGAGEMENT, PERFORMANCE, AND RESILIENCY. THIS TRAINING PROGRAM ASSISTS WOUNDED VETERANS IN ACKNOWLEDGING THEIR "OLD STORY", WHILE HELPING THEM TO IDENTIFY THEIR "NEW STORY" FOR FUTURE SUCCESS OUTSIDE OF THE MILITARY.  | (Revenue \$               |   |
| He: ::::::::::::::::::::::::::::::::::: | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$ 259,455, including grants of \$ )  VETERANS PATH TO SUCCESS FOCUSES ON PERFORMANCE PSYCHOLOGY EXERCISE PHYSIOLOGY, AND NUTRITION, PARTICIPANTS LEARN HOW TO EXPAND THEIR PHYSICAL, EMOTIONAL, MENTAL, AND SPIRITUAL ENERGY IN ORDER TO SUSTAIN INCREASED ENGAGEMENT, PERFORMANCE, AND RESILIENCY, THIS TRAINING PROGRAM ASSISTS WOUNDED VETERANS IN ACKNOWLEDGING THEIR "OLD STORY", WHILE HELPING THEM TO IDENTIFY THEIR "NEW STORY" FOR FUTURE SUCCESS OUTSIDE OF THE MILITARY.  Other program services (Describe in Schedule O.) | (Ravenue \$               |   |
|   | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   | (Ravenue \$               |   |
|   | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIRING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  (Code:) (Expenses \$   | (Ravenue \$               |   |
| d:                                      | SUMMER RECREATIONAL PROGRAMS (INCLUDING WHITEWATER RAFTING, ZIPLINING, HORSEBACK RIDING, FLY FISHING, GOLF, MOUNTAIN BIKING) FOR SEVERELY WOUNDED VETERANS AND THEIR FAMILIES, PROVIDED AT NO COST TO PARTICIPANTS.  [Code:] (Expenses \$   | (Ravenue \$               |   |

| -1, "    |  |          | Yes  |   |
|----------|--|----------|--|---|
| 11 1     | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A   |          |  | No                                      |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors  | 1        | X  | 4::::                                   |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | 2        | X  |   |
|          | Patrico Unice i in Tes, Complete Schedule C, Part I'   |          | : ::   | :::::"                                  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a continue 501(b) de stille total  | 3::      | <del>                                     </del> | X                                       |
|          | The state of the s | 4        |  | x                                       |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | T .      |  |   |
|          | "" The state of defined in neveride Procedure 98-197 If "Yes." Complete Schoolule C. Does III  | : 5      |  | X                                       |
| <b>D</b> | Did the organization maintain any donor advised funds of any similar funds or accounts for which do  |          | <b>†</b>   |   |
|          | provide advice of the distribution of investment of amounts in such funde or accounted is the "  | 6        |  | x                                       |
| :• •     | and the digenization receive of noise a conservation easement, including easements to process and a conservation   |          |  |   |
|          | and on the internet instance and areas, or historic structures? If "Yes " complete Schoolide D. Production and the structures of the struc | 7::      |  | X                                       |
| •        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |          | 111  |   |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | 8        |  | X                                       |
| Ę        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |          | .::  | :                                       |
| 1        |  | ::       | 111  | · ·                                     |
| 0 [      | Did the organization, directly or through a related organization, hold penets in the second of the second organization and the second organiza | 9        | <u> </u>   | X                                       |
| -        | The state of the s |          |  | ,                                       |
| 1 ,      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   | 10       | We name  | X                                       |
| ε        | as applicable.   |          |  |   |
| a E      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |          |  |   |
| •        | WE'S TO THE TOTAL PROPERTY OF THE TOTAL PROP | :        | :  | :                                       |
| b [      | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | 11a      | X  |   |
|          | 183568 reported in Part A, life 167 if "Yes," complete Schedule D. Part VII  |          | , A  |   |
|          |  | 11b      | Х.   | *************************************** |
| · ·      | mosto reported in Fart A, life 107 if "Yes," complete Schedule D. Part VIII  |          |  | . ::                                    |
|          |  | 11c      | -  | X                                       |
| •        | arry, who not it rest, complete Schedule D, Part IX  |          |  |   |
|          |  | 11d      |  | X                                       |
|          | The digarization is separate or consolidated financial statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the tay year include a football the statements for the statements for the statements for the statement in  | 11e      |  | <u> </u>                                |
| ***      | THE OTHER PROPERTY OF UNCERTAIN TEXT DOSITIONS LINDAY FIN AR (ASC 7400) IN "Von." COMMITTEE CO. T.   | 116      |  |   |
|          | who organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete  | 1.01     |  | <u> </u>                                |
| ·        | oneoule D, Paris XI and XII  | 12a      | x  | ::::                                    |
| b W      | Vas the organization included in consolidated, independent audited financial statements for the tax year?  | IAG      | A  |   |
| . 199    | res," and it the organization answered "No" to line 12a, then completing Schedule D. Ports VI and VII is entired.  | 12b      | : :  |   |
|          | - "" Organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete School in E   | 13       |  | X                                       |
| Ha D     | and the organization maintain an office, employees, or agents outside of the United States?  | 14a      |  | <u>.</u>                                |
| n u      | id the organization have aggregate revenues or expenses of more than \$10,000 from graphophing to administration   | -        | ::   |   |
| ***      | Troopholit, and program service activities outside the United States or addresses foreign increases.   |          | 12.0   | ::                                      |
| ~        | Thorat in Tes, Complete Scriedule F, Parts / and IV  | 14b      |  | <b>x</b> :::                            |
| 7.       | The state of the s | - i      | 1111   | ·· ::                                   |
| 10       | reign organization (if "res," complete Schedule F. Parts II and IV   | 15       | : :: ".  | X:                                      |
| U        |  |          | :::  | : ' ::                                  |
| Ų.       | tor toraigh mutuluaist in tes, complete Schedule F. Parts III and IV   | 16       |  | X                                       |
| -        | character report a total or more man \$15,000 of expenses for professional fundraising services on Part IX;  | 1        |  |   |
| ~        | old first V-y, littles V and T let II Tes, "Complete Schedule G. Part I  | 17       | : : <u> </u>                                     | Х                                       |
| : 10     | id the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines c and 8a? If "Yes," complete Schedule G, Part II   |          |  |   |
| Di       | c and 8a? If "Yes," complete Schedule G, Part II   | 18       |  | X                                       |
| rr       | id the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"  | ····     |  | 18                                      |
| <u></u>  |  | 19       |  | X                                       |
| . 1.11   |  | om (     | 90 (2  | 016)                                    |
|          |  | : ::: :: |  |   |
| +        |  |          |  |   |
| 003. 11  |  |          |  | ·:::::::                                |
|          |  |          |  |   |
| 003 11   |  |          |  |   |

VAIL VETERANS FOUNDATION Form 990 (2016) VAIL VETERANS FOUNDATION INC.

Part IV Checklist of Required Schedules (continued)

| 200                                    |  | : :::::: | Yes           | No  |
|--|--|----------|---------------|---|
| 206                                    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a      |               | ж   |
|  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b      | :: ::: ::     |   |
| 21                                     | The state of the s |          | :             | 111                                       |
|  | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21       | :::;;;        | x   |
| 22                                     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |          |               |   |
| . :                                    | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       | 11 11 11      | x   |
| 23                                     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |          |               | 1 1                                       |
|  | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes "complete  | 1 "      | ::            | :" ,                                      |
|  | Schedule J   | 23       |               |   |
| 24a                                    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 20       |               |   |
|  | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24h through 24d and complete   |          |               |   |
| ::                                     | Scriedule K. If "No", go to line 25a   |          |               | ::::                                      |
| b                                      | Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24a      | i             | <u> </u>                                  |
| C                                      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 24b      | -             |   |
|  | any tax-exempt bonds?  |          | - Constant    |   |
| . d                                    |  | 24c      |               |   |
| 25a                                    | Section 501(c)(3), 501(c)(4), and 501(c)(20) are reliable to boilds outstanding at any time during the year?   | 24d      |               |   |
|  | The search and the supplier of |          |               | , ite                                     |
| h                                      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a      |               | х   |
| :                                      | 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   |          | :.            |   |
| 00                                     | Guiedule L., Part I  | 25b      | 11 11         | 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  | ,        |               |   |
|  | tomer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"  |          |               |   |
| ::                                     | complete Schedule L, Part II   | 26       | İ             | 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.   | 1 1      |               |   |
| : '                                    | of any of these persons? If "Yes," complete Schedule L, Part III   | 27       |               | ¥   |
| 28                                     | was the organization a party to a business transaction with one of the following parties (see Schedule I. Part IV  |          |               |   |
| :                                      | instructions for applicable filing thresholds, conditions, and exceptions):  |          |               |   |
| a                                      | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a      | 201-040-2000  | 10100000000<br>**                         |
| b                                      | A family member of a current or former officer, director, trustee, or key employee? If "Yes " complete Schedule I. Part IV   | 28b      |               | X<br>X                                    |
| C                                      | An entity of which a current or former officer, director, trustee, or key employee for a family member thereoft was an officer.  | 200      |               |   |
| ::<br>                                 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule I. Part IV   | 20       | - :           |   |
| 29                                     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 28c      |               | X   |
| 30                                     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 29       | X             | ·   |
|  | CONTROLITIONS / If "Voc " commists Cohoolide \$4   |          |               |   |
| 31                                     | Did the organization liquidate, terminate, or dissolve and cease operations?   | 30       |               | <u> </u>                                  |
| :                                      | If "Yes," complete Schedule N, Part I  |          |               |   |
| 32                                     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | 31       |               | <u> </u>                                  |
| : ::                                   | Schedule N, Part II  | l l      |               | .11                                       |
| 33                                     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 32       |               | <u> X</u>                                 |
| Jack Till                              | sections 301,7701-2 and 301,7701-32 if #Ves * complete Sebastic D. Diet I  |          |               | : .                                       |
| ::: 34                                 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 33       |               | X   |
|  | Part V. line 1   | 1::1     | 1 ::          | :: ::                                     |
| 35a                                    | Part V, line 1   | 34       |               | X   |
|  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      |               | X   |
|  | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |          | : :::         |   |
| 36                                     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      | <u>. in l</u> | :: ''!                                    |
| . 30                                   | OUVERUIT OF HEIGHT OF THE PROPERTY AND   |          |               | i <sup>ii.</sup>                          |
| ::<br>: #3/##                          | If "Yes," complete Schedule R, Part V, line 2  | 36       |               | <b>X</b>                                  |
| 37                                     | Did the Organization Conduct more than 5% of its activities through an entity that is not a related organization   | 1        | 11,71         |   |
|  | and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule P. Part VI   | 37       |               | x   |
| 38                                     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |          |               |   |
| 111                                    | NOTE, All FORM 990 filers are required to complete Schedule O  | 38       | ¥             | ::::<br>::::                              |
|  |  | Form 9   | )90 ra        | 0161                                      |
|  |  | , 41111  |               | - 10 <i>j</i>                             |
|  | F11-11-10  |          |               |   |
| 632004                                 | Par-ja-ja-miliji in mini tida in mini mini mini mini mini mini mini  |          |               | :<br>:::::::::::::::::::::::::::::::::::: |
| :::::::::::::::::::::::::::::::::::::: |  |          | 4             |   |
|  |  |          |               |   |
|  |  |          |               |   |

| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (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  b 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)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b 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 back account a second or signature or other authority over, a   |            |  |        |   |                 |
|---|------------|--|--------|---|-----------------|
| Check if Schedule O contains a response or note to siny line in this Part V.  It is Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable  Enter the number of prompts with property of 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 W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return  1b if at least one is reported to line 2a, did the organization file all required federal employment tax returns?  2a   1c   |            |  |        |   |                 |
| Theck if Schedule O contains a response or note to any line in this Part V  It as Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 15 in 13 in 14 in 15 i      |            | m 990 (2016) VAIL VETERANS FOUNDATION INC. 20-525488   | 5      |   | Page !          |
| 18 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15  |            | Check if Schedule O contains a consession and Tax Compliance   |        |   |                 |
| b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (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 filed for the calendar year ending with or within the year covered by this return if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b. X  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1d the organization have unrelated business gross income of \$1,000 or more during the year?  1d if "Yes," has if filed a form 99-17 for this year? If "No," to line 3b, provide an explanation in Schedule O  3a. 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. 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. If "Yes," she the name of the foreign country; !*  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c. If "Yes," it discates the number of Forms 8282 filed during the year publication and party for goo     |            | Groots a corrective of contains a response or note to any line in this Part V  |        |   |                 |
| De Cind the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?  2a. Either the number of employees reported on Form W-3, Transmittal of Wege and Tax Statements, fleed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, clid the organization file all required federal employment tax returns?  2b. X  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  5c. b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4c. 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, socurities account, or other financial accounts of financial accounts. The second of financial accounts of financial accounts of financial accounts. The second of financial accounts (FBAR), and in a financial accounts (FBAR), and in a financial accounts (FBAR).  5c. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5d. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5d. If "Yes," did the organization financial accounts (FBAR).  5d. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d. If "Yes," ind     |            |  | 111 .: | Yes                                     | No              |
| C. Lid 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, fled for the calendar year ending with or within the year covered by this return.  3b. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d. Pif "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.  3b. If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O.  3b. If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.  3b. If "Yes," enter the name of the foreign country: P.  3c. See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  3c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  3c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  3c. Obes the organization that were not tax deductible contributions under section 170(c).  3c. If "Yes," did the organization make a prohibit of the prohibition and party for goods and services provided    |            | Enter the number of Essential Mood and the first state of the number of Essential Mood and the first state o | 3      |   |                 |
| guarnoning) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,  filed for the calendar year ending with or within the year covered by this return  b 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)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d X X  3d X If "Yes," has if filed a Form 990 T for this year? If "No," to line \$0,000 or more during the year?  3d X X If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If yes, see instructions for lifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5d Did with the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on that ever not tax deductible as charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on party to the organization sell exchange, or otherwise dispose of tangible personal property for which it wa |            | Did the granization complete the factor of the factor of the policiable  | 0      |   |                 |
| 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b 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 for entities (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If "Yes," has if filed a form 990-T for this year? if "No," bit is 3b, provide an explanation in Schedule D  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)?  5b If "Yes," eiter the name of the foreign country.  5e in "Yes," eiter the name of the foreign country.  5e in structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Vas the organization aparty for a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6c 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 V if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  7c Organizations that may receive deductible as charitable contributions?  8d If "Yes," indicate the number of Forms 8292 filed during the    |            | (combline) with backup withholding rules for reportable payments to vendors and reportable gaming  |        |   |                 |
| the dor the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b   | 2          | Enter the purpley of sectors.  | 1c     | x                                       |                 |
| Note, if the sum of line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of line 2 and 2a is greater than 250, you may be required to e-file (see Instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  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 A 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 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)?  4b If "Yes," enter the name of the foreign country: ►  See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17  5b 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?  5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and party for goods and services provided to the payor?  7c Did the organization receive abundary solicitation and party for goods and services provided to the payor?  7d If "Yes," indicate the number of Forms 8282 filed during the year  1d If "Yes," indicate the number of Forms 8282 filed during the year  2d If the organization gra    |            | filed for the calendar year and an artist and the calendar year  |        |   |                 |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b 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; limited as a bank account, securities account, or other financial accounts (FBAFI).  b 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 (FBAFI).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  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?  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).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," did the organization seelie a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 a X  7 b If "Yes," did the organization seelie of the year pay permiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 b Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  1 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required    | :<br>: 1   | If at least one is reported on line 2a and the arrangement of the least one is reported on line 2a.  | 4      |   |                 |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b 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; ▶  5b if "Yes," enter the name of the foreign country: ▶  5ee 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?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  6c 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 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).  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?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  5 b If "Yes," did the organization solicity or indirectly, to pay premiums on a personal benefit contract?  7 c Juli the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 p Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 889 as required?  6 p If "Yes," indicate the number of Forms 8282 filed during the year  6 p Jud the organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 49    | •          | Note If the sum of lines to said the organization file all required federal employment tax returns?  | 2b     | x                                       |                 |
| b if "Yes," has it flied 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)?  4a   |            | Hote: If the duti of lines to and 28 is greater than 250, you may be required to e-file (con instructional)  |        |   |                 |
| financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFt).  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, clid the organization file Form 8865-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?  6 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).  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?  7 if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  7 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  7 b Did the organization receive a contribution of qualified intellectual property, 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 make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make any taxable distributions under section 4966?   | ,          | . The wind of a support that a children positions along the company of the contract of the con | 3a     | :::                                     | x               |
| financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFt).  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, clid the organization file Form 8865-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?  6 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).  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?  7 if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  7 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  7 b Did the organization receive a contribution of qualified intellectual property, 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 make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make any taxable distributions under section 4966?   | 4          | At any time during the collection was still the series of  | 3b     |   | 11.             |
| 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b 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?  6a X  5b 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).  8 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?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advised funds.  10 Did the sponsoring organization make a distribution to a donor, donor advised person?   | :::        | The way will be used to calculate year, the organization have an interest in or a cianother as other materials.  | l      |   | "               |
| 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b 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?  6a X  5b 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).  8 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?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advised funds.  10 Did the sponsoring organization make a distribution to a donor, donor advised person?   | : <b>.</b> | If "Yes " enter the name of the ferring as a bank account, securities account, or other financial account)?  | 4a     | ,                                       | X               |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c 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?  b 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).  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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, 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 make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part VIII, line 12   |            | , u i oo' arrar ma risma or ma lotaldu comuto.   |        |   |                 |
| So but any exactle party though the organization that it was or is a party to a prohibited tax shelter transaction?  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?  b 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).  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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  h 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 make any taxable distributions under section 4966?  9 Did the sponsoring organizations maintaining donor advised funds.  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  | £.,        | Was the opportution a next the amount of Finder 114, Report of Foreign Bank and Financial Accounts (FBAR).   |        |   |                 |
| So but any exactle party though the organization that it was or is a party to a prohibited tax shelter transaction?  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?  b 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).  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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  h 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 make any taxable distributions under section 4966?  9 Did the sponsoring organizations maintaining donor advised funds.  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  |            | Did now togenization a party to a pronibiled tax shelter transaction at any time during the tax year?  | 5a     |   | x               |
| 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?  b 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).  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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7e  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f  g 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 make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part Vill, line 12  | -          | any taxable party floury trie organization that it was or is a party to a prohibited tax shelter transaction?  | 5b     |   | x               |
| any contributions that were not tax deductible as charitable contributions?  b 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).  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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 If the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution sunder section 4966?  9 Did the sponsoring organization make any taxable distribution sunder section 4966?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12   |            | 1 198, to life 5a of 5b, did the organization file Form 8886-T?  | 5c     |   |                 |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  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?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 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?  8 Sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  | Va         | book to digarization have attitud gross receipts that are normally greater than \$100,000, and did the approximation   |        |   | 1 ::            |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  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?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 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?  8 Sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  | h          | If "Yes " did the aggregation in the state of the state o | 6a     |   | X               |
| Organizations that may receive deductible contributions under section 170(c).  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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f  7h  1 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 organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9a  9b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  | •          | " 105, and the organization include with every solicitation an express statement that such contributions or gifts  | ::     | ::                                      |                 |
| 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell; exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  p Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  p If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h 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 organizations maintaining donor advised funds.  a Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part VIII, line 12   | 7          |  | 6b     |   |                 |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c x  d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Jif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g 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.  2 Did the sponsoring organization make any taxable distributions under section 4966?  2 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12   | ,<br>si    | Did the granization receive a comment in aveces of \$75 most continuous under section 170(c).  |        |   |                 |
| to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f 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 organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12   | :: ~       | If "Yes." did the organization notify the denot of the value of the value of the payor?  | 7a     | ļ                                       | X.              |
| d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organization make any taxable distributions under section 4966?  5 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:   |            | Did the organization sell, exchange, or otherwise diagrams of services provided?   | 7b     |   | <u> </u>        |
| d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Between the function of Forms 8282 filed during the year apersonal benefit contract?  7e  7f  7g  7h  7g  7h  8  Sponsoring organization maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Between the function of Forms 8292 as required?  7g  7h  7g  7h  8  Sponsoring organizations maintaining donor advised funds.  Between the function file a Form 1098-C?  8  Sponsoring organization make any taxable distributions under section 4966?  Pa  Between the function file a Form 1098-C?  Ph  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  Between the function file a Form 1098-C?  Ph  Between      | _          | to file Form 82822   | : ::   |   | Ϊ.              |
| Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  7g  1f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g  7h  7h   | d          | If "Yes," indicate the number of Forms 8282 filed during the year  | 7c     |   | X               |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the aponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Initiation fees and capital contributions included on Part VIII, line 12   |            | Did the organization receive any funds directly or indirectly to account to the organization receive any funds directly or indirectly to account to the organization receive any funds directly or indirectly to account to the organization received any funds of the organization received and the organization received and the organization received any funds of the organization received and the organization  |        |   |                 |
| hill f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The fitte organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the aponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:   | f          | Did the organization, during the year pay premiums directly or indirectly are not a personal benefit contract?   |        |   | ` :             |
| 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. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter:   | g          | If the organization received a contribution of qualified intellectual property and the prop | 7f     | ::                                      | ļ::<br>         |
| 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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  | h          | If the organization received a contribution of cars, boats, similaron, or other reliable life in organization file Form 8899 as required?  |        | 1                                       |                 |
| sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9ction 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12   | 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised funds.   | 7h_    | 11.000000000000000000000000000000000000 | 1000000         |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9cetion 501(c)(7) organizations. Enter:   |            | sponsoring organization have excess business holdings at any time during the word  |        |   |                 |
| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9a  9b  10 Section 501(c)(7) organizations. Enter:   | 9          | Sponsoring organizations maintaining donor advised funds   | _8     | 10000000461                             | 2111222222      |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  | a          | Did the annual and annual annual and annual and annual and annual ann |        |   | <b>I</b> STERNI |
| a Initiation fees and capital contributions included on Part VIII, line 12  | :: b       | Did the sponsoring organization make a distribution to a donor, donor edujor, or related passes  |        |   | <u> </u>        |
| a Initiation fees and capital contributions included on Part VIII, line 12  |            | Section 501(c)(7) organizations, Enter:  | 9b     | 38881114                                | 13 (200000)     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | а          |  |        |   |                 |
|   | b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |        |   |                 |

Form 990 (2016

12a

13a

14a

Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Section 501(c)(29) qualified nonprofit health insurance issuers.

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year \_\_\_\_\_\_\_\_\_12b

is the organization licensed to issue qualified health plans in more than one state? .....

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Note: See the instructions for additional information the organization must report on Schedule C.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

| 1 c  | n 990 (2016) VAIL VETERANS FOUNDATION INC. 20-525486  |   |              | Page 6     |  |
|--|---|---|--------------|------------|--|
|  | irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.   | a "No"  | respoi       | 150        |  |
| ,,,  | Check if Schedule O contains a response or note to any line in this Part VI   |   |              |            |  |
| Sec  | ction A. Governing Body and Management  | **********  | ****         | LxL        |  |
| <br>∷a≖  |   |   | Yes          | No         | i:                                     |
| ::18   | Enter the number of voting members of the governing body at the end of the tax year 1a  | 9   |              |            | . ::                                   |
| :  | 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.   |   |              |            | :                                      |
| ji b   | Enter the number of voting members included in line 1a, above, who are independent  1b  |   |              |            |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a husiness relationship with any other  | -7  |              |            |  |
| ;  | Conicer, director, trustee, or key employee?  | 2   | : <b>*</b>   |            | ,                                      |
| 3  | Lid the organization delegate control over management duties quistomarily performed by or under the   | `   |              |            | :                                      |
| <u>;</u>   | of officers, directors, or trustees, or key employees to a management company or other pages?   | . 3   | ::'          | X          | : ::                                   |
| 5  | both the organization make any significant changes to its governing documents since the prior Form DOD was stade  |   |              | x          | ::                                     |
| -6   | Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  | 5_  | !! !!        | X          |  |
| 7a   | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | . 6   | <b> </b>     | <b>X</b> _ |  |
|  | more members of the governing body?   | 1   |              |            |  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  | . <u>  7a</u>   | <del> </del> | <b>X</b>   |  |
| ::   | hersons order rusin the governing body?   | 'yL   |              | <u></u>    |  |
| 8  | the organization contemporarieously document the meetings held or written actions undertaken during the year by the following:  | 7b  |              | X          | :                                      |
| a  | me governing body?  | 8a  | <b>X</b>     |            |  |
| D<br>D   | Each committee with authority to act on behalf of the governing hody?   |   | x            |            |  |
| •  | 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   |   |              |            |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  | 9   | <u> </u>     | _X         |  |
| : :  | The internal revenue Code.)   |   |              | :          | : i                                    |
| l0a  | Did the overalization have least short and  |   |              |            |  |
|  | Did the organization have local chapters, branches, or affiliates?  | 40-   | Yes          | No         |  |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters.  | 10a   | Yes          | No<br>X    |  |
|  | 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 principality of such chapters, affiliates,   |   | Yes          |            | :: <sub>:</sub> ::                     |
| l 1a   | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  | 10a<br>10b  | Yes          |            | :: <sub>:</sub> ::                     |
| 11a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | 10b   | ::.:         |            | :::::::::::::::::::::::::::::::::::::: |
| 11a<br>b<br>12a                                      | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13   | 10b   | ::.:         |            | ::::::                                 |
| l la<br>b<br>l2a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?  | 10b<br>11a  | ::.:         |            | :::::::::::::::::::::::::::::::::::::: |
| l la<br>b<br>l2a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 10b<br>11a<br>12a<br>12b                                  | x<br>x<br>x  |            | :::::::::::::::::::::::::::::::::::::: |
| l la<br>b<br>l2a<br>b<br>c                           | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  | 10b<br>11a<br>12a<br>12b                                  | x            | *          |  |
| 11a<br>b<br>12a<br>b<br>c                            | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  | 10b<br>11a<br>12a<br>12b                                  | x<br>x<br>x  | <b>X</b>   |  |
| 11a<br>b<br>12a<br>b<br>c                            | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  | 10b<br>11a<br>12a<br>12b                                  | x<br>x<br>x  | *          |  |
| 11a<br>b<br>12a<br>b<br>c                            | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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 describer and deciments?   | 10b<br>11a<br>12a<br>12b                                  | x<br>x<br>x  | <b>X</b>   |  |
| 11a<br>b<br> 2a<br>b<br> 3<br> 4                     | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO. Executive Director, or too management of the filial.  | 10b<br>11a<br>12a<br>12b                                  | x<br>x<br>x  | <b>X</b>   |  |
| 11a<br>b<br> 2a<br>b<br> 3<br> 4                     | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization   | 10b<br>11a<br>12a<br>12b<br>12c<br>13                     | x<br>x       | <b>X</b>   |  |
| 11a<br>b<br>12a<br>b<br>c                            | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>-14              | x<br>x       | X          |  |
| 11a<br>b<br>12a<br>b<br>c<br>3<br>4<br>5             | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | x<br>x       | x x x x    |  |
| 11a<br>b 12a<br>b c<br>3<br>4<br>5<br>a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation.  | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>-14              | x<br>x       | X          |  |
| 11a<br>b<br>12a<br>b<br>c<br>3<br>4<br>5<br>a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | x<br>x       | x x x x    |  |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>4<br>15<br>a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | x<br>x       | x x x x    |  |
| 11a<br>b<br>12a<br>b<br>c<br>3<br>4<br>5<br>a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | x<br>x       | x x x x    |  |
| 11a<br>b<br>12a<br>b<br>3<br>4<br>15<br>a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the states with which a copy of this Form 990 is required to be filed   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | X            | x x x x    |  |
| 11a<br>b 12a<br>b 13<br>14<br>5<br>a b 6a<br>b 6a    | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  If "Yes," and take steps to safeguard the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) south   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | X            | x x x x    |  |
| 11a<br>b 12a<br>b 13<br>14<br>5<br>a b 6a<br>b 6a    | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? if "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  If "Yes," did the organization to make its Forms 900 is required to be filed  NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. I | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | X            | x x x x    |  |
| 11a<br>b<br>12a<br>b<br>13<br>14<br>5<br>a<br>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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the states with which a copy of this Form 990 is required to be filed P NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Ind | 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b                 | X<br>X<br>X  | x x x x    |  |
| 11a b 12a b c 13 14 15 a b 66a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistlebiower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  In C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  NONE  NONE  NONE  NONE  Own website  Another's website  Own or pade the organization made its poverning documents, conflict of interest policy | 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b                 | X<br>X<br>X  | x x x x    |  |
| 11a b 12a b 6a b 6a b 9                              | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  If "Yes," did the organization inclicate how you made these available, Check all that apply.  Let the states with which a copy of this Form 990 is required to be filed Power in the process of the process of the process of the policy of | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | X<br>X<br>X  | x x x x    |  |
| 11a b 12a b 6a b 6a b 9                              | 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistlebiower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  In C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  NONE  NONE  NONE  NONE  Own website  Another's website  Own or pade the organization made its poverning documents, conflict of interest policy | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b | X<br>X<br>X  | x x x x    |  |

| orm 990 (2016) va        | LL VETERANS FOUNDATI      | ON INC                |               |             | 00 505 500           |        |
|--------------------------|---------------------------|-----------------------|---------------|-------------|----------------------|--------|
| Part VII Compensation of | Officers, Directors,      | Trustees. Key         | Employees, Hi | ahest Compe | 20-5254885<br>nsated | Page / |
| Employees, and I         | ndependent Contrac        | otors                 |               |             |                      |        |
| Check if Schedule O co   | ntains a response or note | to any line in this F | Part VIII     |             |                      |        |

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.

| (A)  Name and Title                     | (B)  | T                               |                      | , (                 | C)<br>sitio                             |                     | 1158     | (D)                                     | (E)                                  | (F)  |
|---|--|---------------------------------|----------------------|---------------------|---|---------------------|----------|---|--------------------------------------|--|
| HANNA AUG IIIIO                         | Average<br>hours per<br>week   | off                             | k, uni               | check<br>ess pand a | mor                                     | e thar<br>i is bo   | th an    | from                                    | Reportable compensation from related | Estimated amount of other  |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director. | Institutional bustee | Officer             | Key employee                            | Highest compensated | Former   | the<br>organization<br>(W-2/1099-MISC)  | organizations<br>(W-2/1099-MISC)     | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) CHERYL JENSEN                       | 40.00  |                                 |                      |                     |   |                     |          |   |                                      |  |
| EXECUTIVE DIRECTOR/PRESIDE              |  | X.                              | <u> </u>             | X.                  | ļ                                       | <del> </del>        | <u> </u> | 109,503                                 | 0,                                   |  |
| (2) LTC DAVID ROZELLE VICE PRESIDENT    | 1.00   | -                               |                      |                     |   |                     | :::      |   |                                      | : :  |
| (3) NANCT NORTHWAY                      |  | X                               | -                    | X_                  | -                                       | -                   | -        | 0.                                      | 0.                                   | :::  |
| TREASURER                               | 5.00   | x                               |                      | <b> </b>            |   |                     |          |   | ::                                   |  |
| (4) MIKE GALVIN                         | 1,00   | <u> </u>                        | -                    | X.                  | ļ                                       | ╫                   | ╁—       | 11,500,                                 | 0.                                   |  |
| DIRECTOR                                |  | x                               |                      | x                   |   | ĺ                   |          |   |                                      | f st   |
| (5) LINDSAY HUMPHREYS                   | 1,00   | <u> </u>                        | <b>-</b>             | † <b>*</b>          | <b> </b>                                | 1                   | _        | 0.                                      | 0.                                   | :  |
| SECRETARY                               |  | x                               | :                    | х                   |   |                     |          | ,, #.<br>O.                             | # ° 0.                               | :  |
| (6) CPL DANIEL RILEY (RET.)             | 1.00   |                                 |                      | ] ::                |   | Π                   |          | <u> </u>                                |                                      | . : : : : : : : : : : : : : : : : : : :                                  |
| DIRECTOR                                |  | X                               | L                    | x                   |   | <u> </u>            |          | ;: 0,                                   | 0.                                   |  |
| (7) BILL JENSEN                         | 1,00   |                                 |                      |                     |   |                     |          |   | :                                    | ······································                                   |
| DIRECTOR<br>(8) CPT DAWN HALFAKER       |  | X                               |                      | x                   |   | <del> </del>        | <u> </u> | 0.                                      | 0.                                   |  |
| DIRECTOR                                | 1.00   |                                 |                      |                     |   |                     |          |   |                                      |  |
| (9) KIM GADSON                          | 1.00   | X                               | ::                   | X                   |   | ├                   |          | 0,                                      | 0,                                   |  |
| DIRECTOR                                | 1.00   | x                               | "                    | x                   |   |                     |          | _                                       | ·                                    | :  |
| 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  |                                 | :                    | Α.                  |   |                     |          | <u>0.</u>                               |                                      | : `ii  |
| ::                                      |  |                                 |                      | 1.                  | ······································  |                     |          | ::                                      | ·                                    | ······································                                   |
| :                                       | 1 1  |                                 | <u> </u>             |                     | <del></del>                             | -                   |          |   |                                      |  |
| #                                       |  |                                 |                      |                     | :                                       |                     |          | <b>*</b> :                              |                                      | m in   |
|   | : " :  |                                 | ٠. ا                 | <del>  </del>       | *************************************** |                     | -        | 981<br>                                 | ::                                   |  |
| ::: <sup>*</sup>                        | 3.7  | ::::                            |                      |                     | :                                       |                     | ::,      |   | : ··                                 |  |
|   | :  |                                 | ::                   |                     | ::                                      |                     |          |   |                                      | <u> </u>   |
|   |  |                                 |                      |                     |   | :                   | ::::::   | : :: :: :: :: :: :: :: :: :: :: :: :: : | : :: :: : ::                         |  |
|   |  |                                 |                      |                     | ::                                      |                     |          |   |                                      |  |
|   |  | :                               | ::                   | ::                  |   |                     | :        |   |                                      |  |
|   |  |                                 | ::                   |                     |   |                     |          |   |                                      |  |

|  | rt VII   Section A. Officers, Directors, (A) Name and title  |   | (B) Average nours per week (list any   | (do<br>bo)<br>offi   | not c                                 | Pos<br>heck               | ition<br>more the<br>rson is              | nest<br>nan one<br>both a<br>trustee   |  | ensate<br>(D<br>Repor<br>comper<br>froi                       | )<br>table<br>isation<br>m  | C  | ntinue<br>(E)<br>Report<br>ompens<br>rom rel<br>rganiza | able<br>sation<br>ated                  |                  | (F)<br>Estimate<br>amount<br>other                   | of                                      |      |
|--|--|---|--|--|---------------------------------------|---------------------------|---|--|--|---|---|--|---|---|------------------|--|---|------|
|  |  | or  | hours for<br>related<br>ganizations<br>below<br>line)  | individual trustee or director                               | Institutional trustee                 | Officer                   | Key employee                              | employee   |  | organiz<br>N-2/1099   | ation   | 111 ii   | 2/1099  |   | o                | mpensa<br>from th<br>ganizat<br>nd relat<br>ganizati | e<br>ion<br>ed                          |      |
| ·::                                    |  |   | :::  |  | 111                                   |                           |   | :: ::  |  | ***   | ::  |  | ***************************************                 |   |                  |  |   | •    |
| ······································ | ::   |   |  |  |                                       |                           |   | ::   |  | 1   | ::  |  | ***************************************                 | ::                                      | :::              | :  | :                                       |      |
| ;;                                     |  |   | ,  | 1  |                                       | . ::                      |   |  |  |   |   | ···  | ***************************************                 |   | 1                |  |   | •    |
| :                                      |  |   | 3  | -  |                                       |                           | ::  |  | 1  |   | :   | <u> </u>   |   |   | 1                | ······································               | ::                                      | :    |
|  |  |   | ::   | 1  |                                       |                           | $\top$                                    | $\top$   | 1  |   | ***************************************   | 1  |   |   |                  | - j::.   | ••••••••••••••••••••••••••••••••••••••• | •    |
|  | :  | :   | ······································   | <del> </del>   |                                       |                           | -   |  | 1  | :   |   |  | :   | *************************************** | -                | · · · · · · · · · · · · · · · · · · ·                |   |      |
|  |  |   |  | ļ  |                                       | _                         | 1   |  | <u> </u>   | ***************************************                       |   | <del>                                     </del> |   | ••••••••••••••••••••••••••••••••••••••• | 1 ::             | ::!  | ::::                                    | :    |
|  |  |   |  |  |                                       |                           | +   | -  |  |   | <u> </u>  | 1  | ·····   | · · · · · · · · · · · · · · · · · · ·   |                  | ······································               |   |      |
| -1                                     |  |   |  | _  |                                       | ;; : l                    | 1   |  | <del>                                     </del> |   | -   | -  |   | ······································  | -                |  | :                                       | · .: |
| 1b                                     | Sub-total  |   | ::   | <u></u>  |                                       |                           |   |  | -  |   | L21,003   |  | •   | ······································  | ļ                | ::   | <u> </u>                                | i    |
| C                                      | Total from continuation sheets to Pa   | art VII, S  | ection A   |  | •••••                                 |                           | ******                                    |  | ·  |   | 131,003   | <del> </del>                                     | ······································                  | 0                                       | <b>-</b>         | <del></del>  | 0.                                      |      |
| d                                      | Total (add lines 1b and 1c)  | -   | •  |  |                                       | 11                        | ******                                    |  |  |   |   | <del> </del>                                     |   | 0.                                      | ╅                | ······   |   |      |
| 2<br>2                                 | Total (add lines 1b and 1c)  | but not ()  | ************   | 1080   | liste                                 | d ab                      | ove)                                      | who r  | <u> </u>   | ed more   | 31 003  | ),000 o  | f repor   |   | 1                | :  | 0.                                      | :: . |
| 2<br>:<br>3                            | Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization  Did the organization list any former off   | but not (i  | rnited to th   | ustee  | , key                                 | / em                      | ploye                                     | e, or  | eceiv  | ed more   | than \$10   | ······································           |   |   |                  | Yes  |   |      |
| 3                                      | Total (add lines 1b and 1c) Total number of individuals (including tompensation from the organization)  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the   | but not (i  | mited to the ctor, or truindividual if reportab  | ustee<br>le co   | , key                                 | / em                      | ploye                                     | e, or  | highe  | st comp   | than \$10   | mploye   | e on  | table                                   |                  | Yes  |   |      |
| 3                                      | Total (add lines 1b and 1c)  Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receives  | ficer, dire<br>for such<br>he sum of<br>\$150,00                              | ctor, or truindividual if reportab 0? If "Yes,   | ustee<br>le co<br>" cor<br>nsati                             | mpe                                   | / em                      | ploye                                     | nd ot  | eceive<br>highe                                  | ed more st compone  | than \$10   | mploye   | e on<br>janizati  | table                                   | 3                | Yes  |   |      |
| 3<br>4<br>5                            | Total (add lines 1b and 1c) Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  | but not li  ficer, director such the sum of \$150,00 e or accritical complete | mited to the control of reportability of reportability of compensions of the compensions  | ustee<br>le co<br>" cor<br>nsati                             | mpe<br>mple<br>on fr                  | nsat<br>te Si<br>om s     | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other of the state of the st | eceive<br>highe<br>her co                        | st components ompensa ch individ ganizatio                    | than \$10 ensated e   | mploye<br>the org                                | e on<br>janizati  | table<br>on                             | _4<br>           |  | 0.<br>No                                |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c)  Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highes   | but not li  | ctor, or truindividual if reportab 0? If "Yes, ue compere Schedulinssted incomparated incomparat | ustee<br>le co<br>" cor<br>nsati<br>e <u>J fo</u>            | mpe<br>mple<br>on fr                  | / em                      | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | highe<br>her co<br>for suced on                  | ed more st composition ompensa ch individ ganizatio           | than \$10 ensated ensited from from dual en or indiv  | the org  | e on<br>janizati  | table<br>on                             | _4<br>           |  | 0.<br>No                                |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c) Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  | but not li  | ctor, or truindividual if reportab 0? If "Yes, ue comper e Scheduli ensated incoalendar y  | ustee<br>le co<br>le cor<br>nsatic<br>e <i>J fc</i><br>deper | mpe<br>mple<br>on fr<br>nder          | / em                      | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | highe<br>her co<br>for suced on                  | ed more st components ch indivic ganizatio                    | ensated ention from dual  | the orgidual for<br>\$100,0                      | ee on<br>janizati<br>er servic                          | table  on  ces                          | 4<br>5<br>sation | from   | No X                                    |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c)  Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation                     | but not li  | mited to the control of the compens of the compens of the compens of the compens of the control  | ustee<br>le co<br>" cor<br>nsati<br>e <u>J fo</u>            | mpe<br>mple<br>on fr<br>nder          | / em                      | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | highe<br>her co<br>for suced on                  | ed more st components ch indivic ganizatio                    | than \$10 ensated ention from dual ention or individual entire than sitting tax   | the orgidual for<br>\$100,0                      | ee on<br>janizati<br>er servic                          | table  on  ces                          | 4<br>5<br>sation | from   | No X                                    |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c)  Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation (A)                | but not li  | ctor, or truindividual if reportab 0? If "Yes, ue comper e Scheduli ensated incoalendar y  | ustee<br>le co<br>le cor<br>nsatic<br>e <i>J fc</i><br>deper | mpe<br>mple<br>on fr<br>or su<br>nder | / em                      | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | highe<br>her co<br>for suced on                  | ed more st components ch indivic ganizatio                    | than \$10 ensated ensited from from or individual (B) iption of s   | the orgidual for<br>\$100,0                      | ee on<br>janizati<br>er servic                          | table  on  ces                          | 4<br>5<br>sation | from   | No X                                    |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c)  Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation (A)  Name and busin | but not li  | mited to the control of the competence of the competence of the competence of the competence of the control of  | ustee<br>le co<br>le cor<br>nsatic<br>e <i>J fc</i><br>deper | mpe<br>mple<br>on fr<br>or su<br>nder | nsat<br>te Soom a<br>ch p | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | highe<br>her co<br>for suced on                  | ed more st components ch indivic ganizatio ceived n prganizat | than \$10 ensated ensat | the orgidual for<br>\$100,0                      | ee on<br>janizati<br>er servic                          | table compens                           | 4<br>5<br>sation | from<br>C)<br>nsation                                | No X                                    |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c)  Total number of individuals (including k compensation from the organization  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation (A)  Name and busin | but not li  | mited to the control of the competence of the competence of the competence of the control of the | ustee<br>le co<br>le cor<br>nsatic<br>e <i>J fc</i><br>deper | npe<br>nple<br>on fr<br>nder          | nsat<br>te Soom a<br>ch p | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | ecelvinhigher co                                 | ed more st components ch indivic ganizatio ceived n prganizat | ensated ensate  | the orgidual for<br>\$100,0                      | pe on janizati  | on compens                              | 4<br>5<br>sation | from<br>C)<br>Insation                               | No X                                    |      |
| 3<br>4<br>5<br>Sect                    | Total (add lines 1b and 1c) Total number of individuals (including a compensation from the organization)  Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation (A)  Name and busin | but not li  | mited to the control of the competence of the competence of the competence of the competence of the control of  | ustee<br>le co<br>le cor<br>nsatic<br>e <i>J fc</i><br>deper | npe<br>nple<br>on fr<br>nder          | y em                      | ploye<br>ion a<br>chedi<br>any u<br>ersor | nd other   | ecelvinhigher co                                 | ed more st components ch indivic ganizatio ceived n organizat | than \$10 ensated c tion from dual n or indiv   | the orgidual for<br>\$100,0<br>year.             | ee on<br>janizati                                       | on compens                              | 4<br>5<br>sation | from<br>C)<br>nsation                                | No X                                    |      |

| 1990<br>rt V | III Statement of Reve   | nue               | IDATION INC.   |               |  | 20-5254885                 | Page 9   |
|--------------|---|-------------------|--|---------------|--|----------------------------|--|
|              | Check if Schedule O con   | tains a respons   | se or note to any li   | (A)           | (B)                                    | (C)<br>Unrelated           | (b)  |
|              | #25<br>   |                   |  | Total revenue | Related or exempt function revenue     | Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 1            | a Federated campaignsb Membership dues                                    | 1a<br>1b          |  |               |  |                            | 1 312-314  |
|              | c Fundraising events  | <u>10  </u><br>1c |  |               |  |                            |  |
|              | d Related organizations  a Government grants (contribute)                 | 1d                |  |               |  |                            |  |
| 1            | All other contributions, gifts, grar                                      | its, and          |  |               |  |                            |  |
| **:          | similar amounts not included abo  Noncash contributions included in lines |                   | 1,828,891,<br>10,582,  |               |  |                            |  |
|              | n Total. Add lines 1a-1f  |                   |  | 1 828 891     |  |                            |  |
| 2 8          | **  |                   | Business Code  |               |  |                            |  |
| 2            |   |                   |  |               |  |                            |  |
|              |   | :                 |  |               | ······································ |                            |  |
| •            | All other program service reve  | API IA            |  |               |  |                            |  |
|              | Total. Add lines 2a-2f  | ***********       | <u> </u>   | :             |  |                            |  |
| 3            | Investment income (including other similar amounts)                       | dividends, inte   | rest, and  | 36,881.       |  |                            |  |
| 4            | Income from investment of ta  | x-exempt bond     | proceeds   | 30.181.       |  |                            | 36,881,  |
| 5            | Royalties   | (i) Real          | (ii) Personal  |               |  |                            |  |
| 6 8          | Gross rents   |                   |  |               |  |                            |  |
|              | Less: rental expenses   |                   |  |               |  |                            |  |
| 7 s          | Net rental income or (loss) Gross amount from sales of                    | (i) Securities    | T 78 OH  |               |  |                            |  |
|              | assets other than inventory   | 41,597            |  |               |  |                            |  |
| , It         | Less: cost or other basis and sales expenses                              | 44.502            |  |               |  |                            | 20-44-0<br>18-4-0                                      |
| O            | Gain or (loss)  | <2.905            |  |               |  |                            |  |
| 8 a          | Net gain or (loss)  | g events (not     | · · · · · · · · · · · · · · · · · · ·  | <2,905,       | <b>S</b>                               |                            | <2,905,>   |
|              | including \$ contributions reported on line                               | of                |  |               |  |                            |  |
|              | Part IV, line 18  |                   | э  |               |  |                            |  |
| . b          | Less: direct expenses  Net income or (loss) from fund                     |                   |  |               |  |                            |  |
| 9 a          | Gross income from gaming ac   | tivities. See     |  |               |  |                            |  |
| ∃b           | Part IV, line 19  |                   | ) <u> </u>   |               |  |                            | ***  |
| ¨ c          | Net income or (loss) from gam<br>Gross sales of inventory, less           | ing activities    | ·  |               |  |                            |  |
|              | and allowances  |                   |  |               |  |                            |  |
| b            | Less: cost of goods sold  | of inventory      |  |               |  |                            |  |
|              | Miscellaneous Revenue   |                   | Business Code  |               |  |                            |  |
| 11 a<br>b    |   | :                 |  |               |  |                            |  |
| C            | All other researce  | : ::              |  |               |  |                            |  |
| d            | All other revenue Total. Add lines 11a-11d                                |                   | Initial section of the section of th |               |  |                            | ***************************************                |

# Form 990 (2016) VAIL VETERANS FOUNDATION INC. Part IX Statement of Functional Expenses

| Do<br>7b,   | Check if Schedule O contains a respo<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII. | Total expenses                          | (B) Program service expenses          | (C) Management and general expenses     | (D)<br>Fundraising                     |
|-------------|--|---|---------------------------------------|---|--|
| 1           | Grants and other assistance to domestic organizations  |   |                                       | genotal expenses                        | expenses                               |
|             | and domestic governments. See Part IV, line 21   | ::                                      | 1 11 11 11                            |   |  |
| 2           | Grants and other assistance to domestic  |   |                                       |   |  |
|             | individuals. See Part IV, line 22  |   | 1 1 1                                 | 144                                     |  |
| 3::         | Grants and other assistance to foreign   | :.                                      |                                       |   |  |
| :           | organizations, foreign governments, and foreign  |   | 1 7                                   |   |  |
|             | individuals. See Part IV, lines 15 and 16  | " <u>.</u> # "                          |                                       |   |  |
| 4           | Benefits paid to or for members  | : : :                                   | :                                     |   |  |
| 5           | Compensation of current officers, directors,   | 44                                      |                                       |   |  |
|             | trustees, and key employees  | 121,084                                 | 61 050                                |   |  |
| 6           | Compensation not included above, to disqualified   | 121,004                                 | 64,859,                               | 34,490,                                 | 21,735                                 |
|             | persons (as defined under section 4958(f)(1)) and  | "                                       | #                                     |   | : H = B                                |
|             | persons described in section 4958(c)(3)(B)   | 44                                      | #                                     |   |  |
| 7           | Other salaries and wages   | 32.000                                  |                                       |   |  |
| 8           | Pension plan accruals and contributions (include   | 32,282                                  | 12,479,                               | 7,911,                                  | 11,892                                 |
| :           | section 401(k) and 403(b) employer contributions)  |   | ::                                    |   |  |
| 9           | Other employee benefits  |   |                                       |   |  |
| 0           | Payroll taxes  | 24 000                                  |                                       | ::                                      |  |
| 1           | Fees for services (non-employees):   | 24,088,                                 | 6,930.                                | 14,145,                                 | 3,013                                  |
| :8          | Management   |   | #                                     |   | [·· ::                                 |
| b           | Legal  |   |                                       |   |  |
| C           | Accounting   | ······································  | · · · · · · · · · · · · · · · · · · · |   | •                                      |
| d           | Lobbying   |   |                                       |   | :.:                                    |
| ě           | Professional fundraising services. See Part IV, line 17  | *************************************** |                                       | 000000000000000000000000000000000000000 |  |
| ť           | Investment management fees   |   |                                       |   | ·                                      |
| -           | Other. (If line 11g amount exceeds 10% of line 25,   | 8,154.                                  |                                       | 8,154,                                  |  |
| 13          | column (A) amount, list line 11g expenses on Sch ().)  |   |                                       |   | eny.                                   |
| <b>,</b> :: | Advertising and promotion  |   | ···                                   |   | :: :: :: :: :: :: :: :: :: :: :: :: :: |
| 3           | Office expenses  | 38,135.                                 |                                       | 21,227,                                 | 16,908                                 |
| 4           | Information technology   | 52,696,                                 | 33,574.                               | 19,122,                                 | ::                                     |
| 5           | Royalties  | 4,320,                                  |                                       | 4,320,                                  |  |
| 6<br>6      | Occupancy  | ***                                     |                                       |   |  |
| 7.          | Occupancy  | 24,450,                                 |                                       | 24,450.                                 | <u> </u>                               |
| *.:<br>B    | Payments of travel or entertainment expenses   | 359,357,                                | 346,609.                              | 1,776,                                  | 10,972                                 |
|             | for any federal, state, or local public officials  |   | *                                     |   | *                                      |
| 9:          | Conferences, conventions, and meetings   |   |                                       |   |  |
| 0           | Interest   | ***                                     |                                       | ***                                     |  |
|             | Payments to affiliates   | ······································  | ::                                    | : .                                     |  |
| 2           | Depreciation, depletion, and amortization  |   | : :                                   |   |  |
|             | Insurance:   | 4,996,                                  | 3,427.                                | 1,569,                                  |  |
|             |  | 2,039,                                  |                                       | 2,039.                                  |  |
| •           | 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 0.)                       |   |                                       |   |  |
|             |  |   |                                       |   |  |
|             | PARTICIPANT INSTRUCTION CONTRACT LABOR   | 382,332,                                | 382,332,                              |   |  |
| .C:         | CONTRACT LABOR:::  | 1,868,                                  |                                       | 1,868.                                  | · · · · · · · · · · · · · · · · · · ·  |
| d           |  |   |                                       |   |  |
| :: '        | All other expenses   |   |                                       |   |  |
|             |  | 3,105,                                  | 3,105.                                |   |  |
| 5           | Total functional expenses. Add lines 1 through 24e   | 1,058,906,                              | 853,315.                              | 141,071.                                | 64.520.                                |
| 3           | Joint costs. Complete this line only if the organization   |   |                                       | # # # # # # # # # # # # # # # # # # #   |  |
| :           | reported in column (B) joint costs from a combined   | r <u></u>                               |                                       | H TH                                    |  |
|             | educational campaign and fundraising solicitation.   |   |                                       |   |  |
|             | Check here If following SOP 98-2 (ASC 956-720)   |   |                                       |   |  |
| 2010        | -11-11-16  |   |                                       |   | Form <b>990</b> (2016)                 |

| :: ::::::::<br>:::                     | Check if Schedule O contains a response or note to any line in this Part X   |                          | .,        |  |
|--|--|--------------------------|-----------|--|
|  |  | (A)<br>Beginning of year |           | (B)<br>End of year   |
| : 1                                    | Cash - non-interest-bearing  |                          | 14        | 2.10 O. Jua  |
| 2                                      | Savings and temporary cash investments   | 705,519                  |           | 941: 788   |
| 3                                      | Pledges and grants receivable, net   | 7,03,313                 | 3         | 941,788,   |
| 4                                      | r dood no rocardolo; riot  | 75                       | 1         | 50 400   |
| 5                                      | Loans and other receivables from current and former officers, directors,   |                          |           | 59,400,  |
| 1                                      | trustees, key employees, and highest compensated employees. Complete   |                          |           |  |
|  | Part II of Schedule L  | 3 111 11 11 11           | 5         |  |
| 6                                      | Loans and other receivables from other disqualified persons (as defined und  | er                       |           |  |
|  | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut   | ing                      |           |  |
|  | employers and sponsoring organizations of section 501(c)(9) voluntary  |                          |           |  |
|  | employees' beneficiary organizations (see instr). Complete Part II of Sch L  | 112.                     | 6         | 446.0611196996110969612111066696969696969696969  |
| 7                                      | Notes and loans receivable, net  | ::                       | 7         |  |
| 8                                      | Inventories for sale or use  |                          | 8         |  |
| 9                                      | Prepaid expenses and deferred charges  | 5,380                    | 9         | 7,153.   |
| 10a                                    | Land, buildings, and equipment: cost or other  |                          |           | ,  |
| :::                                    | basis. Complete Part VI of Schedule D 10a 32,8   | 28.                      |           |  |
|  | Less: accumulated depreciation 10b 10 10 10  | 40. 27.784               | 10c       | 22,788.  |
| 11                                     | Investments - publicly traded securities   | 225,132                  | 11        | 272,998.   |
| 12                                     | Investments - other securities. See Part IV, line 11   | 406,774                  | 12        | 935, 294,  |
| 13                                     | Investments - program-related. See Part IV, line 11  | •••                      | 13        |  |
| 15                                     | Intangible assets Other assets. See Part IV, line 11   | ***                      | 14        |  |
| 16                                     | Tatal agents Add lines 1 through 16 females 11   |                          | 15        | 112  |
|  | Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses  | 1,370,664,               | 16        | 2,239,421,   |
| 18                                     | Grants navable   | 3,804,                   | 17        | 20,274.  |
| 19                                     | Grants payable Deferred revenue  | ***                      | 18        |  |
| 20                                     | Tax-exempt bond liabilities  | •••                      | 19        |  |
| 21                                     | Escrow or custodial account liability. Complete Part IV of Schedule D  | ***                      | 20        |  |
| 22                                     |  | ***                      | 21        | Hillian Committee Committe |
|  | 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   | 24.11 22.1 13            | 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  | :: :::                   |           | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;   |
| 1 11 1                                 | Schedule D   |                          | 25        |  |
| 26                                     | Total liabilities. Add lines 17 through 25   | 3 804                    | 26        | 20, 274,   |
| : ::                                   | Organizations that follow SFAS 117 (ASC 958), check here   |                          |           |  |
| :: :: :                                | complete lines 27 through 29, and lines 33 and 34.   |                          |           |  |
| 27                                     | Unrestricted net assets  | 1,366,860.               | 27        | 1,784,929,   |
| 28                                     | Temporarily restricted net assets  | .,,                      | 28        | 434,218.   |
| 29                                     | Permanently restricted net assets  | ***                      | 29        |  |
| i 11, 1                                | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  | J [                      |           |  |
| 30                                     | and complete lines 30 through 34.  Capital stock or trust principal, or current funds  |                          |           |  |
| 31                                     | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 30        |  |
| 32                                     | Retained earnings, endowment, accumulated income, or other funds   | •••                      | 31        |  |
| 33                                     | Total net assets or fund balances  |                          | 32        |  |
| 34                                     | Total liabilities and net assets/fund balances   | 1,366,860,               | 33        | 2,219,147.   |
|  | The state of the s | 1,370,664.               | 34        | 2 239 421.<br>Form <b>990</b> (2016)   |
|  |  |                          | :         | rorm <b>330</b> (2016)   |
|  |  |                          | ::: '' '' |  |
| ::                                     |  |                          |           |  |
|  |  |                          | !!:       |  |
| 11-11                                  |  |                          | 111       |  |

| Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part XII, column (A), line 12) 1 Total revenue (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 8 803,961, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,366,860, 5 Net unrealized gains (losses) on investments 5 4 4,3265, 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 7 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  | om 990 (2016) VAIL VETERANS FOUNDATION INC. Part XI Reconciliation of Net Assets   |   | <u> 20-525488</u>                | 5 Page <b>1</b> 2                      | 2  |
|--|--|---|----------------------------------|--|--|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 803, 951, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (posses) on investments 6 Donated services and use of facilities 6 Revenue less expenses. 7 Prior period adjustments 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 1 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  |  |   |                                  |  |  |
| Revenue less expenses. Subtract line 2 from line 1 1 3 803 961.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 366 860.  Net unrealized gains (lossee) on investments 5 48, 326.  Net unrealized gains (lossee) on investments 5 48, 326.  Prior period adjustments 6 6 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3   |  |   |                                  |  | L  |
| Revenue less expenses. Subtract line 2 from line 1   3   803 961.  1. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   4   1, 366 860.  5. Net unrealized gains (lossee) on investments   5   48 , 326.  5. Net unrealized gains (lossee) on investments   5   48 , 326.  6. Investment expenses   7   7   8   8   9   9   9   9   9   9   9   9  | 1 Total revenue (must equal Part VIII, column (A), line 12)  |   | 1::                              | 1 862 867                              | ::::::::<br>1                            |
| a Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  A Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  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:  Separate basis Consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate ba | r Total expenses (must equal Part IX, column (A), line 25)   |   | 2                                | 1 058 906                              |  |
| Accounting method used to prepare the Form 990:  | revenue less expenses. Subtract line 2 from line 1 :: : : : : : : : : : : : : : : : : :  |   | 3                                |  |  |
| So Donated services and use of facilities  5 Donated services and use of facilities  6 Investment expenses  7 Prior period adjustments  8 Prior period adjustments  9 Prior period adjustments  10 Prior period adjusted basis  10  | f 190k 3880kb OF fUNG DRIANCES At haddining of year (much agual hart V. time on 444  |   | 4                                |  | -  |
| Investment expenses   6   7  | The chiredized gains (losses) on investments   |   | 5                                |  | •••                                      |
| Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash   | 2 Dougrad salvidas glid dae Ol (SCIIII)68  |   | 6                                |  |  |
| Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   Cash   | Prior period adjustments   |   |                                  |  |  |
| Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Separate basis, consolidated basis, or both:  Were the organization's financial statements compiled or reviewed by an independent accountant?  Both consolidated and separate basis  Were the organization's financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  A 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-1337  To it "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization and required audit or audits?  | Other changes in not assets or fund holesoes (arminist to Out and Out and Out of Out and Out of Out  |   | 8                                |  | ::                                       |
| column (B)   | Net assets or fund balances at and of year Combine 18 19 20  | ***************************************   | 9                                | ó,                                     | : :<br>Ma                                |
| Accounting method used to prepare the Form 990:  | ANTONO (D))  | 1   |                                  | aki tata                               | :  |
| Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  a 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:  Separate basis Consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo and the required audit and time organization and the required audit or audits? If the organization did not undergo and the required audit and time organization and the required audit or audits? If the organization did not undergo and time and time and the required audit and time and time and the required audit and time and |  |   | 10                               | 2,219,147                              | ::                                       |
| Accounting method used to prepare the Form 990: Cashx Accrual Other    If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? 2a x    If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis    Were the organization's financial statements audited by an independent accountant?   2b x    If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis X    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? 2c X    If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | Check if Schedule O contains a response or note to any line in this Book VII   | 4   |                                  |  | ::                                       |
| Accounting method used to prepare the Form 990:  | TO THE TOTAL OR THE  | ***********************   |                                  | ······································ |  |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  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:  Separate basis Consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo and the required audit or audits?  If the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?   | Approximation mothers would be a second to the second to t |   |                                  | Yes No                                 | <del>-</del> .                           |
| 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:  Separate basis Consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  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?  If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits as set forth and the organization an | Accused to prepare the Form 990:   Cash     Accused   Other  |   |                                  | Dec 3886 1 270 00 11 8986666           |  |
| separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo and the required audit or audits as set forth or the required audit and the organization and audit or audits as set forth or the required audit and audit or audits? If the organization did not undergo and audit and undergo and a | If the organization changed its method of accounting from a prior year or checked "Other " avo   | Join in Cabadala O  |                                  |  | :  |
| Separate basis   | If the organization changed its method of accounting from a prior year or checked "Other," exp<br>Were the organization's financial statements compiled or reviewed by an independent account  | olain in Schedule O   |                                  | _                                      |  |
| Separate basis   | If the organization changed its method of accounting from a prior year or checked "Other," exp<br>Were the organization's financial statements compiled or reviewed by an independent account  | olain in Schedule O   |                                  | 2a X                                   | :<br>:<br>:<br>:                         |
| 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:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?  | If the organization changed its method of accounting from a prior year or checked "Other," exp<br>Were the organization's financial statements compiled or reviewed by an independent account<br>if "Yes," check a box below to indicate whether the financial statements for the year were con-   | olain in Schedule O   |                                  | 2a x                                   | #::                                      |
| consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis  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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits as set forth in the Single Audit as a set forth or audits as set forth or audits as a  | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account  If "Yes," check a box below to indicate whether the financial statements for the year were completed basis, consolidated basis, or both:  Separate basis  Consolidated basis  Roth consolidated and reported  | olain in Schedule O<br>ant?<br>piled or reviewed o  | n a                              | 2a X                                   | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| Separate basis   | If the organization changed its method of accounting from a prior year or checked "Other," exp Were the organization's financial statements compiled or reviewed by an independent account If "Yes," check a box below to indicate whether the financial statements for the year were comparate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate Were the organization's financial statements audited by an independent accountant?   | olain in Schedule O<br>ant?<br>piled or reviewed o<br>basis   | n <b>a</b>                       | B-112, 241                             | # 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?  | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account  If "Yes," check a box below to indicate whether the financial statements for the year were comp  separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate  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 surficient.   | olain in Schedule O<br>ant?<br>piled or reviewed o<br>basis   | n <b>a</b>                       | B-112, 241                             | # 10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 |
| 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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account  If "Yes," check a box below to indicate whether the financial statements for the year were completed by the consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate  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 audit consolidated basis, or both:   | olain in Schedule O<br>ant?<br>piled or reviewed o<br>basis   | n <b>a</b>                       | B-112, 241                             | # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account if "Yes," check a box below to indicate whether the financial statements for the year were completed basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate be 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 audit consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate  | plain in Schedule O<br>ant?<br>pilled or reviewed o<br>basis<br>ted on a separate b   | n a                              | B-112, 241                             |  |
| 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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit   | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account if "Yes," check a box below to indicate whether the financial statements for the year were completed by the prior of the year were completed by the prior of the year were completed by 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 audit consolidated basis, or both:    X   Separate basis   | plain in Schedule O<br>ant?<br>pilled or reviewed o<br>basis<br>ted on a separate b   | n a                              | B-112, 241                             |  |
| Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit   | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account  If "Yes," check a box below to indicate whether the financial statements for the year were completed by the organization of sinancial statements and itself by an independent accountant?  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 audit consolidated basis, or both:   X Separate basis Consolidated basis Both consolidated and separate  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for review, or compilation of its financial statements and selection of an independent accountant?   | plain in Schedule O<br>ant?<br>piled or reviewed o<br>basis<br>ted on a separate b<br>basis<br>or oversight of the a  | n a<br>asis,<br>udit,            | 2b x                                   | # 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  | If the organization changed its method of accounting from a prior year or checked "Other," exp  Were the organization's financial statements compiled or reviewed by an independent account if "Yes," check a box below to indicate whether the financial statements for the year were completed by the organization of the year were completed by the organization of the year were audit consolidated basis.   Both consolidated and separate by the organization of the year were audit consolidated basis, or both:  The organization of the organization have a committee that assumes responsibility for 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 years.   | plain in Schedule O<br>ant?<br>piled or reviewed o<br>basis<br>ted on a separate b<br>basis<br>or oversight of the a  | n a asis,                        | 2b x                                   | **************************************   |
| tr "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  | If the organization changed its method of accounting from a prior year or checked "Other," exp Were the organization's financial statements compiled or reviewed by an independent account If "Yes," check a box below to indicate whether the financial statements for the year were comp separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate be 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 audit consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate of "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility fo 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 as a result of a federal award, was the organization required to undergo an audit or audits as see  | plain in Schedule O<br>ant?<br>piled or reviewed o<br>basis<br>ted on a separate b<br>basis<br>or oversight of the a  | n a asis,                        | 2b x                                   |  |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | If the organization changed its method of accounting from a prior year or checked "Other," exp Were the organization's financial statements compiled or reviewed by an independent account If "Yes," check a box below to indicate whether the financial statements for the year were completed and separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate bear of the year were audit consolidated basis, or both:  Separate basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate or lif "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 as a result of a federal award, was the organization required to undergo an audit or audits as selection OMB Circular A-133?  | plain in Schedule O<br>ant?<br>piled or reviewed o<br>basis<br>ted on a separate b<br>basis<br>or oversight of the a<br>r, explain in Schedu                        | n a  asis,  udit,  ile O.  Audit | 2b x                                   |  |
|  | If the organization changed its method of accounting from a prior year or checked "Other," exp Were the organization's financial statements compiled or reviewed by an independent account If "Yes," check a box below to indicate whether the financial statements for the year were completed and separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate below to indicate whether the financial statements for the year were audit consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate consolidated basis  Consolidated basis  Both consolidated and separate of "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 as a result of a federal award, was the organization required to undergo an audit or audits as select and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not use  | plain in Schedule O<br>ant?<br>piled or reviewed o<br>basis<br>ted on a separate b<br>basis<br>or oversight of the a<br>r, explain in Schedulet forth in the Single | n a  asis,  udit,  ile O.  Audit | 2b x                                   |  |

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2016

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

Open to Public Inspection

.. ::

|          |  |  | HEALTH STATES   | TOTOKT TANK  | 11 11 11111   |  | i ili ga salas ili sa di di  | sta warra wati ili ili                               |
|----------|--|--|---|--|---|--|--|--|
| art I    | Reason for I   | Public Cha   | RANS FOUNDA   | (All organizations mus   | of complete this part \   | Sea inetroption  | 20-525   | 4885   |
| e orga   | nization is not a priva  | ate foundation   | n because it is   | : (For lines 1 through 1   | 2 chack only one bar  | )  | <b>3.</b> :: ::  |  |
|          | A church, convent  | ion of church  | es, or associat   | tion of churches descri  | thad in continu dance   | 4<br>(4)(A)(0)   |  | 1 **   |
| : [::    | A school describe  | in section   | 170/b)(1¥A¥ii)  | (Attach Schedule E (F  | ow ood as ood Est   | (тдаді).   |  |  |
|          | A hospital or a coo  | perative hos   | pital service or  | ganization described in  | onn 880 or 880 EZJ.)  |  | 1::  | n nj   |
|          | A medical research   | n organization   | operated in c   | onjunction with a hosp   | itsection 170(b)(1)(A)  | (111).   |  | <br>20   |
| <br>::   | city, and state:   | 1111   | 11  | ordenous martariost  | nrai geschiped iti aeCti  | ON TANKDICTION   | (III). Enter the ho  | espital's name,                                      |
|          |  | erated for the   | e henefit of a c  | ollege or university ow  |   | 111  |  | 11 11: 11  |
| :        | section 170(b)(1)  | Allivi. (Comr  | lete Part II )  | oughe or minimizity on   | med or operated by a  | governmental (   | mit described in   | " ! !!   |
|          | A federal, state, or   | local govern   | ment or govern  | mental unit described  |   |  | **   |  |
| [x]      | An organization th   | at normally re   | naives a subst  | interital utilit described   | in section 170(b)(1)(A  | ()(v).   |  | . :  |
| •        | section 170(b)(1)(   | Mid Come   | loto Dout II i  | antial part of its suppo   | on from a government  | al unit or from t  | he general public  | described in   |
|          | A community trust  | donnihad in  | ete Part (f.)   | ***************************************  |   |  |  |  |
|          | An applicable and read   | described in   | section 170(b   | )(1)(A)(vi). (Complete F   | Part II.)   | ::   |  | ::   |
| ::       | or university as a   | arch organiz   | ation describe  | d in section 170(b)(1)(  | (A)(ix) operated in con   | unction with a   | land-grant college   | e · ·  |
| ٠        | or dinagrately of a li   | on-land-grant  | college of agri   | culture (see instruction   | ns). Enter the name, ci   | ly, and state of   | the college or   | :  |
|          | ditiversity,   |  | **  |  |   | ** ::  |  |  |
|          |  | at normally re   | ceives: (1) mor   | e than 33 1/3% of its :  | support from contribut  | ions, members  | hip fees, and gro  | ss receipts from                                     |
| ::       | MONATION I GISTOR CO   | ure avaight if   | aricuons - supp   | ect to certain exception   | ns, and (2) no more th  | an 33 1/3% Af  | to punnant from .  | water the same and the same as a second              |
|          | TOWN OF WALLES   | gentinena na   | raxable incom   | e (less section 511 tax  | ) from businesses acq   | uired by the or  | anization after J  | une 30, 1975   |
|          | COO SECTION DOSES  | Ver (nombie)   | te Part III.)   | The second secon | **  | ***  |  |  |
|          | An organization org  | janized and c  | perated exclu-  | sively to test for public  | safety. See section 5   | 09(a)(4).  |  | : ::   |
|          | An organization org  | janized and c  | perated exclusion   | sively for the benefit of  | to perform the functi   | nounders   |  |  |
|          | more publicly supp   | orted organia  | etione docorih  | ad in anation continue   | t to portorni me juricu   | uns di, di to ca   | riy out me purpo   | ses of one or  |
|          | lines the three states   | Orted Ordering   | audis describ   | ed in section 509(a)(1   | ) of section 509(a)(2).   | See section 5  | <b>09(a)(3).</b> Check t   | he box in  |
|          | — was isa niionfin i   | Ka mar desc  | noes the type :   | of supporting organiza   | tion and annualization  |  |  |  |
|          |  | •  |   | an ambibarring a Bentier   | mon and complete line   | s 12e, 12f, and  | 12g.   |  |
| L        | ⊥ı ı ype ı. A suppon   | ung organizai  | tion operated,  | supervised, or controll  | ed by its supported or  | nanization/e) t  | minally by whiten  |  |
| <b>.</b> | the supported or   | ung organizai<br>ganization(s)   | tion operated, the power to re  | supervised, or controll<br>egularly appoint or elec  | ed by its supported or  | nanization/e) t  | minally by whiten  | ina :  |
| :        | the supported or organization. You   | ung organizai<br>ganization(s)<br>i <b>must com</b> p  | tion operated,<br>the power to re<br>lete Part IV, S  | supervised, or controll<br>egularly appoint or elec<br>ections A and B.  | ed by its supported or<br>ct a majority of the dire   | ganization(s), t<br>ectors or truste   | pically by giving<br>as of the support   | ing  |
| :        | the supported or organization. You Type II. A support  | ung organizat<br>ganization(s)<br>i must comp<br>ting organiza   | tion operated,<br>the power to re<br>lete Part IV, S<br>ition supervise   | supervised, or controll<br>egularly appoint or elec<br>ections A and B.<br>d or controlled in conn   | ed by its supported or<br>of a majority of the dire   | ganization(s), to  | ypically by giving as of the support   | ing  |
| :        | the supported or organization. You Type II. A support  | ung organizat<br>ganization(s)<br>i must comp<br>ting organiza   | tion operated,<br>the power to re<br>lete Part IV, S<br>ition supervise   | supervised, or controll<br>egularly appoint or elec<br>ections A and B.<br>d or controlled in conn   | ed by its supported or<br>of a majority of the dire   | ganization(s), to  | ypically by giving as of the support   | ing  |
|          | the supported or organization. You Type II. A support control or manage.   | ung organizat<br>ganization(s)<br>i must comp<br>ting organiza<br>ement of the   | tion operated, the power to relete Part IV, S<br>tion supervised<br>supporting org  | supervised, or controlled applications A and B.  d or controlled in connumeration the particular in th | ed by its supported or<br>of a majority of the dire   | ganization(s), to  | ypically by giving as of the support   | ing  |
|          | the supported or organization. You Type II. A support control or managorganization(s). Y   | ganization(s)  must comp  ting organization  ement of the  ou must con   | tion operated, the power to relete Part IV, S tion superviser supporting organized part IV, applete Part IV,  | supervised, or controlled ularly appoint or elections A and B. do roontrolled in connumization vested in the Sections A and C.   | ed by its supported or<br>of a majority of the dire-<br>section with its support<br>e same persons that c   | ganization(s), to<br>ectors or trusted<br>and organization<br>ontrol or manage   | ypically by giving<br>es of the support<br>n(s), by having<br>ge the supported   | ing  |
|          | the supported or organization. You Type II. A support control or manage organization(s). Y Type III function   | ung organization(s)  i must comp  iting organizationent of the  ou must con  ally integrate  | tion operated, the power to re lete Part IV, S tion supervise supporting org nplete Part IV, ed. A supportir  | supervised, or controlled<br>egularly appoint or elect<br>ections A and B.<br>d or controlled in conniganization vested in the<br>Sections A and C.<br>ag organization operate   | ed by its supported or<br>ct a majority of the dire<br>section with its support<br>e same persons that c  | ganization(s), to<br>octors or trusted<br>and organization<br>ontrol or manage   | ypically by giving<br>es of the support<br>n(s), by having<br>ge the supported   | ing  |
|          | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported org   | ung organization(s) i must comp iting organizationg organization ement of the ou must con ally integrate anization(s) (s   | tion operated, the power to re-<br>lete Part IV, S<br>tion supervise<br>supporting org<br>nplete Part IV,<br>ed. A supportir<br>see instruction   | supervised, or controlled gularly appoint or elections A and B.  d or controlled in connumerization vested in the Sections A and C.  ig organization operates.  S. You must complete   | ed by its supported or<br>of a majority of the direction with its support<br>e same persons that c<br>ed in connection with,  | ganization(s), to<br>octors or trusted<br>and organization<br>ontrol or manage<br>and functional   | pically by giving<br>es of the support<br>n(s), by having<br>ge the supported<br>y integrated with   | ing :  |
|          | the supported or organization. You Type II. A support control or managorganization(s). You Type III function its supported org   | ung organization(s) i must comp iting organization ement of the ou must con ally integrate anization(s) (c ctionally inte  | the power to re<br>lete Part IV, S<br>tion supervises<br>supporting org<br>nplete Part IV,<br>ed. A supportir<br>see instruction<br>grated. A supp  | supervised, or controllegularly appoint or elections A and B.  d or controlled in connumerization vested in the Sections A and C.  ag organization operate of the Sections A and C.  by organization operate operation organization organizatio | ed by its supported or<br>of a majority of the dire-<br>ection with its support<br>e same persons that c<br>ed in connection with,<br>the Part IV, Sections A,  | ganization(s), to coors or trusted organization on trol or management of the coors  | pically by giving as of the support in(s), by having ge the supported y integrated with  | ing  |
|          | the supported or organization. You Type II. A support control or managorganization(s). You Type III function its supported organization that is not function that is not function.   | ganization(s) i must comp iting organization ement of the ou must con ally integrate anization(s) (s ctionally integrate anally integrate  | the power to re<br>lete Part IV, S<br>lition supervises<br>supporting org<br>riplete Part IV,<br>ed. A supporting<br>see instruction<br>grated. A supperd.  | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operates. You must complet porting organization operation of the section of the sectio | ed by its supported or<br>of a majority of the direc-<br>ection with its support<br>e same persons that c<br>ed in connection with,<br>the Part IV, Sections A,<br>perated in connection is<br>satisfy a distribution re-   | ganization(s), to<br>ectors or trusted<br>and organization<br>control or manage<br>and functional<br>D, and E.   | pically by giving as of the support in(s), by having ge the supported y integrated with  | ing  |
|          | the supported or organization. You Type II. A support control or manage organization(s). You Type III function its supported organization organization organization its supported organization organization organization organization organization organization organization organization.   | ganization(s) i must comp ting organization ement of the ou must con ally integrate anization(s) (s tionally integrate instructions).  | the power to re- the power to re- lete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must co  | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate solutions. You must complet porting organization or zation generally must amplete Part IV. Sections   | ed by its supported or<br>of a majority of the direc-<br>ection with its support<br>e same persons that c<br>ed in connection with,<br>the Part IV, Sections A,<br>perated in connection re<br>satisfy a distribution re  | ganization(s), to<br>ectors or trusted<br>and organization<br>control or manage<br>and functional<br>D, and E.<br>with its support<br>quirement and  | pically by giving<br>es of the support<br>n(s), by having<br>ge the supported<br>y integrated with<br>ted organization(s<br>an attentiveness   | ing  |
|          | the supported or organization. You Type II. A support control or manage organization(s). Y Type III function its supported organization   | ung organization(s) in must comp ting organization of the ou must con ally integrate anization(s) (ctionally integratinstructions).  | the power to re- lete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must cor ion received a   | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate sy. You must complet porting organization operation generally must symplete Part IV, Section written determination  | ed by its supported or<br>of a majority of the direc-<br>section with its support<br>e same persons that c<br>ed in connection with,<br>the Part IV, Sections A,<br>perated in connection is<br>satisfy a distribution re<br>ons A and D, and Part<br>from the IRS that it is   | ganization(s), to<br>ectors or trusted<br>and organization<br>control or manage<br>and functional<br>D, and E.<br>with its support<br>quirement and  | pically by giving<br>es of the support<br>n(s), by having<br>ge the supported<br>y integrated with<br>ted organization(s<br>an attentiveness   | ing : : : : : : : : : : : : : : : : : : :            |
|          | the supported or organization. You Type II. A support control or manage organization(s). Y Type III function its supported org Type III non-function that is not function requirement (see Check this box if functionally integi   | ganization(s) I must comp I must comp I must comp I must comp I must com I mu | the power to re- lete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A sup ed. The organi You must co- ion received a e III non-function   | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operates. You must complet porting organization operation of the section of the sectio | ed by its supported or<br>of a majority of the direc-<br>section with its support<br>e same persons that c<br>ed in connection with,<br>the Part IV, Sections A,<br>perated in connection is<br>satisfy a distribution re<br>ons A and D, and Part<br>from the IRS that it is   | ganization(s), to<br>ectors or trusted<br>and organization<br>control or manage<br>and functional<br>D, and E.<br>with its support<br>quirement and  | pically by giving<br>es of the support<br>n(s), by having<br>ge the supported<br>y integrated with<br>ted organization(s<br>an attentiveness   | ing  |
| Ente     | the supported or organization. You Type II. A support control or manage organization(s). Y Type III function its supported org Type III non-function that is not function requirement (see Check this box if functionally integing the number of supported or gup  | ganization(s) I must comp I must comp I must comp I must comp I must com I mu | tion operated, the power to re lete Part IV, S ation supervises supporting organized. A supportir grated. A supper ded. The organity ou must coilon received a bill non-functions.  | supervised, or controllegularly appoint or elections A and B. d or controlled in connumeration vested in the Sections A and C. ag organization operate specific organization operate conting organization operation generally must amplete Part IV, Section written determination on ally integrated supportants.  | ed by its supported or<br>of a majority of the direc-<br>section with its support<br>e same persons that c<br>ed in connection with,<br>the Part IV, Sections A,<br>perated in connection is<br>satisfy a distribution re<br>ons A and D, and Part<br>from the IRS that it is   | ganization(s), to<br>ectors or trusted<br>and organization<br>control or manage<br>and functional<br>D, and E.<br>with its support<br>quirement and  | pically by giving<br>es of the support<br>n(s), by having<br>ge the supported<br>y integrated with<br>ted organization(s<br>an attentiveness   | ing  |
| Prov     | the supported or organization. You organization. You Type II. A support control or manage organization(s). Y Type III function its supported organization   | ganization(s) I must comp I must comp I must comp I must comp I must com I must con I mu | the power to re- lete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir grated. A support red. The organi You must coi ion received a bill non-functic izations ut the support  | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate so. You must complet corting organization operation generally must simplete Part IV, Section written determination on ally integrated supposed organization(s).   | ed by its supported or ct a majority of the direction with its support e same persons that conditions and in connection with, the Part IV, Sections Apperated in connection restains a distribution reparts A and D, and Part from the IRS that it is corting organization.   | ganization(s), to<br>ectors or trusted<br>and organization<br>control or manage<br>and functional<br>D, and E.<br>with its support<br>quirement and  | pically by giving<br>es of the support<br>n(s), by having<br>ge the supported<br>y integrated with<br>ted organization(s<br>an attentiveness   | ing  |
| Prov     | the supported or organization. You organization. You Type II. A support control or manage organization(s). Y Type III function its supported organization  Organization organization organization organization organization. Organization organization organization organization organization organization organization organization organization. Organization orga | ganization(s) I must comp iting organization ou must com ally integrate anization(s) (s ctionally integrat instructions). the organizat rated, or Type ported organ ormation about   | tion operated, the power to re lete Part IV, S ation supervises supporting organized. A supportir grated. A supper ded. The organity ou must coilon received a bill non-functions.  | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate sections are completed organization operated organization operation generally must semplete Part IV, Section written determination on ally integrated supposed organization(s).   | ed by its supported or ct a majority of the direction with its supported as same persons that ce and in connection with, the Part IV, Sections Apperated in connection restriction or a A and D, and Part from the IRS that it is a corting organization.   | ganization(s), to coors or trusted organization ontrol or manage and functional of the coors of  | pically by giving as of the support of the support of the supported of the supported with the dorganization of the supported organization of the supported organization of the supported organization of the support of  | ing  |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integer the number of supported organization   | ganization(s) I must comp I must comp I must comp I must comp I must com I must con I mu | the power to re- lete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir grated. A support red. The organi You must coi ion received a bill non-functic izations ut the support  | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate so. You must complet corting organization operation generally must simplete Part IV, Section written determination on ally integrated supposed organization(s).   | ed by its supported or of a majority of the direction with its supported as same persons that conditions are persons that conditions are part IV, Sections Appearated in connection restainsty a distribution respons A and D, and Part from the IRS that it is a corting organization.   | ganization(s), to ctors or trusted organization ontrol or managand functionall <b>D</b> , and <b>E</b> , with its support quirement and <b>V</b> .   | rpically by giving as of the support on(s), by having the supported by integrated with the dorganization(s) an attentiveness of the supported organization of the supported organization of the supported organization of the supported organization of the support o | ing  |
| Prov     | the supported or organization. You organization. You Type II. A support control or manage organization(s). Y Type III function its supported organization  Organization organization organization organization organization. Organization organization organization organization organization organization organization organization organization. Organization orga | ganization(s) I must comp iting organization ou must com ally integrate anization(s) (s ctionally integrat instructions). the organizat rated, or Type ported organ ormation about   | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must coi ion received a e Ill non-functic izations ut the supporte (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate solutions of the control of the c | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are part IV, Sections Apperated in connection restainsty a distribution resons A and D, and Part from the IRS that it is corting organization.  (IV) Is the organization used in your governing document?  Yes No  | ganization(s), to ctors or trusted organization ontrol or managand functionall D, and E. with its support quirement and V.  (v) Amount of a ctor of the country of the ctor of | rpically by giving as of the support on(s), by having the supported by integrated with the dorganization(s) an attentiveness of the supported organization of the supported organization of the supported organization of the supported organization of the support o | ing s) Amount of other                               |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integer the number of supported organization   | ganization(s) I must comp ting organizatement of the ou must con ally integrate anization(s) (c tionally integrate instructions). the organizat rated, or Type ported organ primation about  | the power to re- the power to re- lete Part IV, S stion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must co- ion received a sell non-function izations ut the supports (ii) EIN | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate sylvanization operate conting organization operation generally must symplete Part IV, Section written determination on ally integrated supposed organization(s).  (iii) Type of organization (described on lines 1-10 above (see instructions)  | ed by its supported or of a majority of the direction with its supported as same persons that conditions are persons that conditions are part IV, Sections Appearated in connection restainsty a distribution respons A and D, and Part from the IRS that it is a corting organization.   | ganization(s), to ctors or trusted organization ontrol or managand functionall D, and E. with its support quirement and V.  (v) Amount of a ctor of the country of the ctor of | rpically by giving as of the support of the support of the supported by integrated with sed organization(s an attentiveness of the support of | ing s) Amount of other                               |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). You Type III function its supported organization function requirement (see Check this box if functionally integion the number of supported organization   | ing organization(s) i must comp ting organization fing organization fine anization(s) (so tionally integration finally integrated f | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must coi ion received a e Ill non-functic izations ut the supporte (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in connication vested in the Sections A and C. ag organization operates. You must complete corting organization operation generally must simplete Part IV, Section written determination on ally integrated supposed organization(s).  (iii) Type of organization (described on lines 1-10 above (see instructions)  | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are part IV, Sections Apperated in connection restainsty a distribution resons A and D, and Part from the IRS that it is corting organization.  (IV) Is the organization used in your governing document?  Yes No  | ganization(s), to ctors or trusted organization ontrol or managand functionall D, and E. with its support quirement and V.  (v) Amount of a ctor of the country of the ctor of | rpically by giving es of the support (s), by having ge the supported y integrated with ted organization(s an attentiveness (, Type III (vi) A tructions)   | ing<br>s)<br>tmount of other<br>t (see instructions) |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integior the number of supported organization  | ing organization(s) i must comp ting organization fing organization fine anization(s) (so tionally integration finally integrated f | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must co- ion received a bill non-functic izations ut the supporter (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate solutions of the control of the c | ed by its supported or ct a majority of the direction with its support e same persons that ce ad in connection with, the Part IV, Sections A, perated in connection restaisfy a distribution resons A and D, and Part from the IRS that it is a corting organization.  (IV) is the organization instead in your governing december?  Yes No   | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  (v) Amount of a support (see institutions)   | pically by giving as of the support of the support of the supported by integrated with sed organization(s an attentiveness of the support of  | ing  mount of other t (see instructions)             |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integior the number of supported organization  | ganization(s) I must comp I must com I m | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must coi ion received a e III non-function izations ut the supports till EIN                    | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate so. You must complet corting organization operation generally must simplete Part IV, Section written determination on ally integrated supposed organization(s).  (iii) Type of organization (described on lines 1-10 above (see instructions)   | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are persons that conditions are part IV, Sections Apperated in connection restainsty a distribution restainsty a distribution resons A and D, and Part from the IRS that it is conting organization.   | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  Type I, Type I  (v) Amount of support (see institutions)   | rpically by giving es of the support (s), by having ge the supported y integrated with ted organization(s an attentiveness (, Type III (vi) A tructions)   | ing<br>s)<br>tmount of other<br>t (see instructions) |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integior the number of supported organization  | ganization(s) I must comp I must con I m | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must co- ion received a bill non-functic izations ut the supporter (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operates. You must complete porting organization operates or a complete Part IV, Section written determination on ally integrated supposed organization(s).  (III) Type of organization (described on lines 1-10 above (see instructions)   | ed by its supported or ct a majority of the direction with its supported e same persons that ce ed in connection with, the Part IV, Sections A, perated in connection restainsfy a distribution recons A and D, and Part from the IRS that it is a certification or ganization.  (IV) is the organization listed in your povening decement?  Yes No   | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  a Type I, Type I (v) Amount of a support (see ins  | pically by giving as of the support of the support of the supported by integrated with sed organization(s an attentiveness of the support of  | ing  mount of other t (see instructions)             |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization function requirement (see Check this box if functionally integing the number of supported organization   | ing organization(s) in must comp ting organization of the ou must comp ally integrate anization(s) (solutionally integrations) integrations instructions). The organization about the organization and the organization about the org | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must con ion received a bill non-function tations ut the supports (ii) EIN                      | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. Ing organization operates.  In you must complet conting organization operation generally must simplete Part IV, Section written determination on ally integrated supposed organization(s).  (iii) Type of organization (described on lines 1-16 above (see instructions)  | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are persons that conditions are part IV, Sections Apperated in connection restainsty a distribution restainsty a distribution resons A and D, and Part from the IRS that it is corting organization.   | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  Type I, Type I  (v) Amount of support (see institutions)   | rpically by giving as of the support of the support of the supported by integrated with the dorganization of the supported an attentiveness of the support o | ing  mount of other t (see instructions)             |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integior the number of supported organization  | ganization(s) I must comp I must com I m | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must con ion received a bill non-function tations ut the supports (ii) EIN                      | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. In organization operate specific programme of the corting organization operation generally must simplete Part IV, Section written determination consulty integrated supposed organization(s).  (iii) Type of organization (described on lines 1-16 above (see instructions)   | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are part IV, Sections Apperated in connection restainsty a distribution restainsty organization. | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  (V) Amount of a support (see ins   | pically by giving as of the support of the support of the supported of the supported of the supported organization of the supported organization of the support  | ing s) impunt of other, t (see instructions          |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integer the number of supported organization   | ing organization(s) in must comp ting organization of the ou must comp ally integrate anization(s) (solutionally integrations) integrations instructions). The organization about the organization and the organization about the org | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must con ion received a bill non-function tations ut the supports (ii) EIN                      | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. Ing organization operates.  In you must complet conting organization operation generally must simplete Part IV, Section written determination on ally integrated supposed organization(s).  (iii) Type of organization (described on lines 1-16 above (see instructions)  | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are part IV, Sections Apperated in connection restainsty a distribution restainsty organization. | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  (v) Amount of support (see ins   | pically by giving as of the support  | ing  mount of other t (see instructions)             |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization function requirement (see Check this box if functionally integing the number of supported organization.  | ing organization(s) in must comp ting organization of the ou must com ally integrate anization(s) (solutionally integrations). It is organization at the organization  | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must con ion received a bill non-function izations ut the supports (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate sets of the sections of the section of the secti | ed by its supported or ct a majority of the direction with its supported as same persons that conditions are persons that conditions are part IV, Sections Appearated in connection restainsty a distribution restainsty a distribution resons A and D, and Part from the IRS that it is conting organization.  | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  (V) Amount of a support (see ins   | pically by giving as of the support of the support of the supported of the supported of the supported organization of the supported organization of the support  | ing  mount of other t (see instructions)             |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization (see Check this box if functionally integer the number of supported organization   | ing organization(s) in must comp ting organization of the ou must com ally integrate anization(s) (solutionally integrations). It is organization at the organization  | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must coi ion received a e Ill non-functio izations ut the supporte (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operates.  You must complete conting organization operates or the control of the contr | ed by its supported or ct a majority of the direction with its supported e same persons that conditions the Part IV, Sections Apperated in connection restails fy a distribution restails fy a distribution resons A and D, and Part from the IRS that it is conting organization.  (IV) Is the organization listed (IV) our governing decument?  Yes No  | ganization(s), to ctors or trusted organization ontrol or manage and functionall or and E. with its support quirement and v.  (v) Amount of a support (see insert or a support or a suppor | rpically by giving as of the support of the support of the supported of the supported of the supported organization of the support of the sup | ing  mount of other t (see instructions)             |
| Prov     | the supported or organization. You Type II. A support control or managorganization(s). Y Type III function its supported organization function requirement (see Check this box if functionally integing the number of supported organization.  | ganization(s) I must comp ting organization of the ou must con ally integrate anization(s) (s ctionally integrat instructions). the organizat rated, or Type ported organ ormation about   | the power to relete Part IV, S tion supervises supporting org nplete Part IV, ed. A supportir see instruction grated. A supp ed. The organi You must con ion received a bill non-function izations ut the supports (ii) EIN                     | supervised, or controllegularly appoint or elections A and B. d or controlled in conniganization vested in the Sections A and C. ag organization operate sets of the sections of the section of the secti | ed by its supported or ct a majority of the direction with its supported e same persons that conditions the Part IV, Sections Apperated in connection restails fy a distribution restails fy a distribution resons A and D, and Part from the IRS that it is conting organization.  (IV) Is the organization listed (IV) our governing decument?  Yes No  | ganization(s), to ctors or trusted organization ontrol or manage and functionall D, and E. with its support quirement and V.  (v) Amount of a support (see insert of the support of the suppo | pically by giving as of the support of the support of the supported of the supported of the supported organization of the supported organization of the support  | ing  mount of other t (see instructions)             |

Schedule A (Form 990 or 990 EZ) 2016 VAIL VETERANS FOUNDATION INC 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.") 254 954 568 395 060 589 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 Total. Add lines 1 through 3 254,954 568,395 1,060,589 1,102,975 805,222, 1,818,309 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) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 254,954 568,395 1,060,589 1,102,975 1.818.309 4.805.222. Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources ... 777 12.524 36,881 Net income from unrelated business activities, whether or not the business is regularly carried on .... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 4,857,328 12 Gross receipts from related activities, etc. (see instructions) 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 2016 (line 6, column (f) divided by line 11, column (f)) ...... 14 80.80 % 15 Public support percentage from 2015 Schedule A. Part II. line 14 %

|      | 15   89.  | 14  | *** |
|------|---|-----|-----|
| 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  |     | 5   |
| 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  |     | Г   |
| 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   |     | ::: |
| a, 5 | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the proprization |     |     |
| :: " | meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization                               |     | Ė   |
| 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   | Ϊ   |     |
| ٠.   | more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the        | Tal |     |
|      | organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization                  |     | Г   |
| 18   | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see liest notices.    |     |     |

Schedule A (Form 990 or 990-EZ) 2016

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.)

|  | (a) 2012  | (b) 2013   | (c) 2014   | IAD DOVE   | anan :                                   |  |
|--|---|--|--|--|--|--|
| alendar year (or fiscal year beginning in)   | 2 mg - m - 1 fm   | WIEVIO   | (U) ZU 14  | (d) 2015   | (e) 2016                                 | (f) Total                              |
| membership fees received. (Do not  |   |  | 1 H S - H  |  |  | liller er i i i                        |
| Include any "unusual grants.")   | 14 11   | 12 2   |  | ## ## i.   | :  |  |
| 2 Gross receipts from admissions.  |   | ļ  |  |  |  | 1                                      |
| merchandise sold or services per-  |   |  |  |  |  | 1                                      |
| formed, or facilities furnished in   |   | :  |  | :: :::   | in i |  |
| any activity that is related to the  | ***   | :::  |  |  |  | i:: :::::::::::::::::::::::::::::::::: |
| organization's tax-exempt purpose  | <u> </u>  |  |  |  |  | La Chaman                              |
| 3 Gross receipts from activities that  |   | H  |  |  |  | 1 1 11                                 |
| are not an unrelated trade or bus-   |   |  |  |  |  |  |
| iness under section 513  |   |  |  |  | 1  |  |
| 4 Tax revenues levied for the organ-   |   | :: ::  |  |  | <u> </u>                                 |  |
| ization's benefit and either paid to   | ::  |  |  | L:   |  | 1.51                                   |
| or expended on its behalf  |   |  |  | H -  |  | h 19                                   |
| 5 The value of services or facilities  |   |  |  | :  | ::                                       |  |
| furnished by a governmental unit to  |   |  | : "  | i:   |  |  |
| the organization without charge  | i   |  |  |  |  | T I                                    |
| 6 Total. Add lines 1 through 5   |   |  |  |  |  | ļ                                      |
| 7a Amounts included on lines 1, 2, and   |   | : · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
|  | ·   |  |  |  |  |  |
| 3 received from disqualified persons   |   |  |  | ***************************************                                    |  | <u> </u>                               |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that   | : :::   |  |  | :  | j  |  |
| exceed the greater of \$5,000 or 1% of the   | :   | 111 111  |  |  |  | ::                                     |
| amount on line 13 for the year   | * <u>;;;                                  </u>  |  |  |  | H : H,                                   |  |
| c Add lines 7a and 7b  | ***   | :::  | ::   |  |  | 8.7                                    |
| 8 Public support, (Subtract line 7c from line 6.)  |   |  |  |  |  |  |
| ection B. Total Support  |   |  |  |  |  | 4· · · · · · · · · · · · · · · · · · · |
| lendar year (or fiscal year beginning in) 📂  | 12.50020  | ·····  |  |  |  |  |
| annam: last fat stockt last Nasilititiiff itt me.  | (812012   | (b) 2013   | (c) 201A   | : (M) Onte   | (a) 20140                                |  |
|  | (a) 2012  | <b>(b)</b> 2013  | (c) 2014   | (d) 2015   | (e) 2016                                 | (f) Total                              |
| Amounts from line 6  | (a) 2012  | (b) 2013   | :: :: ::   | (d) 2015   | (e) 2016                                 | (f) Total                              |
| Amounts from line 6     Gross income from interest,     dividends, payments received on  |   | (b) 2013   | :: :: ::   | :::  |  | (f) Total                              |
| Amounts from line 6     Gross income from interest,     dividends, payments received on     securities loans, rents, royalties   |   |  | :: :: ::   | :::  |  | (f) Total                              |
| Amounts from line 6     Gross income from interest,     dividends, payments received on     securities loans, rents, royalties     and income from similar sources   |   |  |  | :::  |  | (f) Total                              |
| Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income   |   |  |  | :::  |  | (f) Total                              |
| 9 Amounts from line 6 Da 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   |   |  |  | :::  |  | (f) Total                              |
| Amounts from line 6     Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources     Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |   |  |  | :::  |  | (f) Total                              |
| 9 Amounts from line 6 Da 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  |   |  |  |  |  | (f) Total                              |
| 9 Amounts from line 6 Da 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  1 Net income from unrelated business  |   |  |  | :::  |  | (f) Total                              |
| 9 Amounts from line 6 Da 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is  |   |  |  |  |  | (f) Total                              |
| 9 Amounts from line 6 Da 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |   |  |  |  |  | (f) Total                              |
| Amounts from line 6 Da 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |   |  |  |  |  | (f) Total                              |
| Amounts from line 6 De 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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital   |   |  |  |  |  |  |
| Amounts from line 6 Da 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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |   |  |  |  |  |  |
| Amounts from line 6 Da 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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |   |  |  |  |  |  |
| Amounts from line 6 Da 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  I Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  C Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for   |   |  |  |  |  |  |
| Amounts from line 6 De 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support, (Add lines 8, 10c, 11, and 12.)  4 First five years, if the Form 990 is for check this box and stop here   | the organization's  | first, second; third   | J, fourth, or fifth ta   |  |  |  |
| Amounts from line 6 Da 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First five years. If the Form 990 is for check this box and stop here  | the organization's  | first, second, third   | J, fourth, or fifth ta   |  |  |  |
| Amounts from line 6 Da 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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Cother income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Section C. Computation of Publications.   | the organization's  c Support Pene 8, column (6 di  | first, second, third   | J, fourth, or fifth ta   |  |  |  |
| 9 Amounts from line 6 0a 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First five years, if the Form 990 is for check this box and stop here  9 ection C. Computation of Public Public support percentage for 2016 (li   | the organization's  c Support Perior 8, column (f) di   | first, second; third<br>rcentage<br>vided by line:13, c  | J, fourth, or fifth ta   |  | n 501(c)(3) organiz                      |  |
| 9 Amounts from line 6 0a 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First five years, if the Form 990 is for check this box and stop here  9ction C. Computation of Public Support percentage from 2015   | the organization's<br>c Support Pe<br>ne 8, column (1) di<br>Schedule A, Part<br>struent Income   | first, second; third<br>rcentage<br>vided by line 13, c<br>ill, line 15  | J, fourth, or fifth ta   |  | n 501(c)(3) organiz<br>15                |  |
| 9 Amounts from line 6 0a 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 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First five years, if the Form 990 is for check this box and stop here 9ction C. Computation of Public Support percentage for 2016 (ii 3 Public support percentage from 2015 section D. Computation of Invest Investment income percentage for 20  | the organization's<br>c Support Pene 8, column (f) di<br>Schedule A, Part<br>stment Income  | first, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br>a Percentage<br>in (f) divided by lin   | J, fourth, or fifth ta   | x year as a section  | n 501(c)(3) organiz                      | ation,                                 |
| 9 Amounts from line 6 0a 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  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for check this box and stop here  action C. Computation of Public Business is public support percentage for 2016 (iii B. Public support percentage from 2015 ection D. Computation of Invest Investment income percentage for 20  | the organization's<br>c Support Pene 8, column (f) di<br>Schedule A, Part<br>stment Income  | first, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br>a Percentage<br>in (f) divided by lin   | J, fourth, or fifth ta   |  | n 501(c)(3) organiz<br>15<br>16          | ation,                                 |
| 9 Amounts from line 6 0a 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 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 8, 10c, 11, and 12.) 4 First five years. If the Form 990 is for check this box and stop here 8 ection C. Computation of Public 5. Public support percentage from 2015 9 ction D. Computation of Inves 7 Investment income percentage from 2  | the organization's C Support Perent 8, column (f) di Schedule A, Part Struent Income 16 (line 10c, column 15 Schedule A,  | first, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br>percentage<br>in (f) divided by line<br>part III, line 17   | i, fourth, or fifth ta<br>olumn (f))   | x year as a section  | n 501(c)(3) organiz                      | ation,                                 |
| 9 Amounts from line 6 0a 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 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support, wide lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for check this box and stop here 8 total C. Computation of Public Public support percentage for 2016 (li Public support percentage from 2015 ection D. Computation of Inves 7 Investment income percentage for 20 8 investment income percentage from 2 9a 33 1/3% support tests - 2016. If the                      | the organization's c Support Perion 8, column (f) di Schedule A, Part struent Income 16 (line 10c, colum 15 Schedule A, lorganization did n   | first, second, third<br>rcentage<br>vided by line 13, c<br>ill, line 15<br>a Percentage<br>in (f) divided by line<br>Part III, line 17   | J, fourth, or fifth ta<br>olumn (f)<br>e 13, column (f)                                    | x year as a section  | 15 16 17 18 3 1/3%, and line 1           | ation,                                 |
| 9 Amounts from line 6 0a 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 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support, wide lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Public support percentage for 2016 (lines 1) investment income percentage for 20 investment income percentage from 2 and 31/3% support tests - 2016. If the more than 33 1/3%, check this box and more than 33 1/3%, check this box and stop there. | the organization's  c Support Perent Income the street of | first, second, third<br>rcentage<br>vided by line 13, c<br>ill, line 15<br>a Percentage<br>in (f) divided by line<br>Part III, line 17<br>of check the box of                          | olumn (f)) e 13, column (f)) in line 14, and line  | x year as a section  | 15 16 17 18 3 1/3%, and line 1           | ation,                                 |
| 9 Amounts from line 6 0a 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 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support, wide lines 9, 10c, 11, and 12.) 4 First five years. If the Form 990 is for check this box and stop here 8 total C. Computation of Public Public support percentage for 2016 (li Public support percentage from 2015 ection D. Computation of Inves 7 Investment income percentage for 20 8 investment income percentage from 2 9a 33 1/3% support tests - 2016. If the                      | the organization's  c Support Perecent Support Perecent Income 16 (line 10c, columno 15 Schedule A. organization did not stop here. The organization did not stop here.   | ifirst, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br>a Percentage<br>in (f) divided by line<br>eart III, line 17<br>of check the box of<br>organization quality | olumn (f)) e 13, column (f)) in line 14, and line fles as a publicly s line 14 or line 19a | x year as a section  15 is more than 3 upported organize and line 16 is mo | 15 16 16 17 18 3 1/3%, and line 1        | ation,                                 |

### 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.)

| Se |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|   | -  |  |                |  |   |
|---|--|--|----------------|--|---|
|   |  | 3  |                | V  | vided in                                |
|   |  | 9  |                |  |   |
|   | 13000000   |  |                | ŝ  |   |
|   | Bereitster.  |  |                | 8  |   |
|   |  |  | 11 19          |  | 1 11 11                                 |
|   |  |  | 1::            |  |   |
|   | 3.25   | ं  |                |  |   |
|   |  | d  |                |  |   |
| • | 1000000  | ò  |                |  |   |
|   | 10000000   |  |                | Û  |   |
| : | 1  |  |                |  | 111111111111111111111111111111111111111 |
|   | 2  | 1  | 111            | 1  | ****                                    |
|   |  |  |                | _  |   |
|   |  |  |                |  |   |
|   | an man   | 1  | ann ja         | 1  | Harana.                                 |
|   | 3a   | ı  |                | ١  | ::                                      |
|   | 100001110001   | 7  | 1000000        | -  | 2000000                                 |
|   |  |  |                |  |   |
|   | 140000000000000000000000000000000000000  |  |                |  | 9909999                                 |
| ÷ | 383333333  | 1  |                | 1  | ndiatio                                 |
| : | 1 1000000000000000000000000000000000000  | 1  |                | 1  | MARKET .                                |
| • | 24   | ł  |                | 1  | ::                                      |
|   | - 00   | 4  |                | 4  |   |
|   |  | 1  |                | 3  |   |
|   | 100/3801000  | 1  |                |  | Made and                                |
|   | 0-   | 1  |                | 1  |   |
|   | 30   | l  |                | _1   |   |
|   | 38878033   | 1  |                | П  |   |
|   |  | 1  |                | 1  |   |
|   |  | 1  |                | 1  | or a second of                          |
|   | 40   | ı  | 55.            | 1  |   |
|   | Charles Comme  | 1  |                | 1  | 2000000000                              |
|   |  | 1  |                | 1  |   |
|   |  | 1  |                | 1  |   |
|   | 127600034  | ١  |                | 1  | MOSE.                                   |
|   | 1  | 1  | . erenteggisch | 1  | Hemilia:                                |
|   | 4b   | ł  |                | ŧ  |   |
|   |  | t  |                | +  | <del>graggagaa</del> :                  |
|   | \$69,650   | 1  |                | 1  |   |
|   | 100000000000000000000000000000000000000  | 1  |                | ı  | 9869.                                   |
|   | 10000000   | ı  |                | 1  | 2016                                    |
|   | kamanan.   | ı  |                | ı  |   |
|   |  | ١  |                | ı  |   |
|   | 315565513  | 1  |                | 1  |   |
|   |  | ı  | :: ::          | ı  |   |
|   | 40   | 1  |                | 4  |   |
|   | 100000   | 1  |                | 1  | â Maria Bar.                            |
|   | 100000000  | ı  |                | ١  | 8031.694                                |
|   | 40,000,000,000   | I  |                | 1  |   |
|   | 3000 300   | 1  |                | ı  |   |
|   |  | I  |                | ı  |   |
|   |  | l  |                | ŀ  |   |
|   |  | ŀ  |                | ŀ  |   |
|   |  | ŀ  |                | ı  | Setti Setti                             |
|   |  | ŀ  |                | 1  |   |
|   | 5a   | l  |                | 1  | ::                                      |
|   | 98490 BUG  | Τ  | 33400000       | T  |   |
|   |  | ľ  |                | L  |   |
|   |  | ľ  |                | ı  |   |
|   | 5b   | l  | :::::          | ı  | - 11:                                   |
|   |  | ۲  | *************  | T  |   |
|   | 5c   | l  |                | Ł  |   |
|   | Street Constitution  | Ī  |                | T  | (See-1999)                              |
|   |  |  |                | ı  |   |
|   |  | ľ  |                | ľ  |   |
|   |  | L  |                | Ī.   |   |
|   |  | Ĺ  |                | L  | 980,384                                 |
|   | g by the contract of   | l  | (HO. 15)       | ŀ  | 400000                                  |
|   | ABNO 47556   | ŀ  |                | ı  |   |
|   |  | ľ  |                | 1  |   |
|   |  | ľ  |                | ľ  |   |
|   | ∵ 6  | ı  |                | ı  |   |
|   | and the same of th | r  |                | T  | 200000000000000000000000000000000000000 |
|   |  | ı  |                |  | ,0000000000                             |
|   |  | ٤.   |                | 1  |   |
|   |  | ţ.   |                |  |   |
|   |  | l  |                |  |   |
|   |  | ŀ  |                |  |   |
|   | 7  | ļ  |                |  |   |
|   | 7  |  | <u> </u>       |  |   |
|   | 7  |  |                |  |   |
|   | <b>.</b> 7   | 1  | <u> </u>       |  |   |
|   | 7<br>8   | L  |                | -  |   |
|   | 7<br>8   | L  |                | -  |   |
|   | 7<br>8   | L  |                | -  |   |
|   | 7<br>8   | L  |                | -  |   |
|   | 7<br>8   | L  |                | -  |   |
|   | 7<br>8   | L  |                | -  |   |
|   | 7<br>8   | 2000 - CONSTRUCTOR   |                | -  |   |
|   | 7<br>8   | 2000 - CONSTRUCTOR   |                | -  |   |
|   | 7<br>8   | 2000 - CONSTRUCTOR   |                |  |   |
|   | 7<br>8   | 2000 - CONSTRUCTOR   |                |  |   |
|   | 7<br>8<br>9a   | Telegraphic and the control of the c |                | The second secon |   |
|   | 9a 9b  | Telegraphic and the control of the c |                | The second secon |   |
|   | 9a 9b  | Telegraphic and the control of the c |                | The second secon |   |
|   | 9a 9b  | Telegraphic and the control of the c |                | The second secon |   |
|   | 7<br>8<br>9a<br>9b   | The second secon |                |  |   |
|   | 7<br>8<br>9a<br>9b   | The second secon |                |  |   |
|   | 7<br>8<br>9a<br>9b   | The second secon |                |  |   |
|   | 7<br>8<br>9a<br>9b   | The second secon |                |  |   |
|   | 7<br>8<br>9a<br>9b   | The second secon |                |  |   |
|   | 7<br>8<br>9a<br>9b   | The second secon |                |  |   |
|   | 9a 9b  | The second secon |                |  |   |
|   | 9a 9b  |  |                |  |   |
|   | 9a 9b  |  |                |  |   |
|   | 9a 9b  |  |                |  |   |
|   | 9a 9b  |  |                |  |   |
|   | 7<br>8<br>9a<br>9b<br>9c   |  |                |  |   |

| Sche<br>Par  | dule A (Form 990 or 990-EZ) 2016 VAIL VETERANS FOUNDATION INC. 20-   | -5254885 Page 5                        |
|--------------|--|--|
| 11<br>a      | Has the organization accepted a gift or contribution from any of the following persons?  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? | Yes No                                 |
| b            | A family member of a person described in (a) above?  | 11a   E                                |
| Sec          | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Tion B. Type I Supporting Organizations   | 116                                    |
| 1            | Did the directors, trustees, or membership of one or more supported organizations have the power to  | Yes No                                 |
| . ::         | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |  |
| 1 1          | tax year? 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  | 1                                      |
| 2            | uid the organization operate for the benefit of any supported organization other than the supported  |  |
|              | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes " explain in   |  |
| H            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |  |
| Sect         | ion C. Type II Supporting Organizations  | 2                                      |
| 1            | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   | Yes No                                 |
|              | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI, how control   |  |
|              | or management of the supporting organization was vested in the same persons that controlled or managed   |  |
|              | the supported organization(s).  ion D. All Type III Supporting Organizations   | 1_1                                    |
| ::<br>1      | Did the organization provide to each of its supported  | Yes No                                 |
|              | 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?   | 4 :                                    |
| 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).                               |  |
| 3            | By reason of the relationship described in (2), did the organization's supported organizations have a  | 2                                      |
|              | significant voice in the organization's investment policies and in directing the use of the organization's   |  |
|              | ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |  |
|              | on E. Type III Functionally Integrated Supporting Organizations  | 3                                      |
| 1            | Check the box next to the method that the organization used to satisfy the integral Part Test during the yearsee instruction   | ons).                                  |
| a<br>b       | The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  | ;<br>                                  |
| C            | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se  | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
|              | Activities Test: Answer (a) and (b) below.   | Yes No                                 |
| a l          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |  |
| 1            | he supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify  |  |
| : 7          | hose supported organizations and explain how these activities directly furthered their exempt purposes,<br>now the organization was responsive to those supported organizations, and how the organization determined   |  |
|              | nat these activities constituted substantially all of its activities.  | 20                                     |
| b            | hid the activities described in (a) constitute activities that, but for the organization's involvement, one or more  | 2a                                     |
| •            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |  |
| . !          | easons for the organization's position that its supported organization(s) would have engaged in these<br>or includes but for the organization's involvement.   |  |
|              | Parent of Supported Organizations. Answer (a) and (b) below.   | 2b                                     |
| a l          | old the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |  |
| . 1          | rustees of each of the supported organizations? Provide details in Part VI.  | 3a                                     |
| ы            | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |  |
| <u>:::</u> ( | If its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  |  |

| 1     | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com | trust d | on Nov. 20, 1970 (explain in          | Part VI.) See instructions. Al          |
|-------|---|---------|---------------------------------------|---|
| Sec   | tion A - Adjusted Net Income  |         | (A) Prior Year                        | (B) Current Year<br>(optional)          |
|       | 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  |         |                                       |   |
| 111   | collection of gross income or for management, conservation, or  | : :: :: | # # # # # # # # # # # # # # # # # # # |   |
| ····· | maintenance of property held for production of income (see instructions)  | 6       | 1 m # ,                               |   |
|       | Other expenses (see instructions)   | 7       |                                       |   |
| 8     | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8       |                                       |   |
| eci   | ion B - Minimum Asset Amount  | :: ::   | (A) Prior Year                        | (B) Current Year<br>(optional)          |
| 1     | Aggregate fair market value of all non-exempt-use assets (see   |         |                                       |   |
|       | instructions for short tax year or assets held for part of year):   |         |                                       |   |
|       | Average monthly value of securities   | 1a      |                                       |   |
|       | Average monthly cash balances   | 1b      |                                       |   |
| c     | Fair market value of other non-exempt-use assets  | 1c      |                                       |   |
| d     | Total (add lines 1a, 1b, and 1c)  | 1d      | ::                                    | :                                       |
| ė     | 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       | . 3:                                  | , ii                                    |
| 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       |                                       |   |
| ect   | ion C - Distributable Amount  |         |                                       | Current Year                            |
| 1     | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1       |                                       |   |
| 2     | Enter 85% of line 1   | 2       |                                       |   |
| 3     | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3       |                                       |   |
| 4     | Enter greater of line 2 or line 3   | 4       |                                       |   |
| 5     | Income tax imposed in prior year  | 5       |                                       |   |
| 6     | Distributable Amount. Subtract line 5 from line 4, unless subject to  |         |                                       | ::: :: : ::: : : : : : : : : : : : : :  |
|       | emergency temporary reduction (see instructions)  |         |                                       | l i i i i i i i i i i i i i i i i i i i |

| eç                                      | irt V Type III Non-Functionally Integrated 509 tion D - Distributions  |   |                                |                                     |
|---|--|---|--------------------------------|-------------------------------------|
|   | Amounts paid to supported organizations to accomplish exe  | empt purposes                           |                                | Current Year                        |
| 2                                       | Amounts paid to perform activity that directly furthers exem<br>organizations, in excess of income from activity   | pt purposes of supported                |                                |                                     |
| 3                                       | Administrative expenses paid to accomplish exempt purpos   | -1                                      |                                |                                     |
| 4                                       | Amounts paid to acquire exempt use assets  | pes or supported organizatio            |                                |                                     |
| 5                                       |  |   |                                |                                     |
| 6                                       | Other distributions (describe in Part VI). See instructions  |   | ***                            |                                     |
| 7                                       |  |   |                                |                                     |
| 8                                       | the state of the s | the organization is responsive          |                                |                                     |
|   | (provide details in Part VI). See instructions   | : : : : : : : : : : : : : : : : : : :   |                                | # #                                 |
| 9                                       | Distributable amount for 2016 from Section C, line 6   | ······································  | : ::                           |                                     |
| 0                                       | Line 8 amount divided by Line 9 amount   | *************************************** |                                |                                     |
|   |  | (i)                                     | (ii)                           |                                     |
| ecl                                     | ion E - Distribution Allocations (see instructions)  | Excess Distributions                    | Underdistributions<br>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 (reason-   |   |                                |                                     |
|   | able cause required- explain in Part VI). See instructions   |   | :                              |                                     |
| 3                                       | Excess distributions carryover, if any, to 2016:   |   | İ                              |                                     |
| a                                       |  |   |                                |                                     |
| b                                       |  |   |                                |                                     |
|   | From 2013  |   |                                |                                     |
|   | From 2014  |   |                                |                                     |
|   | From 2015  |   |                                |                                     |
|   | Total of lines 3a through e :::  |   |                                |                                     |
|   | Applied to underdistributions of prior years   |   |                                |                                     |
|   | Applied to 2016 distributable amount   |   |                                |                                     |
| 1                                       | Carryover from 2011 not applied (see instructions)   |   |                                |                                     |
|   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |   |                                |                                     |
| 4                                       | Distributions for 2016 from Section D,   |   |                                |                                     |
|   | Ine 7: \$  |   |                                |                                     |
|   | Applied to underdistributions of prior years Applied to 2016 distributable amount  |   | ··.                            |                                     |
|   | 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.  |   |                                |                                     |
| <br>::                                  | 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 and an an an an an an an an an an an an an  | :                                       |                                |                                     |
| В                                       | Breakdown of line 7:   |   |                                |                                     |
| а                                       |  |   |                                |                                     |
| *************************************** | Excess from 2013   |   |                                |                                     |
|   | Excess from 2014   |   |                                |                                     |
| C                                       |  |   |                                |                                     |

4 411 11

| Schedule A                              | (Form 990 c                                      | or 990-EZ) 2  | 016 watr   | Tropps                                  | to poma  | namrow.                                 |  |   |   |  |   |  |  |  |   |
|---|--|---|--|---|--|---|--|---|---|--|---|--|--|--|---|
| Part VI                                 | Supplen<br>Part IV, Se<br>line 1: Part           | <b>nental in</b><br>ction A, line<br>IV, Section<br>lines 5, 6, a | formatic<br>s 1, 2, 3b,<br>D. lines 2  | on. Provid<br>3c, 4b, 4c<br>and 3: Par  | e the exp<br>5 5a, 6, 9<br>1 IV Sect             | lanations<br>a, 9b, 9c,                 | required   | 2b, 3a, a<br>comple                     | A PAIL I                                  | v, Section                                       | ı b, lines  | or 17b; Pa<br>1 and 2;                     | Part IV, S                                       | 12;<br>Section C,                          | 19 <b>8</b>                             |
|   |  |   | :: ::  |   |  |   |  |   | :   |  | . ::::  |  | - 11 1<br>- 11 1<br>- 2                          |  | *****                                   |
| :                                       | · · · · · · · · · · · · · · · · · · ·            |   |  |   |  |   | •  |   |   |  | :: : <u>;</u><br><del>· : : : : : : : : : : : : : : : : : : :</del> | *::<br>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! |  |  | <del>;;;;;;;,,,,,,,,,,,,</del> ;        |
|   |  |   |  |   | ······································           |   | ***************************************  | **************************************  | <u></u>                                   | ······································           | 11 .  |  |  |  |   |
| *************************************** |  | ::<br>***********************************                         |  | ······································  | ,  |   |  | *************************************** | :<br>************************************ | ······································           | **************************************                              | ii<br>maanin kaasaa                        |  |  | ·············                           |
| · · · · · · · · · · · · · · · · · · ·   | :<br>:   | ***************************************                           | ***************************************  | :                                       | : ::   |   |  |   | :<br><del>}}}</del>                       | :<br><del>1988/1986/19</del>                     |   | ······································     | ************                                     | ***************************************    | *************************************** |
| <del>,</del>                            | ······································           |   | ·//////////////////////////////////  | <del></del>                             | ······································           | ·····                                   | ······································   | *************************************** | ······································    | ****   | ***************************************                             | :  | ······································           | Sippensons                                 |   |
|   | ··   | ······································                            |  | ·                                       | -  | *************************************** | <del></del>  | ::                                      |   | ::   | ***************************************                             | ::   |  | )<br>}                                     | ii ii                                   |
|   | :  | **************************************                            | indication in the state of the            | · · · · · · · · · · · · · · · · · · ·   | ····   | *************************************** |  | :                                       |   | **************************************           |   |  | · · · · · · · · · · · · · · · · · · ·            | 11   |   |
|   |  | •   | ::   | ::                                      |  | ::                                      |  |   |   |  |   | \$40                                       |  |  | 1:                                      |
| e i e e                                 | ::   | ::  | ***************************************  |   |  |   |  |   |   |  | :::   |  | ······································           |  |   |
| ::                                      | ::   |   | i ::::   | ,                                       |  | ::                                      |  | *************************************** |   | ······································           | *5. **  |  | · · · · · · · · · · · · · · · · · · ·            | **************************************     | *******                                 |
| ::                                      |  |   | <u> </u>   | ::                                      |  | <del></del>                             | <del>Ministralia</del>   |   | ***************************************   |  | ***************************************                             | ***************************************    |  | **************************************     | <del></del>                             |
|   |  | :   | <del>Vitaria de la constanta de la</del> |   |  | 200004 p                                | ······································   | <del></del>                             | · <del>····················</del>         | <del>?************************************</del> | <del>lajaja</del>   | ;<br>ishananana                            | ······································           | <del></del>                                | ······································  |
| *************************************** | <del>*************************************</del> | ·   | 11.  | 18000000000000000000000000000000000000  |  | *************************************** | <del>!!!<!--!!!!!!!!!!!!!!!!!!!!!!</del--></del>   |   | ***************************************   | **************************************           | <del></del>   | ,,<br>,,                                   | aasaas piigaasa                                  | <del>intititititititi</del>                | *************************************** |
| *************************************** | <del>:</del>                                     | ****************  | <del>1944-binkhinishiki</del>  | *************************************** | <del></del>                                      |   |  |   | ······································    | <del>- '</del>                                   |   |  | <del>)  </del>                                   | ······································     | ::<br><del></del>                       |
|   |  | <del></del>   |  |   |  | *************************************** | <del>alogija, maanalalala</del>  | Órgania.                                |   |  |   |  | ***************************************          |  | <del>álumina</del> t.                   |
|   | · · · · · · · · · · · · · · · · · · ·            | <del></del>   | ······································   | <del>h</del>                            | ***************************************          | *****************                       | <del></del>  | *************                           | ***************************************   | ininka jedalekteriniskektiri                     | <br><del> </del>  |  | ·  | :<br>. : : : : : : : : : : : : : : : : : : | :<br>                                   |
| <del></del>                             | ······································           | ······································                            |  | <del>Ç</del>                            | ***************************************          |   | istickeleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleisteleistel | <del>adriumkildiinndii</del> n          | •••                                       |  | *******************************                                     | <del>(ili)</del> inamunia                  | <del>sisiada dibisi</del> a                      |  | ···<br>:<br>!*********                  |
| randandangananananananan                | ···  | ++++++++++++++++++++++++++++++++++++++                            | <u> </u>   | :                                       |  |   | ***************************************  | *************************************** |   |  | ×   | ::<br>•••••••••••••••••                    | <br><del>140</del>                               |  | · · · · · · · · · · · · · · · · · · ·   |
| Annidation (                            |  | :   | <del>,</del>   |   | · · · · · · · · · · · · · · · · · · ·            |   |  | *************************************** |   |  |   | ·  | <del></del>                                      | ***************************************    | :::                                     |
|   |  | <del></del>   |  | *************************************** |  | ·····                                   | ······   |   | <b>.</b>                                  | %.   |   |  |  |  |   |
| -                                       |  | ::  | ·  |   |  | 11                                      | 990 W. 1990 Per 1900   |   | ntechnikasi com                           | ere er   |   | :  |  | · · · · · · · · · · · · · · · · · · ·      |   |
|   |  | :: ::   |  | :                                       | # <sub>1.1</sub> #                               | ·                                       | :  |   |   | ***************************************          | <del></del>   |  | :  |  |   |
|   | ::::::::::::::::::::::::::::::::::::::           | . ×<br>×  |  |   | 1  |   |  |   |   | :  |   | :  | <del>*************************************</del> |  |   |
|   | :  |   | **************************************   | *************************************** | <del>*************************************</del> |   | <del>11                                   </del>   | - <del>1-1-14-14-14-14-1</del>          |   |  | :   |  |  |  |   |
|   |  | ::"   |  |   | <del>:</del>                                     |   |  | *************************************** |   |  | na et en en en en en en en en en en en en en                        |  | ::   |  |   |
| anana an'i an                           |  | <u> </u>  | ***************************************  |   |  |   |  | **************************************  |   |  | <del> </del>  |  |  |  | i: :::::::::::::::::::::::::::::::::::  |

.. ::

### SCHEDULE D

(Form 990)

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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

|  | organization answered "Yes" on Form 990, Part IV, li   | ed Funds or Other Similar Fu   |  | 1 11 11 11                            |  |   |
|--|--|--|--|---------------------------------------|--|---|
|  |  | (a) Donor advised funds  | :: :                                   | (b) Funds a                           | nd other acco                                | unts  |
|  | tal number at end of year  |  |  |                                       | 11 11 11 11 11                               |   |
| 2 Ag                                   | gregate value of contributions to (during year)  |  |  | : "::: : "                            |  |   |
|  | gregate value of grants from (during year)   |  | * 11                                   |                                       | 11 11 1                                      |   |
|  | gregate value at end of year   |  |  | :: :                                  |  |   |
| 5 Did                                  | d the organization inform all donors and donor advisors in   | writing that the assets held in donor a  | dvised fur                             | nds                                   | ::   |   |
| are                                    | the organization's property, subject to the organization's   | s exclusive legal control?   |  | 1                                     | Yes  | T N   |
| 6 Did                                  | the organization inform all grantees, donors, and donor  | advisors in writing that grant funds car   | be used                                | only                                  |  |   |
| for                                    | charitable purposes and not for the benefit of the donor   | or donor advisor, or for any other purp  | ose confe                              | rrina                                 |  | ' ::!<br>:::::::::::::::::::::::::::::::::: |
| · Imp                                  | permissible private benefit?   |  |  |                                       | Yes  |   |
| Part II                                |  | rganization answered "Yes" on Form 9   | 90. Part IV                            | . line 7.                             | 1103   | — Imped,13                                  |
| 1 Pur                                  | rpose(s) of conservation easements held by the organization  | tion (check all that apply).   |  |                                       |  | 11  |
| <u>_</u>                               | Preservation of land for public use (e.g., recreation or   | education) Preservation of a   | historically                           | / important                           | land area                                    |   |
| L                                      | Protection of natural habitat  | Preservation of a  | certified b                            | istorio etnuc                         | turo   |   |
| <u>:</u>                               | Preservation of open space   |  | oor anour 1                            | ibrouté attac                         |  |   |
| 2 Co                                   | mplete lines 2a through 2d if the organization held a qual   | lified conservation contribution in the fr   | orm of a co                            | anconvetion.                          | nanoment en                                  |   |
| day                                    | y of the tax year.   |  | min on a co                            | Hald                                  | at the End of the                            | IIIO IASI                                   |
| a Tot                                  | tal number of conservation easements   | ***************************************  | : '                                    | 2a                                    | at the chu of u                              | ie lax fet                                  |
|  | tal acreage restricted by conservation easements   | 11   | ********                               | 2b                                    | <del></del>                                  |   |
| c Nur                                  | mber of conservation easements on a certified historic st  | ructure inclinded in (a)   | **********                             |                                       | :  | ······································      |
| d Nui                                  | mber of conservation easements included in (c) acquired  | after 8/17/06 and not on a historic et-  |  | 2c                                    |  |   |
| liste                                  | ed in the National Register  | and the off a fistoric str   | ucture                                 |                                       | ::   |   |
|  | mber of conservation easements modified, transferred, re   | aleased extinguished or terminated by  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2d                                    |  |   |
| ∷ yea                                  |  | steaded, extinguished, or terminated by  | the organ                              | nzation dun                           | ng the tax                                   |   |
| <b>-</b>                               | mber of states where property subject to conservation ea   |  |  |                                       |  | 111   |
| 5 Doc                                  | so the organization have a written attract to conservation ea  | asement is located   |  |                                       |  | :   |
| viol                                   | es the organization have a written policy regarding the pe   | modic monitoring, inspection, handling   | of ···                                 |                                       | <i>*************************************</i> | 1   |
| e Sta                                  | lations, and enforcement of the conservation easements   | it holds?  | ::                                     | ·····                                 | . Yes  | L N   |
| U 0.0                                  | iff and volunteer hours devoted to monitoring, inspecting,   | , nandling of violations, and enforcing c  | onservation:                           | on easemer                            | its during the                               | year  |
| 7 HAm                                  | auth of avenues in the second  |  |  |                                       |  | #11   |
| r care                                 | ount of expenses incurred in monitoring, inspecting, hand  | dling of violations, and enforcing conse   | irvation ea                            | ısements dı                           | iring the year                               | ;;;;;;;                                     |
| O Dos                                  |  |  | **                                     |                                       | ·  | 1   |
| 0 1/06                                 | es each conservation easement reported on line 2(d) about  | ve satisfy the requirements of section 1   | 170(h)(4)(B                            | B)(i)                                 |  | SH H  |
|  | l section 170(h)(4)(B)(ii)?  | ***************************************  | · · · · · · · · · · · · · · · · · · ·  | **********                            | . Yes  |   |
| 9 In P                                 | Part XIII, describe how the organization reports conservation  | ion easements in its revenue and expe  | nse stater                             | nent, and b                           | alance sheet,                                | and   |
| HICH                                   | lude, if applicable, the text of the footnote to the organiza  | tion's financial statements that describ   | es the org                             | janization's                          | accounting to                                | r   |
| con                                    | iservation easements.  | the state of the s | :                                      |                                       |  |   |
| -art III                               | Organizations Maintaining Collections o  | of Art, Historical Treasures, or   | Other !                                | Similar A                             | ssets.                                       | 11  |
| ······································ | Complete in the organization answered "Yes" on Form  | n 990, Part IV, line 8.  | :                                      | 1111                                  | FTF 11 11 11 11                              |   |
| ta if th                               | e organization elected, as permitted under SFAS 116 (AS  | SC 958), not to report in its revenue sta  | tement ar                              | nd balance s                          | sheet works of                               | art.  |
| nist                                   | forical treasures, or other similar assets held for public ext   | hibition, education, or research in furth  | erance of                              | public servi                          | ce. provide. in                              | Part XIII                                   |
| the                                    | text of the footnote to its financial statements that descri   | ibes these items.  |  |                                       |  |   |
| b If th                                | ne organization elected, as permitted under SFAS 116 (AS   | SC 958), to report in its revenue statem   | ent and b                              | alance shee                           | it works of art                              | historics                                   |
| trea                                   | sures, or other similar assets held for public exhibition, e   | ducation, or research in furtherance of  | nublic ser                             | vine nrovid                           | a the following                              | amound<br>taraan                            |
| rela                                   | iting to these items:  |  |  | Hou, provid                           |  | , amount                                    |
| (i)                                    | Revenue included on Form 990, Part VIII, line 1  |  |  |                                       |  |   |
| ::::                                   | Assets included in Form 990, Part X  |  |  |                                       |  |   |
|  | ne organization received or held works of art, historical tre  | asures, or other similar assets for finan  | cial cain                              | oposido.                              |  |   |
|  | following amounts required to be reported under SFAS 1   | 16 (ASC Q5R) relating to these tage  | viai yalli, j                          | PIONIGE                               |  |   |
| the                                    | The state of the s | 10 Kunn and Laight of Liese Hews;  |  |                                       |  |   |
| the                                    | 'enue included on Form 990. Part VIII line 1   |  |  | · · · · · · · · · · · · · · · · · · · |  | :::::: ::                                   |
| the<br>a Rev                           | venue included on Form 990, Part VIII, line 1  |  | •                                      |                                       |  | ***************************************     |
| the<br>a Rev<br>b Ass                  | enue included on Form 990, Part VIII, line 1<br>ets included in Form 990, Part X<br>Paperwork Reduction Act Notice, see the Instructions   | Maria de la companya   |  | \$ 3                                  | dule D (Form                                 |   |

| Part III Organizations Maintaining Using the organization's acquisition, acces                             | sion, and other records                 | check any of th                         | e following th                            | or Oth        | de Similar                             | M358                                    | vs(conti                                | nued)                                 |  |
|--|---|---|---|---------------|--|---|---|---------------------------------------|--|
| (check all that apply):  |   |   | o ronoming ti                             | ial ale a s   | ngi micanic use                        | UI IIS (                                | CHECKIC                                 | n πems                                |  |
| a Public exhibition  | d                                       | Loan or ex                              | change prog                               | rams          |  |   | 4.                                      |                                       | :::::::::                              |
| b Scholarly research   |   | Other                                   |   |               |  |   | ::::::::::::::::::::::::::::::::::::::  | 11 11 11 11                           | :::                                    |
| c Preservation for future generations  |   |   |   |               |  |   | ······································  | *****                                 |  |
| Provide a description of the organization's  | collections and explain                 | how they further                        | the organiza                              | tion's exe    | mot ournose                            | in Part                                 | XIII                                    |                                       |  |
| During the year, did the organization solicit  | or receive donations of                 | fart, historical tre                    | asures or of                              | har eimile    | r appate                               | XF1 4 CARE                              |   | # T                                   | : :                                    |
| to be sold to raise funds rather than to be r  | naintained ae nad of th                 | a armanizationle                        | mmilmminm ()                              |               | 41.77                                  |   | Yes                                     | Ti Ti                                 | Na                                     |
| artive Escrow and Custodial Arra   | <b>ngements.</b> Complet                | e if the organizati                     | on answered                               | "Yes" or      | Form 990. P                            | art IV. I                               | ine 9. o                                | r : :                                 | 114_                                   |
| reported an amount on Form 830, F  | ant A, IIII Z I.                        |   |   |               | ,                                      |   |   | 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| a is the organization an agent, trustee, custo   | dian or other intermedi                 | ary for contribution                    | ons or other a                            | ssets not     | included                               | ::: ',                                  |   | :::                                   | -                                      |
| on Form 990, Part X?   |   | E                                       | *************                             |               | <br>::<br>****************             | <u>,,, </u>                             | Yes                                     |                                       | No                                     |
| b If "Yes," explain the arrangement in Part XII  | II and complete the foll                | owing table:                            | ::  |               |  |   |   |                                       |  |
| 1  |   | 111                                     |   |               |  | :                                       | Amoun                                   | t                                     |  |
| c Beginning balance  | ************************                |   | ••••••                                    | **********    | 1c                                     |   |   | :                                     |  |
| d Additions during the year  | *************************               | ***********                             | •••••                                     | ***********   | 1d                                     |   | ::                                      |                                       | ::                                     |
| Distributions during the year     Ending balance   | *************************************** | ***************                         |   | ***********   | 1e                                     | *************************************** |   |                                       |  |
|  | **************************************  |   | ::<br>••••••••••                          |               | 11                                     |   | g                                       | :                                     | ::                                     |
| a Did the organization include an amount on  | Form 990, Part X, line 2                | 1, for escrow or a                      | custodial acc                             | ount liabi    | lity? ::                               | ـــ ــــــــــــــــــــــــــــــــــ  | Yes                                     |                                       | No                                     |
| <ul> <li>if "Yes," explain the arrangement in Part XII</li> <li>art V Endowment Funds. Complete</li> </ul> | if the organization and                 | lanation has bee                        | n provided or                             | Part XIII     |  | ******                                  | ********                                |                                       |  |
|  |   |   |   |               |  |   |   |                                       | ······                                 |
| a Beginning of year balance  | (a) Current year                        | (b) Prior year                          | (c) I wo yea                              | ars back      | (d) Three years                        | back                                    | (e) Four                                |                                       | ick                                    |
| b Contributions  |   | · · · · · · · · · · · · · · · · · · ·   | -   |               |  |   |   | <u> </u>                              | ·>.                                    |
| c Net investment earnings, gains, and losses   | ::                                      |   | <del> </del>                              |               | ······································ |   | :                                       | <u>: : :</u><br>:                     | <u>:</u>                               |
| d Grants or scholarships   |   | *************************************** | <u> </u>                                  |               |  |   |   |                                       | ··········· :                          |
| Other expenditures for facilities  |   |   |   |               | ······································ |   | *************************************** | <del></del>                           |  |
| and programs   | 8 :: "                                  |   | į   | 1             | • "                                    | 1                                       |   | 1                                     | ::                                     |
| Administrative expenses  |   |   |   |               | <del>~~~~~</del>                       |   | *************************************** |                                       |  |
| g End of year balance  |   | . ::                                    |   |               | ······································ |   | :                                       | ::                                    |  |
| Provide the estimated percentage of the cu   | rrent year end balance                  | (line 1g, column (                      | (a)) held as:                             |               |  |   |   |                                       | ······································ |
| Board designated or quasi-endowment  |   | %                                       |   |               |  |   | **                                      |                                       | : j: _ '                               |
| b Permanent endowment  | %                                       | `,#                                     |   |               |  |   |   | į ::                                  | ::::                                   |
| Temporarily restricted endowment   | %                                       |   |   |               |  | .:                                      | ;:                                      | :                                     | ii 'ii                                 |
| The percentages on lines 2a, 2b, and 2c shi  | ould equal 100%.                        | **                                      |   | 1.            | :                                      |   |   | 1                                     |  |
| a Are there endowment funds not in the poss  | ession of the organizat                 | ion that are held                       | and administe                             | ered for ti   | ne organizatio                         | n                                       | 44                                      | ::: : : :                             | : .                                    |
| by:  |   |   | **  |               |  |   |   | Yes N                                 | lo                                     |
| (i) unrelated organizations<br>(ii) related organizations  | : ::                                    | *********************                   |   |               |  |   | 3a(i)                                   |                                       |  |
| (ii) related organizations   |   |   |   | ***********   |  |   | 3a(ii)                                  |                                       | :                                      |
| o If "Yes" on line 3a(ii), are the related organiz<br>Describe in Part XIII the intended uses of the       | auons iisted as require                 | a on Schedule Ri                        | ?   | ••••••        | · · · · · · · · · · · · · · · · · · ·  | *******                                 | 3b                                      |                                       |  |
| art VI Land, Buildings, and Equip  | <u>e organización s endow</u><br>nent   | ment funds.                             | ;;<br>*********************************** | ;<br>::       |  |   | ·                                       |                                       |  |
| Complete if the organization answere   | d "Yes" on Form 990                     | ∷<br>PartiVilina 11a (                  | San Enra 000                              | Dowl V        | <br>Ima 40                             |   | ::                                      |                                       | :                                      |
| Description of property  | (a) Cost or oth                         |   | t or other                                |               | cumulated                              | T                                       | d) Book                                 | e vedira                              |  |
|  | basis (investme                         |   | (other)                                   |               | reciation                              | 1 1                                     | uj buur                                 | ( value                               |  |
| i Land   |   |   |   |               |  |   |   |                                       |  |
| Bulldings  | : : :::::                               | ::::::::::::::::::::::::::::::::::::::: | ******                                    |               | :::                                    |   | ·····                                   |                                       | <del>  -</del>                         |
| Leasehold improvements   |   |   | ** : *** ::                               | ··········    | ::                                     | 1                                       |   |                                       |  |
| 1 Equipment  |   | ,# 4,#,#                                | 32,828.                                   | ;             | 10,040                                 | 1                                       | · ::                                    | 22.78                                 | 8                                      |
| other  |   |   | a 'a 'a 'a                                | 11; 1         |  | ]:: .                                   | .: .,                                   |                                       |  |
| al. Add lines 1a through 1e. (Column (d) must e  | equal Form 990, Part X,                 | column (B), line                        | 10c.)                                     |               |  | i :: '                                  |   | 22 78                                 | 8.                                     |
|  |   |   |   | **            | Sch                                    | edule I                                 | (Form                                   | 990) 20                               |  |
|  |   | , His                                   |   |               |  | * #                                     | risi s<br>Tara                          |                                       |  |
|  | : :: :: :: :: :: :: :: :: :: :: :: :: : | : :::                                   |   | ::: .         |  | H                                       |   |                                       |  |
|  |   | r gjij u r                              |   | , ju          |  | ::.                                     |   |                                       |  |
|  |   |   | :   | : <u>#</u> :: |  | ÷ :                                     | :'                                      | ·                                     | :::::::::::::::::::::::::::::::::::::: |
|  |   |   |   | si*           | : ::                                   | : .                                     | : H:::: "                               | .1611.                                |  |
| 52 08-29-18  |   | 11 1                                    |   |               |  |   |   |                                       |  |

| Complete if the organization answered "   | Yes" on Form 990                                 | 0. Part IV line    | ilb. San Form or                        | 0 Port Y line 10          |   |
|---|--|--------------------|---|---------------------------|---|
| (a) Description of Security of Category (including name of secu   | rity) (b) Bo                                     | ok value           | (c) Method d                            | f valuation: Cost or end  | of-vear market value                    |
| ) Financial derivatives   | ••••   |                    |   |                           | *************************************** |
| ) Closely-held equity interests   | · · · · · · · · · · · · · · · · · · ·            | :: Hii: H :: H :   |   |                           |   |
| ) Other   |  |                    |   |                           |   |
| (B)   |  | 935,294,           | END-OF-YEA                              | R MARKET VALUE            |   |
| (C)   |  |                    |   |                           |   |
| (D)   |  |                    |   |                           |   |
| (B)   |  |                    |   |                           |   |
| ( <b>F</b> )  |  |                    |   |                           |   |
| : <b>(G)</b> : 1 :: : : : : : : : : : : : : : : : :   |  |                    |   |                           |   |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.   |  | 025 55.1           |   |                           |   |
| Part VIII Investments - Program Related   | / <u>/</u>                                       | 935,294            |   |                           |   |
| Complete if the organization answered "   |  | ), Part IV, line 1 | 1c. See Form 99                         | 0. Part X. line 13        |   |
| (a) popolition or investment  | (b) Boo  | ok value           | (c) Method o                            | f valuation: Cost or end- | of-year market value                    |
| (1) :: :: :: :: :: :: :: :: :: :: :: :: ::  | : :  |                    |   |                           |   |
| (3)   |  |                    |   |                           |   |
| (4)   |  |                    |   |                           |   |
| (6)   | :: ::  |                    |   | ::                        |   |
| (6)   | :: :::   |                    | :                                       |                           |   |
| (7)<br>(8)  | 100  |                    |   | :                         |   |
| (9) : :: :: ::  |  |                    | *************************************** |                           | <u> </u>                                |
|   |  | , raitiv, iiie i   | 1d. See Form 99                         | 0, Part X, line 15.       |   |
| (1)   | (a) Description                                  | , raitiv, iiije i  | 1d. See Form 99                         | 0, Part X, line 15.       |   |
| (1) ::: :: :: :: :: :: :: :: :: :: :: :: :  | (a) Description                                  |                    | 1d. See Form 99                         |                           | (h) Book value                          |
| (1)<br>(2)<br>(3)   | (a) Description                                  |                    | · · · · · · · · · · · · · · · · · · ·   |                           | (h) Book value                          |
| (1)<br>(2)<br>(3)<br>(4)  | (a) Description                                  | : : :              |   |                           | (b) Book value                          |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)   | (a) Description                                  |                    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7)   | (a) Description                                  |                    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8)   | (a) Description                                  |                    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)   | (a) Description                                  |                    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B)  | (a) Description                                  |                    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B   | (a) Description                                  |                    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.   | (a) Description  (ine 15.)  (ine 15.)            | Part IV, line 1    | le or 11f. See Fo                       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B rart X) Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes   | (a) Description  (ii) Ime 15.)  es on Form 990,  | Part IV, line 1    |   |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B art X) Other Liabilities. Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes   | (a) Description  ) line 15.)  es" on Form 990,   | Part IV, line 1;   | le or 11f. See Fo                       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1) Federal income taxes (2)   | ) line 15.)                                      | Part IV, (Ine 1)   | le or 11f. See Fo<br>) Book value       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3)   | ) line 15.)                                      | Part IV, line 1    | te or 11f. See Fo                       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3)  | ) line 15.)                                      | Part IV, (Ine 1)   | le or 11f. See Fo<br>) Book value       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3) (4) (5) (6)  | (a) Description  Jine 15.)  es " on Form 990,    | Part IV, (ine 1)   | le or 11f. See Fo                       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3) (4) (5) (6) (7)  | (a) Description                                  | Part IV, (ine 1)   | le or 11f. See Fo                       |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3) (4) (5) (6) (7)  | (a) Description                                  | Part IV, line 1    | le or 11f. See Fo ) Book value          |                           | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) | (a) Description  Jline 15.)  Bis on Form 990,    | Part IV, line 1    | le or 11f. See Fo ) Book value          | m 990, Part X, line 25.   | (b) Book value                          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.  Complete if the organization answered "Y (a) Description of liability (1): Federal income taxes (2) (3) (4) (5) (6) (7)  | (a) Description  (ii) Jine 15.)  (iii) Form 990, | Part IV, line 1    | te or 11f. See Fo ) Book value          | m 990, Part X, line 25.   | (b) Book value                          |

| ran Al Reconci   | 2016 VAIL<br>liation of Reve  | VETERANS FOUND                                      | ATION INC.  | Statomont- 1  | Mist. D                                 | 1 Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 20-5254       | l885 Pa                       | ı <b>e 4</b>                            |
|--|---|---|---|---|---|--|---------------|-------------------------------|---|
| Complete   | the organization a  | nswered "Yes" on                                    | Form 990, Part IV   | /, line 12a.  | vitn Hever                              | we per A                                     | eturn.        |                               |   |
| 1 Total revenue, gair  | ns, and other supp  | ort per audited fina                                | ncial statements  | *************************                           |   |  | 1             | 2,167,9                       | 59                                      |
| 2 Amounts included   | on line 1 but not o   | n Form 990, Part V                                  | III, line 12:   |   |   |  |               |                               | ::                                      |
| a Net unrealized gain b Donated services   | and use of facilities   | sunents   | ***************************************                             | 28  | 1 1 1 1 1 1 1 1 1 1                     | 48,326,                                      |               |                               | # # # #<br># # #                        |
| c Recoveries of prior  | r vear grants   | # #, 11   |   | -   | ···                                     | 264,920.                                     |               |                               | all' ill                                |
| d Other (Describe in   | Part XIII.)   |   | ::  |   | : ::                                    | ·  |               |                               | <sub>::</sub> '+ 1                      |
| e Add lines 2e throu   | gh <b>2</b> d   |   |   | **************                                      | ******************                      |  | 20            | 313 2                         | ::<br>46.::::                           |
| <ul><li>3 Subtract line 2e from</li><li>4 Amounts included</li></ul>   | om line 1   |   | ************  | ****************                                    | ************                            | ************                                 | 3             | 1,854,7                       |   |
| a Investment expens  | ses not included on   | VIII, line 12, but no<br>Form 990. Part VI          | ton line 1;<br>Il line 7h   |   | F                                       |  |               |                               |   |
| <b>b</b> Other (Describe in  | Part XIII.)   |   |   | 4a  |   | 8,154.                                       |               |                               |   |
| c Add lines 4a and 4   | b   |   | #   |   |   |  | 4c            | 8.1                           | 54                                      |
| 5 Total revenue. Add   | l lines 3 and 4c. /Th   | iis must equal Form                                 | 1990 Part I line  | 101 ::  |   |  | 5             |                               |   |
| Part XII Reconcil  | the organization at   | nswered "Yes" on l                                  | ed rinanciai<br>Com 000. Doct il                                    | Statements  | With Expe                               | nses per                                     | Return        | • gir in                      | ::::::::::::::::::::::::::::::::::::::: |
| 1 Total expenses and   | d losses per audite   | d financial stateme                                 | nts   | , m 18 (28.   |   | <del>i</del> 1                               |               |                               | :<br>                                   |
| 2 Amounts included   | on line 1 but not or  | า Form 990. Part IX                                 | . line 25:  | 111   | **************                          | ***********                                  | 1             | <u>1,315,6</u>                | 71.                                     |
| a Donated services a   | and use of facilities   | 3 · · · · · · · · · · · · · · · · · · ·             | 41  |   | :                                       | 264,920.                                     |               |                               |   |
| b Prior year adjustme<br>c Other losses  | ents  |   | ***************************************                             | <u>2b</u>   | ļ                                       | -  |               | . :.                          |   |
| d Other (Describe in   | Part XIII.)   | ********************                                |   | 2c 2d   | 3                                       |  |               |                               |   |
| e Add lines 2a through   | gh 2d   |   |   |   | *************************************** |  | 2e            | 264.9                         | :<br>20                                 |
| 3 Subtract line 2e fro   | m line 1  | ********  |   | *****************                                   |   |  | 3             | 1,050.7                       |   |
| 4 Amounts included   | on Form 990, Part   | IX, line 25, but not                                | on line 1:  |   | 1                                       |  |               |                               | ::                                      |
| <ul><li>a Investment expens</li><li>b Other (Describe in</li></ul>   | ios nucinciaded on<br>Part XIII.)   | rorm 990, Part VII                                  | i, line 7b  | 4a  | ·                                       | 8,154.                                       |               |                               | : :                                     |
| c Add lines 4a and 4   | t   | ****************                                    | *******************   |   |   | . 1  | #333374       |                               |   |
| C Unit in the Mai dition   | D   |   |   |   | 1                                       |  | 4             |                               |   |
| 5 Total expenses. Ad   | ld lines 3 and 4c. (7   | This must equal For                                 | ******  |   |   | <b>1</b>                                     | 4c 5          | 8,1                           |   |
| 5 Total expenses. Ac<br>Part XIII Supplem  | ld lines 3 and 4c. (7<br>ental informat   | ion.  | m 990, Part I, line   | • 18.)  |   |  | 5             | 1,058,9                       | 26.                                     |
| 5 Total expenses. Ad<br>Part XIII Supplem<br>ovide the descriptions  | ld lines 3 and 4c. (1<br>ental Informat<br>required for Part II,  | ion.<br>lines 3, 5, and 9; F                        | m 990, Part I, lind   | 9 18.)  | s 1b and 2b. F                          |  | 5             | 1,058,9                       | 26.                                     |
| 5 Total expenses. Ac<br>Part XIII Supplem  | ld lines 3 and 4c. (1<br>ental Informat<br>required for Part II,  | ion.<br>lines 3, 5, and 9; F                        | m 990, Part I, lind   | 9 18.)  | s 1b and 2b. F                          |  | 5             | 1,058,9                       | 26.                                     |
| 5 Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part                    | ld lines 3 and 4c. (1<br>ental Informat<br>required for Part II,  | ion.<br>lines 3, 5, and 9; F                        | m 990, Part I, lind   | o 18.)<br>nd 4; Part IV, line<br>o any additional i | s 1b and 2b; F                          |  | 5             | 1,058 9                       | 26.                                     |
| 5 Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part                    | ld lines 3 and 4c. (1<br>ental Informat<br>required for Part II,  | ion.<br>lines 3, 5, and 9; F                        | m 990, Part I, lind   | o 18.)<br>nd 4; Part IV, line<br>o any additional i | s 1b and 2b; F<br>information.          |  | 5             | 1,058,9                       | 26.                                     |
| 5 Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part                    | Id lines 3 and 4c. (7<br>ental Informat<br>required for Part II,<br>XII, lines 2d and 4   | ion.<br>lines 3, 5, and 9; F<br>b. Also complete th | m 990, Part I, lind   | o 18.)<br>nd 4; Part IV, line<br>o any additional i | s 1b and 2b; F                          |  | 5             | 1,058 9                       | 26.                                     |
| 5 Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part                    | Id lines 3 and 4c. (7<br>ental Informat<br>required for Part II,<br>XII, lines 2d and 4   | ion.<br>lines 3, 5, and 9; F<br>b. Also complete th | m 990, Part I, lind   | o 18.)<br>nd 4; Part IV, line<br>o any additional i | s 1b and 2b; F                          |  | 5             | 1,058,9<br>ine 2; Part XI, :: | 26.                                     |
| Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part                      | Id lines 3 and 4c. (7<br>ental Informat<br>required for Part II,<br>XII, lines 2d and 4   | ion.<br>lines 3, 5, and 9; F<br>b. Also complete th | m 990, Part I, lind   | o 18.)<br>nd 4; Part IV, line<br>o any additional i | s 1b and 2b; F                          |  | 5             | 1 058 9                       | 26.                                     |
| Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part                      | Id lines 3 and 4c. (7<br>ental Informat<br>required for Part II,<br>XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete the      | m 990, Part I, lind   | o 18.)<br>nd 4; Part IV, line<br>o any additional i | s 1b and 2b; F                          | Part V, line 4                               | 5             | 1 058 9                       | D6.                                     |
| Total expenses. Ace Part XIII Supplem Ovide the descriptions as 2d and 4b; and Part AIII LINE 4B                 | Id lines 3 and 4c. (7 ental Informative required for Part II, XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete the      | m 990, Part I, line<br>Part III, lines 1a ar<br>als part to provide | e 18.)<br>nd 4; Part IV, line<br>e any additional i | s 1b and 2b; F                          | Part V, line 4                               | 5; Part X, I  | 1 058 9                       | D6.                                     |
| Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ET XII LINE 4B -             | Id lines 3 and 4c. (7<br>ental Informat<br>required for Part II,<br>XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete th       | m 990, Part I, line<br>Part III, lines 1a ar<br>als part to provide | e 18.)<br>nd 4; Part IV, line<br>e any additional i | s 1b and 2b; F                          | Part V, line 4                               | 5; Part X,    | 1,058 9                       | D6.                                     |
| Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ET XII LINE 4B -             | Id lines 3 and 4c. (7 ental Informative required for Part II, XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete th       | m 990, Part I, line<br>Part III, lines 1a ar<br>als part to provide | e 18.)<br>nd 4; Part IV, line<br>e any additional i | s 1b and 2b; F                          | Part V, line 4                               | 5; Part X, I  | 1,058,9                       |   |
| Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part<br>art XII LINE 4B   | Id lines 3 and 4c. (7 ental Informative required for Part II, XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete th       | m 990, Part I, line<br>Part III, lines 1a ar<br>als part to provide | e 18.)<br>nd 4; Part IV, line<br>e any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | 5; Part X,    | 1,058 9                       |   |
| Total expenses. Ac<br>Part XIII Supplem<br>ovide the descriptions<br>es 2d and 4b; and Part<br>art XII LINE 4B   | Id lines 3 and 4c. (7 ental Informative required for Part II, XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete th       | m 990, Part I, line art III, lines 1a ar                            | e 18.)<br>nd 4; Part IV, line<br>e any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | 5; Part X,    | 1,058,9                       |   |
| Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ET XII LINE 4B -             | Id lines 3 and 4c. (7 ental Information required for Part II, II in it is and 4 ental in it is an and 4 ental in it is an another in it is an | ion. lines 3, 5, and 9; F b. Also complete th       | m 990, Part I, line<br>Part III, lines 1a ar<br>als part to provide | a 18.)<br>nd 4; Part IV, line<br>a any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | 5; Part X,    | 1 058 9                       | 26.                                     |
| Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part RT XII LINE 4B -             | Id lines 3 and 4c. (7 ental Informative required for Part II, XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete the      | m 990, Part I, line art III, lines 1a ar                            | a 18.)<br>nd 4; Part IV, line<br>a any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | 5; Part X,    | 1 058 9                       |   |
| 5 Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ATT XII LINE 4B            | Id lines 3 and 4c. (7 ental Informative required for Part II, XII, lines 2d and 4   | ion. lines 3, 5, and 9; F b. Also complete the      | m 990, Part I, line art III, lines 1a ar                            | a 18.)<br>nd 4; Part IV, line<br>a any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | 5 ; Part X, 1 | 1 058 9                       | 26.                                     |
| Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ATT XII LINE 4B - UNDING     | Id lines 3 and 4c. (7 ental Informative Part II, Ines 2d and 4  | ion. lines 3, 5, and 9; F b. Also complete th       | m 990, Part I, lini<br>art III, lines 1a ar                         | a 18.)<br>nd 4; Part IV, line<br>a any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | ; Part X, 1   | 1 058 9                       | 26.                                     |
| Total expenses. Ace Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ATT XII LINE 4B - UNDING     | Id lines 3 and 4c. (7 ental Informative required for Part II, Ines 2d and 4   | ines 3, 5, and 9; Fb. Also complete the             | m 990, Part I, lini<br>art III, lines 1a ar<br>ais part to provide  | a 18.)<br>nd 4; Part IV, line<br>a any additional i | s 1b and 2b; Finformation.              | Part V, line 4                               | 5 ; Part X, 1 | 1 058 9                       | 26.                                     |
| Total expenses. Ac Part XIII Supplem ovide the descriptions es 2d and 4b; and Part ATT XII LINE 4B -             | Id lines 3 and 4c. (7 ental Informatirequired for Part II, I) III XII, I) III S 2d and 4  | lines 3, 5, and 9; Fb. Also complete the            | m 990, Part I, lim  | a 18.)  ad 4; Part IV, line any additional i        | s 1b and 2b; Finformation.              | Part V, line 4                               | 5 ; Part X, 1 | 1,058,9                       | 26.                                     |
| 5 Total expenses. Ac Part XIII Supplem rovide the descriptions les 2d and 4b; and Part ART XII, LINE 4B -        | Id lines 3 and 4c. (7 ental Informative required for Part II, Ines 2d and 4   | ines 3, 5, and 9; Fb. Also complete the             | m 990, Part I, lini<br>art III, lines 1a ar<br>ais part to provide  | ad 4; Part IV, lines<br>any additional i            | s 1b and 2b; Finformation.              | Part V, line 4                               | 5 ; Part X, 1 | 1,058,9                       | 26.                                     |
| 5 Total expenses. Ac Part XIII Supplem ovide the descriptions less 2d and 4b; and Part ART XII LINE 4B - DUNDING | Id lines 3 and 4c. (7 ental Informatirequired for Part II, Innes 2d and 4   | ines 3, 5, and 9; Fb. Also complete the ENTS;       | m 990, Part I, line art III, lines 1a ar                            | a 18.)  ad 4; Part IV, line any additional i        | s 1b and 2b; Finformation.              | Part V, line 4                               | 5 ; Part X, 1 | 1,058,9                       | 26.                                     |

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-00

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number

| ra       | rt I Types of Property   | <del></del>                   |  |  |   | 54885   |
|----------|--|-------------------------------|--|--|---|---|
|          |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or   | (c) Noncash contribution amounts reported on | Method of d                             | oution amounts                                  |
| 1        | Art - Works of art   | 1111111111111                 | irenis commonted   | Form 990, Part VIII, line 1g                 | *************************************** |   |
| 2        | Art - Historical treasures   | : ::                          |  |  |   | ·   |
| 3        | Art - Fractional interests   |                               | a .  |  |   |   |
| 4        | Books and publications   | :                             |  | ::   |   | <u>, ii ii ii ii ii ii ii ii ii ii ii ii ii</u> |
| 5        | Clothing and household goods   | ×                             |  |  |   | <u> </u>  |
| 6        | Cars and other vehicles  |                               | ::   | 10,582,                                      | RESEARCHED ACTUA                        |   |
| 7        | Boats and planes   | <u> </u>                      |  |  | ::                                      |   |
| 8        | Intellectual property  |                               | ::   |  |   |   |
| 9        | Securities - Publicly traded   | <u> </u>                      |  |  |   |   |
| 10       | Securities - Closely held stock  |                               |  | :  |   |   |
| 11       | Securities - Partnership, LLC, or  |                               |  |  | ::                                      |   |
| * *      | trust interests  | i                             |  | 7,8<br>7                                     | ×                                       | 1, ".   |
| 12       | Securities - Miscellaneous   |                               |  | · · · · · · · · · · · · · · · · · · ·        |   |   |
| 13       | Qualified conservation contribution.   |                               | ** ;   |  |   |   |
|          | Historic structures  |                               | **   |  |   | 1 1   |
| 14       | Qualified conservation contribution - Other  | <u> </u>                      |  | ·  |   |   |
| 15       | Qualified conservation contribution - Other Real estate - Residential                        |                               | ::   |  |   |   |
| 16       | Real estate - Commercial   |                               |  |  |   |   |
| 17       | Real estate - Other  |                               |  | ·  |   |   |
| 18       | Collectibles   |                               |  | ·  |   |   |
| 19       | Food inventory   |                               |  |  |   | ·   |
| 20       | Drugs and medical supplies   |                               |  |  | ·                                       | :   |
| 21       | Taxidermy  | ::                            |  |  |   | 1 11 11   |
| 22       | Historical artifacts   |                               |  |  | ::                                      |   |
| 23       | Scientific specimens   |                               |  | ***  |   | 42  |
| 24       | Archeological artifacts  |                               |  |  |   |   |
| 25       | Citation Inc.  |                               |  |  |   |   |
| 26       | Other ( )  |                               |  |  | ·                                       |   |
| 27       | Other > (  |                               | ***************************************  |  | <u> </u>                                |   |
| 28       | Other:: > ( :: :: :: :: )  | :::::                         | ::   | ::   |   |   |
| 29       | Number of Forms 8283 received by the organi  | 11                            |  | **   |   | <u> </u>  |
| ::[      | for which the organization completed Form 82   | 83, Part IV, E                | onee Acknowledg  | ement 29                                     | : ::                                    |   |
| 30a      | During the year, did the organization receive b  | y contributio                 | n any property rep   | orted in Part I, lines 1 throu               | jh 28, that it                          | Yes No  |
| ::<br>:. | must hold for at least three years from the dat  | e of the initia               | l contribution, and  | which isn't required to be u                 | sed for                                 |   |
| h        | exempt purposes for the entire holding period if "Yes," describe the arrangement in Part II. | t                             | ***********  | 111  | **************************************  | 30a X   |
|          | Does the organization have a gift acceptance   |                               |  |  |   |   |
| 12a      | Does the organization hire or use third parties  | or related or                 | ganizations to solic   | it, process, or sell noncash                 | tions ?                                 | 31 X  |
| b        | contributions?<br>if "Yes," describe in Part II.   |                               | ***************************************  | **************************************       | *************************************** | 32a X   |
| 33       | If the organization didn't report an arrest to   |                               | and the second s |  |   |   |
| <b>.</b> | If the organization didn't report an amount in c   | olumn (c) for                 | a type of property   | for which column (a) is che                  | cked,                                   |   |
| HA       | For Paperwork Reduction Act Notice, see  |                               |  |  | Schedule M                              | James Inches I                                  |

: ..:

|  |   |   | art for  |  |  |  |   |   | ::                                      |  |   |  |  |  |  |  |  |  |   |   |   |   |  |   |   |   |   |
|--|---|---|--|--|--|--|---|---|---|--|---|--|--|--|--|--|--|--|---|---|---|---|--|---|---|---|---|
| 11   |   |   |  | •••••••••••••••••••••••••••••••••••••••          | ***************************************          | ***************************************            |   |   |   |  | ::<br><del>::::::::::::::::::::::::::::::::::</del> |  | :: : <sup>::</sup> ::<br>********************************* | ***************************************                  |  | ::   |  | : 1 1111<br><del>- 1 1111</del><br>- 1           |   | **********                              |   | · · · · · · · · · · · · · · · · · · ·     |  |   |   | *************************************** | NANK!                                     |
|  | ······································  | <del>((()))</del><br>::<br>::           | ::   |  |  |  |   | *************************************** | 111                                     | . :  | ······································              |  | ••••••••••••••••••••••••••••••••••••••                     |  |  |  |  |  |   | <del>#</del>                            |   |   | : ::::::::::::::::::::::::::::::::::::           |   |   | *************************************** |   |
| ::   | ······································  | ······································  |  |  |  | : '  | <del></del>                             |   | :: :                                    |  | <u></u>   | ::: ii <u>.</u><br>: ,                           | <u>:::::3,</u><br>:::                                      | ***********  | :::  | ***************************************          |  |  | ***********                             |   |   | 11 11<br>10 11 11<br>10 11 11             | ······································           | *************************************** | )*<br>*******************************   |   |   |
|  |   |   |  | ***************************************          | :: :::   | <del></del>  |   |   | *************************************** | <del></del>                                |   | ······································           | :  | ************************************                     | or<br><del>Tarrepoor</del><br>::                 | <del>77777777777</del>                           | :::  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | *************************************** | *************************************** |   | ::<br>•••••••••                           | **********                                       | <del>.</del>                            |   |   | ***                                       |
| <del>1, , , , , , , , , , , , , , , , , , , </del> |   | ::                                      | <del></del>                                      |  | · · · · · · · · · · · · · · · · · · ·            |  | *************************************** | *************************************** | :                                       | <del></del>                                | ***************************************             | ::.<br><del>*********</del>                      |  | ***************************************                  | ::<br>***********************************        | <del>~</del>                                     |  | ***************************************          |   |   |   | <del>anandakk</del>                       | Nemonna  | ::                                      | *************************************** | :: ::. <u>;</u>                         |   |
| ***************************************            | :                                       | ::                                      | Literatura                                       | <del>;;;;;;;;;;</del><br>;;                      | <del>luutuuniid</del>                            |  | **************************************  | *********                               | ******                                  | <del>idd o blod</del> e                    | ideald inteless                                     | **********                                       |  | ::<br>***********************************                | ······································           | <del></del>                                      | ***************************************          | :  | ······································  |   | ::<br><del>Marinaliji</del><br>:  | ***************************************   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | <del></del>                             |   |   |   |
|  | <del></del>                             |   | <del></del>                                      |  | . ::   | ***************************************            | 444                                     |   | *****                                   | <del></del>                                | ***************************************             | <del>,,,,,,,,,</del>                             | *********  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |  |  | ***************************************          | ······································           | <del>,</del>                            | <del>(2.42</del>                        | ***********   | <del>1611</del>                           | ***************************************          | *******************                     |   | 7<br>                                   |   |
|  |   | <del>na jan</del>                       | :<br>  | <del>volenci</del>                               | · · · · · · · · · · · · · · · · · · ·            | :  | •                                       | :                                       | :                                       | ***************************************    | rnevene   | ***************************************          | ··   | <del>!!!********</del>                                   | <del></del>                                      | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | ·<br>••••••••••••••••••••••••••••••••••••        | ······································           | :<br>•••••••                            | **************************************  |   | ***************************************   | ·  | ********                                | ************                            | #: !!<br>#######                        | 44×.                                      |
| : :  | ······································  | aniinas <del>iin</del>                  | <del>!!!!!********************************</del> | <u>i</u>   |  | ***********  | <del></del>                             |   | <del></del>                             | ***************************************    | ~~~   | ***************************************          | iedjimmuutiyi  | Karrina ang di   | di   | <del>domini</del>                                | ······································           | ······································           | <del>- 70</del>                         |   | Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Marita<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Maritarista<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Marita<br>Ma<br>Ma<br>Marita<br>Marita<br>Marita<br>Ma<br>Ma<br>Marita<br>Ma<br>Marita<br>Ma<br>Ma<br>Marita<br>Ma | *************                             | <del></del>                                      |   |   | *************************************** |   |
| ***************************************            | ::                                      | ::                                      | <del>(************</del>                         | <del>aaaaasi</del> ss                            | ***************************************          | minimum  | *************************************** | lristantskindarista                     | <del>Nasalahida</del>                   | +  | ······································              | ***************************************          | 1440000  | <del>- 0122 - 11</del>                                   | ***************************************          |  |  | :  | **********                              | ::<br>!!!!!!!                           | ···   | ***************************************   | :: :<br><del>"?;:;+;</del>                       | <del> </del>                            | <del></del>                             | ***********                             | ** :<br>** :                              |
| ::   |   | *******                                 | ***************************************          | **********                                       |  |  | <del> </del>                            |   | ******                                  | ***************************************    |   | <del>////*********************************</del> | <del></del>  | ***************************************                  | ***************************************          | <u>i</u>   | ***************************************          | ····   |   |   | ······································  |   | **********                                       |   | ·                                       |   |   |
|  | ······································  |   | ***************************************          | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |  | Mondonfrançassau                                   | *************************************** | *************************************** |   | ***************************************    | ***************************************             | <del>~</del>                                     |  |  | ***************************************          |  | <del>Militaria</del><br>:                        | *************                                    |   | *************                           | *********   | <del>(</del>                              |  | **********                              | ******                                  | *********                               | : :<br><del>***</del> :                   |
| <del></del>  | ::                                      | ·····                                   | ************<br>::                               | ······································           | <del>*************************************</del> | ::   |   |   |   | *********                                  | ********  | ******   | *******  | ************   | <del>)  </del>                                   | :::<br>  | ***************************************          | <del>111839+++</del>                             | <del></del>                             | <del></del>                             | ::<br>::  | ***************************************   | ***************************************          | ······································  |   | ······································  |   |
| ::   | ::                                      |   |  | *******  |  |  | *************************************** |   |   | <del></del>                                | ······································              | ·············                                    |  |  | <del></del>                                      | <del>7/2-14-14-14-14-1</del>                     | <del>,</del>                                     | ************                                     | *************************************** |   | ::  | ······································    | ·······················                          | **************************************  |   |   | ·   |
| <del>1500 - 1</del> 00<br>111                      |   |   |  | <del>:::::::::::::::::::::::::::::::::::::</del> | ::   | ::   | ;                                       | :<br>                                   | ••••••••••••••••••••••••••••••••••••••  | <del>teranijas</del>                       | ******  | <del></del>                                      | **********   | **************************************                   | ·······································          | <del> </del>                                     | **************************************           | ::   | <del></del>                             |   |   | ******                                    | *******  |   | 4 ::<br><del>114   144</del><br>.3      |   |   |
| <del>-&gt;hii</del><br>:                           | ::                                      |   | ***************************************          |  | :: .   | <del></del>  | **************************************  |   |   | ~ <del></del>                              |   |  |  | ***************************************                  | ***********                                      | <del></del>                                      | *******  | <del></del>                                      | <del>(1), j.,</del>                     |   | <del></del>   | ,   |  | <del> </del>                            |   | ; i.                                    | ***                                       |
| ******   | *************************************** | ************                            | ***************************************          | ***********                                      | <del>Mainijari</del> a                           | <del>oldija</del>                                  | •                                       |   | *********                               | ****                                       |   | ***************************************          |  | ***************************************                  |  | <b>'''''</b>                                     | 77 <del>4720000</del>                            | ::<br>**********                                 | <del>!+6+++++</del>                     | ::                                      | •••••   | :::<br>***********                        | ********   | *************************************** | **************************************  |   | ₩:: ···<br>:                              |
| <del>:::::::::::::::::::::::::::::::::::::</del>   | <del>inger (1865)</del><br>:            | *************************************** |  | <u></u>  | :: ;:  | ***************************************            | ······································  |   | *************************************** |  | ***************************************             |  |  | <del></del> :  |  | <del>*************************************</del> | ······································           | ***************************************          | Humbiio iii i                           | *************************************** | •.  | ······································    | ********   | <del>eleculiosos</del>                  |   |   | ::::::::::::::::::::::::::::::::::::::    |
| ······································             | ······································  |   | 4  | <del></del>                                      |  | mm de de   |   |   |   |  |   | <del>vis</del> islaidenia                        | hitaristasiasiasiasiasiasiasiasiasiasiasiasiasia           | ::   | <del>West jag</del>                              |  | <del>:::::::::::::::::::::::::::::::::::::</del> | :<br><del>(20000000</del>                        | ***********                             | :                                       | <del></del><br>.:   | **************************************    | <del>/////////////////////////////////////</del> | <del>7771711717</del>                   |   |   | * ::                                      |
|  | : :                                     |   |  |  | <u> </u>   | <del>/1971////</del>                               |   |   |   |  |   | CONTRACT<br>CONTRACTOR                           | : · · · · ·  | -, :::<br><del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | ·  | ***************************************          | **************************************           |  | *************************************** |   | ***************************************   |   | :  |   | ::: :                                   | *****                                   | *<br>*<br>::                              |
| ::   | *************************************** |   | :::  |  | **************************************           |  |   | ······································  |   | : :<br>• • • • • • • • • • • • • • • • • • |   | :<br><del></del>                                 | :<br>************************************                  | ********   | <del></del>                                      |  |  | <del> </del>                                     | <del>- 44 idaa aa</del>                 | ······································  | ······································  | <br>                                      | hiriddaldala<br>:                                | ::<br><del>1986-1984-1984-1</del><br>   | ******************************          | ·                                       | 20 mi                                     |
|  |   | *******                                 | ••••••••••••••••••••••••••••••••••••••           | · ::   | ***************************************          | <br><del>***********************************</del> | **************************************  | :<br><del>implest plant</del><br>·      |   |  |   |  |  |  |  | ······································           | <del>7 W</del>                                   |  |   |   |   |   |  | <del></del>                             |   |   |   |
|  |   | ······································  |  |  |  | <del>!!!!!!!</del>                                 |   |   | ::                                      | et dinament                                | :<br>   | ••••••   | <del></del>  |  |  |  | ::<br>:::  | ***************************************          | <del>da an da dada</del><br>::          |   | <del></del>   |   | <b>William</b>                                   | <del>:</del>                            |   |   |   |
|  |   |   |  | •  |  |  | ::::::::::::::::::::::::::::::::::::::  | *************************************** |   | :<br>************************************  | •   | **********                                       | ***********  | <del></del>  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | *******  |  | :<br>::::::::::::::::::::::::::::::::::::        | -::<br><del>-               </del>      |   | ***********   | :::<br>:::::::::::::::::::::::::::::::::: |  |   |   |   | *:  |
|  |   |   |  |  | ·  | <u>ii</u>  |   | . : :                                   |   |  |   | •  |  | ······································                   | ·  |  | ······································           | · · · · · · · · · · · · · · · · · · ·            |   |   |   | •   |  |   | ************                            |   | ::::::<br>::::::::::::::::::::::::::::::: |

#### SCHEDULE O

Department of the Treasury

Internal Revenue Service

:: :::

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Name of the organization

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

Inspection

Schedule O (Form 990 or 990-EZ) (2016)

| VAIL VETERANS FOUN                            | DATION INC.                             |  | #                                       |   | er identifica<br>254885                 | tion number                            |
|---|---|--|---|---|---|--|
|   |   |  |   | <u> </u>                                | AJ4003                                  | : :: ; ii :: ii                        |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM    | SERVICES:                               |  |   | <u> </u>                                |   |  |
| OTHER PROGRAMS INCLUDE CAREGIVERS, WHICH SI   |   | # +#;                                  |   | ,.                                      |   |  |
| 그 병사 그 사람이 되는 사람들이 함께 사람들이 가장 하는 사람들이 되었다.    | UPPORTS CAREGIV                         | ERS OF WOUND                           | DED                                     |   | :<br>·····                              |  |
| SERVICE MEMMBERS, THROUGH PARTICIPATION IN    | SELF-AWARENESS                          | PROGRAMS                               |   | = = ==                                  |   | · .#. #.                               |
|   | 1 111                                   | ::                                     | :                                       | :                                       | : :                                     |  |
| YOGA, MEDITATION, OUTDOOR RECREATION, SPA     | TREATMENTS, AND                         | GROUP MEALS                            |   |   | :                                       | , ** \$.                               |
| H H   |   |  | W:                                      |   | :                                       | ;                                      |
| ALL PROVIDED AT NO COST TO PARTICIPANTS.      |   | · · · · · · · · · · · · · · · · · · ·  | ······································  |   | -                                       | :                                      |
| EXPENSES \$ 106,247. INCLUDING GRANTS OF      | \$ 0. REVENUE                           | \$ D '∷                                |   | :                                       | ::                                      |  |
| : ::  | ::                                      | :                                      | *************************************** |   |   | ······································ |
|   |   | :::                                    | ······································  | ·                                       |   | :                                      |
| FORM 990 PART VI SECTION A LINE 2;            | 1 11                                    | .12,                                   |   |   | :                                       |  |
| 2;  |   | ······································ | <del></del>                             | :                                       | ······································  | <u>:</u>                               |
| CHERYL JENSEN, THE ORGANIZATION'S EXECUTIVE   | E DIRECTOR AND                          | PRESIDENT T                            | S THE                                   |   |   | :<br>1. ::                             |
|   |   | · · · · · · · · · · · · · · · · · · ·  |   | ::                                      | ·                                       |  |
| WIFE OF BILL JENSEN, WHO IS ALSO A DIRECTOR   | ₹                                       |  |   | ::                                      |   | :::                                    |
|   |   |  |   | ••                                      |   |  |
|   |   | ······································ | ······································  | ······································  |   |  |
| FORM 990, PART VI, SECTION B, LINE 11B:       | :                                       |  |   |   |   |  |
|   | ;                                       |  |   |   |   | : !                                    |
| A COPY OF FORM 990 IS PROVIDED TO THE ORGAN   | IZATION'S GOVE                          | RNING BODY.                            | THE                                     |   |   | ·                                      |
| ORGANIZATION'S TREASURER REVIEWS AND APPROV   | ימה הספ אומחים פית                      | 105 mo === +==                         |   | :                                       |   | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
|   | <u> </u>                                | IOR TO FILING                          | 3.                                      |   | ·                                       |  |
|   |   |  |   |   |   |  |
|   |   | :                                      | ;                                       |   | ::                                      |  |
| FORM 990, PART VI, SECTION B, LINE 12C:       |   |  |   |   | · ·                                     |  |
| STAFF AND BOARD MEMBERS ANNUALLY COMPLETE A   | DTCG/ OGIDN OV                          |  |   | ;                                       |   |  |
| HILLER HE HE HE HE HE HE HE HE HE HE HE HE HE | L DISCHOSURE QUE                        | SOTTUNNAIRE A                          | AS TO                                   |   | *************************************** |  |
| POTENTIAL CONFLICTS OF INTEREST, AND AFFIRM   | COMPLIANCE WIT                          | H THE                                  | :: :                                    | ä                                       |   |  |
| 1   | :                                       | .,                                     |   | *************************************** | ~·····································  | ······································ |
| ORGANIZATION'S POLICY.                        |   | ······································ |   |   |   | · · · · · · · · · · · · · · · · · · ·  |
| en en en en en en en en en en en en en e      |   | •                                      |   |   | *                                       |  |
|   | ::                                      |  | ·                                       |   |   | <u> </u>                               |
| ORM 990, PART VI, SECTION B, LINE 15A;        |   | :                                      | ::                                      |   |   |  |
|   | 11 1 11                                 |  |   |   | ·                                       | ·                                      |
| HE BOARD MEETS PRIVATELY TO DISCUSS AND DE    | TERMINE THE COM                         | PENSATION FO                           | R THE                                   | ······································  | ::                                      |  |
| XECUTIVE DIRECTOR.                            | - # · · · · · · · · · · · · · · · · · · |  | . :                                     |   |   |  |
|   |   |  |   | ·········                               |   |  |
|   |   |  |   | ***                                     |   |  |
|   | :                                       |  |   |   | : :: ::                                 |  |
| ORM 990, PART VI, SECTION C, LINE 19:         |   |  | : 131                                   |   |   |  |
| THE ORGANIZATION PROVIDES ANY PROVINCES COM   |   |  |   |   | 1                                       |  |
| THE ORGANIZATION PROVIDES ANY REQUESTED GOVE  | EKNING DOCUMENT                         | S CONFLICT                             | OF                                      | <u> </u>                                | ai "7 air                               |  |

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

| Schedule O (Form 990 or<br>Name of the organization | 990-EZ) (2016)<br>Vail Veterans                         | FOUNDATION INC                          |  |   | Employer i<br>20-52 | dentification nun                       | age 2<br>nber  |
|---|---|---|--|---|---------------------|---|--|
| INTEREST POLICY. AN                                 |   |   |  |   | 20-54:              | 4003                                    |  |
| REQUEST.  | V FINANCIAN SIA.  | PORNIS RYALLARI                         | A TO THE FULL  | IC UPON   |                     |   |  |
|   |   |   |  | <del></del>                                       |                     |   |  |
| FORM 990 PART XII                                   | LINE 1  |   |  |   |                     |   |  |
| SFFECTIVE 1/1/16. V                                 |   | 8 8                                     | CHANGED TO THE   | ACCRITAT.   |                     |   |  |
| BASIS OF ACCOUNTING                                 |   |   |  |   |                     |   |  |
|   | 1   |   | ::   |   | 22 23               |   | :: : : : : : : : : : : : : : : : : : :   |
|   |   |   |  | <del>                                      </del> |                     |   | : 1  |
|   |   |   |  |   |                     |   |  |
|   |   | :                                       |  |   |                     |   | <del>1110/100000</del> 12  |
|   |   |   | ::   | :: :  | :                   |   | *************  |
| ***************************************             | · · · · · · · · · · · · · · · · · · ·                   | ::                                      | ::<br>:::::::::::::::::::::::::::::::::::                  | 119   |                     | :                                       |  |
|   | :   |   |  |   | :                   |   | :  |
|   |   | ·:                                      |  |   |                     |   |  |
|   | ··  | ::                                      |  |   |                     |   |  |
|   |   |   |  |   |                     | *******************************         |  |
|   | <del>nitamantinitistavaistavaistavaistavistavista</del> | <del></del>                             | ······································                     | : ::  |                     | ::::                                    |  |
|   | ::  | i                                       | <del>- , 00 (00,00,00,00,00,00,00,00,00,00,00,00,00,</del> | <del>i i i i i i i i i i i i i i i i i i i </del> |                     | · · · · · · · · · · · · · · · · · · ·   | 11:1   |
|   |   |   |  | ······································            | . 14.<br>           |   |  |
|   |   |   | ::   |   |                     | *************************************** |  |
|   |   |   |  |   |                     | :: :::::::::::::::::::::::::::::::::::  | : :: : : : : : : : : : : : : : : : : :   |
|   |   |   |  |   |                     |   |  |
|   |   | *************************************** | ······································                     |   | iiii<br>i iii       |   | Name of the last o |
|   | :<br><del> </del>                                       |   |  |   |                     |   |  |
|   |   | *************************************** |  | ::  |                     |   |  |
|   |   | • • • • • • • • • • • • • • • • • • •   |  |   |                     |   | <u></u>  |
|   | ** *** ***  |   |  |   |                     |   |  |