Filing Instructions

Grand Island Public Schools Foundation

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended August 31, 2017

Taxpayer's Copy

Federal Filing Instructions

None is required. Your Form 990 for the year ended 8/31/17 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Almquist, Maltzahn, Galloway & Luth, PC PO Box 1407 Grand Island, NE 68802-1407

If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For th		alendar year, or tax year beginning $09/01/16$, and ending $08/31/17$			
В	Check if a	applicable:	C Name of organization Grand Island Public Schools		D Employe	r identification number
	Address	change	Foundation			
	Name ch	ange	Doing business as			735201
П	Initial retu	.,	Number and street (or P.O. box if mail is not delivered to street address) Room/st 123 South Webb Road	uite	E Telephon	e number 385-5900
	Final retu	-	City or town, state or province, country, and ZIP or foreign postal code		300-	363-3900
	terminate			- 1		
	Amended	d return	Grand Island NE 68803 F Name and address of principal officer:		G Gross rec	eipts\$ 5,019,182
П	Annlication	on pending	Has	ls this a grou	ip return for s	ubordinates? Yes X No
Ш	Application	on pending	Russ Refucha	_	•	
					rdinates incl	
			Grand Island NE 68802	It "No,"	attach a list.	(see instructions)
<u> </u>	Tax-exe	mpt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website	e: W 1			notion numbe	er >
20000000	0000000000000000	organization:	X Corporation Trust Association Other ► L Year of form	mation: 19	990	M State of legal domicile: NE
	art I		mmary			
	1		scribe the organization's mission or most significant activities:			
ø			nhance student educational opportunities through its su			
ä		Grand	d Island Public Schools by seeking, securing, and manag	ging r	esour	ces
Activities & Governance			scholarships, projects, and programs.			************************
Š	2	Check this	s box I if the organization discontinued its operations or disposed of more than 25% of its	s net ass	ets.	
ο Ο			f voting members of the governing body (Part VI, line 1a)			15
S	4	Number o	f independent voting members of the governing body (Part VI, line 1b)		4	15
Ę	5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)		5	4
Ġ	6	Total num	h		_	425
⋖			per or volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12			0
		Net unrela	ated business taxable income from Form 990-T, line 34		7b	
	† <u> </u>	TTO CUITION	Accordance to the month of the cost of the	Prior Year		Current Year
41	8	Contributio	ons and grants (Part VIII, line 1h)	725	,619	2,375,264
Ž	9	Program s	service revenue (Part VIII, line 2g)			0
Revenue			nt income (Part VIII, column (A), lines 3, 4, and 7d)	218	,684	310,144
ž	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,081	268,389
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,384	2,953,797
			d similar amounts paid (Part IX, column (A), lines 1–3)		,151	938,943
			and to or for mambers (Part IV, solumn (A), line 4)	<u> </u>	-,	930,943
	1 45 .		other compensation, employee benefits (Part IX, column (A), lines 5–10)	126	5,109	152 702
Ses	460	Denforming	not fundation for (Part IV, column (A), line 5-10)	136	,109	152,793
Ë	10a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			U
Expenses	1 D	Ottal lund	Iraising expenses (Part IX, column (D), line 25) ► 66,054	401	220	400.000
_	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		,220	402,092
	1		* * * * * * * * * * * * * * * * * * * *	1,488		1,493,828
_ #		Revenue i	less expenses. Subtract line 18 from line 12	−20€ ning of Curr	096	1,459,969 End of Year
Net Assets or Fund Balances	20	Total acce	45 (44)	5,728		7,563,062
Asse Ball	20		BB (D-4 V B 00)		7,303	1,286,575
	21				,122	6,276,487
	art II	25.54	nature Block	4,510	, 122	0,210,481
						
U	naer pe ue corr	enaities of p	erjury, I declare that I have examined this return, including accompanying schedules and statements, and implete. Declaration of preparer (other than officer) is based on all information of which preparer has any	d to the be	ıstofmnykı	nowledge and belief, it is
	40, 0011	1	The property of the state of th	Kilowiedge	-, 	
		=				<u></u>
Sig			gnature of officer Taxpayer's Copy		Date	
He	re		Traci Skalberg Exec. Dir	r.		
			rpe or print name and title			
		Print/Type	preparer's name Preparer's signature	Date	Check	If PTIN
Pai	d	Marcy	J. Luth, CPA Mauy J. Luth, CDA		/17 self-er	nployed P00078547
	parer	Firm's nam	ne > Almquist, Maltzahn, Galloway & Luth, PC	F	rm's EIN	47-0589915
Use	e Only		PO Box 1407			
		Firm's add	ress > Grand Island, NE 68802-1407	P	hone no.	308-381-1810
Mar	y the IF		s this return with the preparer shown above? (see instructions)			X Yes No

	6) Grand Island		47-0735201	Page 2
art III		Service Accomplishments	•	
Briefly de			ny line in this Part III	
	escribe the organization's missi			
o enh	ance student ec	lucational opportu	nities through its suppo	ort of the
			, securing, and managing	
or so	cholarships, pro	jects, and progra	ns.	
				
		ificant program services during the y		
				Yes 🔀 No
	describe these new services or			
	- ·	or make significant changes in how i	* * * * * * * * * * * * * * * * * * * *	□ ₹₽
services?	describe these changes on Sch			Yes 🔀 No
	-		three largest program services, as measured b	
			strice largest program services, as measured b ort the amount of grants and allocations to other	
		(4) organizations are required to reported.	ort the amount of grants and allocations to other	s,
the total	expenses, and revenue, it any,	for each program service reported.		
(Code)) (Expenses \$	1,228,210 including grants	of \$ 938,943) (Revenue \$	
(Code:) (Expenses \$	1,220,210 including grants	sor \$ 936,943) (Revenue \$	
			tion is a nonprofit	
rganı	zation which is	engaged primarily	y in raising funds	
			ses for the benefit	********************
f the	students at Gr	and Island Public	Schools.	

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************************************		

		>>>++++++++++++++++++++++++++++++++++++		**************
)(Expenses \$	including grants	of \$ (Revenue \$ wages and time to	
he Ex rogra istri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
he Ex rogra istri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
he Ex rogra istri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
he Ex rogra istri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
he Ex rogra istri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
he Ex rogra istri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
ne Ex rogra Lstri f Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
ne Ex rogra stri Gra)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stu-	of\$)(Revenue \$ wages and time to his amount of time dents and teachers ill the purpose of	
ne Ex rogra stri Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
ne Ex rogra istri F Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stu-	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
ne Ex rogra Istri F Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
ne Ex rogra Stri Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
ne Ex rogra Istri F Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
ne Ex rogra Istri F Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
ne Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Ex rogra istri f Gra rand)(Expenses \$ secutive Directo m services is 3 buting goods an and Island Publi Island Public S	including grants or's allocation of 30%. She spends to ad services to stude c Schools to fulf Schools Foundation	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Exrogratistri f Grarand (Code:)(Expenses \$ secutive Directo mm services is 3 buting goods ar and Island Public S)(Expenses \$	including grants or's allocation of 30%. She spends to ad services to stude. C Schools to fulf Schools Foundation including grants	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	
he Exrogratistri f Grarand)(Expenses \$ secutive Directo m services is 3 buting goods ar and Island Public Island Public \$)(Expenses \$ ogram services (Describe in Sc	including grants or's allocation of 30%. She spends to ad services to stude. C Schools to fulf Schools Foundation including grants	of\$ wages and time to his amount of time dents and teachers ill the purpose of 's mission.	

47-0735201 Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Form **990** (2016)

X 18

16

17

X

X

16

17

18

19

If "Yes," complete Schedule G, Part III.

Form 990 (2016) Grand Island Public Schools Part IV Checklist of Required Schedules (continued)

		$\overline{}$	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
2	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	X	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		X
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		\neg	
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234_		- 21
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		251		٠,
	If "Yes," complete Schedule L, Part I	25b		
;	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_>
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			_
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	*********	3
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
		31		X
2	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		-
_		32		×
3	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32	_	
,				١,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		
_	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
ì	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	_36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ľ
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	T-		<u> </u>
3				1

Enter the number reported in Box 3 of Form 1096. Enter 0-11 not applicable b. Enter the number of Forms W 25 inducted in line 1s. Enter 0-15 inot applicable c. Did the organization comply with bookup withholding unless for reportable a parments to verdors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees propried or Form W-3. Transmitted of Wage and Tax 3 Enter the number of employees propried or Form W-3. Transmitted of Wage and Tax 3 Enter the number of employees propried or Form W-3. Transmitted of Wage and Tax 4 Enter the number of employees propried or Form W-3. Transmitted of Wage and Tax 5 Enter the number of employees propried or Form W-3. Transmitted of Wage and Tax 5 Enter the number of employees and 2s did the organization file all required defeated employment tax returns? 5 Enter the number of employees and 2s did the organization file all required defeated employment tax returns? 5 Enter the number of employees and 2s did the organization file all required defeated employment tax returns? 5 Enter the number of Form 900-T for this year? If W for the tax year? 5 Enter the number of the foreign country (such as a bank account, or other simulation) 5 Enter the number of the foreign country (such as a bank account, or other financial accounts of the propried to the foreign country (such as a bank account, or other financial accounts of the propried to the foreign country to a prohibited rax sheller financial or the number of the foreign country to a prohibited tax sheller financial finan	**************************************	Check if Schedule O contains a response or note to any line in this Part V	,			,,,,,,,,	
b Either the number of Forms W-20 included in line 1s, Enter-0+1 flod applicable			1 1			Yes	No
b Id the arganization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gamiling (winnings to prize witness?) 2a Enter the number of employees recorded on Form W-3, Transmittal of Wage and Tax Sataments. Refer the reclaimage received on Form W-3, Transmittal of Wage and Tax Sataments. Refer the reclaimage received on Form W-3, Transmittal of Wage and Tax Sataments. Refer the reclaimage received on Form W-3, Transmittal of Wage and Tax Sataments. Before the reclaimage received on Form W-3, Transmittal of Wage and Tax Sataments. Sataments with the payment of the Refer the Sataments of Sataments. Sataments with the Payment of Sataments of Sataments. Sataments with the Payment of Sataments of Sataments. Sataments with the Sataments of Sataments of Sataments. Sataments with the Sataments of Sataments of Sataments of Sataments of Sataments. Sataments with the Sataments of Sa	1a		1a	18			
The control of the cale of th	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a faire the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, left of the desiratory are anding with or within the year covered by this rotum b If all least one is reported on the 2a, did the organization file all required federal employment tax returns? Note, If the sum of filens it and 2a is greater than 200, you may be required to #cfile (see Instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "see," has it fitted a Form 900-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0 All any time during the calendary year, did the organization have an interest in, or a signiture or other returning accountly. b If "see," anise the fitted a Form 900-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0 All any time during the calendary year, did the organization have an interest in, or a signiture or other financial accountly. (FEAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	С						
2a faire the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, left of the desiratory are anding with or within the year covered by this rotum b If all least one is reported on the 2a, did the organization file all required federal employment tax returns? Note, If the sum of filens it and 2a is greater than 200, you may be required to #cfile (see Instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "see," has it fitted a Form 900-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0 All any time during the calendary year, did the organization have an interest in, or a signiture or other returning accountly. b If "see," anise the fitted a Form 900-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0 All any time during the calendary year, did the organization have an interest in, or a signiture or other financial accountly. (FEAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		reportable gaming (gambling) winnings to prize winners?			1c		
b It a least one is reported on line 2a, did the organization tile all required federal employment tax returne? Note, if the sum of fines 1a and 2a is grenate than 250, but may be required to e-file; see instructions) 3a Old the organization have unrelated business gross income of \$1,000 or more during the year? 3a I X If Yea,* has it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O 3b I Yea,* has it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O 3b I Yea,* and the second of the organization have an interest in, or a signature or other authority over, a francial account in a foreign country,* by the company of the second of the se	2a						
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3							
3a X March	b				2b	X	
b II "Yes," has it flied a Form 990-T for this year? I' No" to the 3b, provide an explanation in Schedule O At any time during the calendary 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							
4a A any time during the calendar year, did the organization have an interest in. or a signature or other authority over, a farmadial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes", either the name of the foreign country. ▶ See instructions for filing requirements for EnicEN Form 114, Report of Foreign Bank and Financial Accounts (FaRAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxabile party notify the organization file form 8896-17? 5b X if "Yes" in the Saor 5b, did the organization file Form 8896-17? 5c Does the organization have annual gross receipts that are normally greater than \$100,090, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6c Does the organization receive a payment in excess of \$76 made partly as a contributions or gifts were not tax deductible? 7b Organization shat may receive deductible contributions under section 170(c). 8c Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 8c Did the organization sell, exchange, or otherwise dispose of services provided? 9c Did the organization sell, exchange, or otherwise dispose of services provided? 9c Did the organization on sell, exchange, or otherwise dispose of services provided? 9c Did the organization on sell, exchange, or otherwise dispose of payments on a personal benefit contract? 9c X Till the organization received a payment in excess of \$76 materials of the payment of the organization received a						ļ	X
wee, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 8 If "Yes," enter the name of the foreign country. ▶ 8 en instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a X 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5 b X 6 If "Yes" to line 5 a or 55, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductible contributions? 6 a X 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Jordanizations that may receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7 a X 8 Did "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b Jordanization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7 a X 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If the organization notify the donor of the value of the goods or services provided? 8 b Jordanization received a contribution of qualified intellectual property, did the organization for Borms 8282 filed during the year 9 b Jordanization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 9 c X 9 b Jordanization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0 part VIII, line 12 10 b If	b				, 3b	<u> </u>	
secount)? b If Yes, "enter the name of the foreign country: ▶ 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 (Fig. AR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	4a			ty			
b 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 (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 6i TYes" 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 soliot any contributions that were not tax deductible as charitatie contributions? 6a X 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization soliot any contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of that goods or services provided? 7 Did the organization received 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 a Form 1008-07 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1008-07 7 Did the organization make any tunds, 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 a Form 1008-07 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1008-07 7 Did the sponsoring organization make			ancial				l
See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited fax sheller transaction at any time during the tax year? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Interest in the Sea of 5b, did the organization file Form 8889-7? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and sen/ces provided to the payor? 7a X b If Yes, did the organization notify the donor of the value of the goods or sen/ces provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2822? d If Yes, indicate the number of Forms 8282 filed during the year propermiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars, boats, aringhase, or other vehicles, did the organization by a sponsoring organization make a construction of qualified intellectual property, did the organization of the a Form 1098-C? 7n X Sponsoring organization maximum annual and the property of the propertical file of Form 8990 as required? 7g Interest the accordance of the second or advised funds. Did a donor advised fund maintained					4a	. 880 383833	X
(FBAR). Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Sb X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Sb X C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X D If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization of the washing or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization received a contribution of qualified intellectual property, did the organization from the value of the goods or services provided? 7 Did the organization received a contribution of cars, boats, singhanes, or other vehicles, did the organization file a form 1098-C? 7 The X 8 Sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund with the organization the organization make a stabibution to a donor, donor advised fund with the organization the organization make a stabibution to a donor, donor advised fund with the	b	1,111,711,711,111,111,111,111,111,111,1					
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.5 X b Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5.5 X if "Yes" to line Sa or 59, till no Sa or 59, till the organization file Form 8886-T? 6.8 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 deducible as charitable contributions? 6.6 X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible? 7.0 Organizations that many receive deducible contributions under section 170(c). 8.0 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7.1 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7.2 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7.7 X 7.8 If "Yes," indicate the number of Forms 2822 filed during the year 8. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9.1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 9.1 If the organization received a contribution of cars, boats, aniplanes, or other vehicles, did the organization property or property in the funding the year pay promiums on a personal benefit contract? 9.1 If the organization make any taxable distributions under section 4966? 9.2 Sponsoring organization make any taxable distributions under section 4966? 9.3 Sponsoring organization make any taxable distributions under section 4966? 9.5 Sponsoring organization make any taxable distributions under section 4966? 9.6 Organization received nor them. 9.7 Section 501(x)(7) organizations. Enter: 10.1 In thi		· · ·	Accoun	its			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5					_		37
c If "Yes" to line 5 aor 55, did the organization file Form 8886-T? 8 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions on that were not tax deductible as charitable contributions? 8 Destination solicit any contributions that were yeolicitation 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? 8 Description of the payor? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8892? 11 F"Yes," indicate the number of Forms 8282 filed during the year 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 15 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 16 Did the organization make any taxable distributions under section 4966? 17 Did the organization make any taxable distributions under section 4966? 18 Seption 501(c)(X) organization make any taxable distributions under section 4966? 19 Sponsoring organization make any taxable distributions under section 4966? 29 Sponsoring organization make any taxable distributions under section 4966? 20 Did the sponsoring organization make any taxable distribution to a donor, donor advised funds. 21 Did the organization organization make any taxable distributions under section 4966? 29 Section 501(c)(X) organizations. Enter: 20 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22 Section 501(c)(X) organization organizat						├	
6a		16 "Voo" to line 50 or 5h, did the examination file Form 9996 TO				<u> </u>	
organization solicit any contributions that were not tax deductible as charitable contributions? b	_	***************************************			<u>5c</u>	1-	-
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). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Te X 9 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 Te X 10 If the organization received a contribution of qualified retilectual property, did the organization file a Form 1098-C? 11 X 12 If the organization received a contribution of qualified retilectual property, did the organization file a Form 1098-C? 13 X 14 If the organization received a contribution of qualified retilectual property, did the organization file a Form 1098-C? 15 X 16 If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make any taxable distributions under section 4966? 16 Did the sponsoring organization make any taxable distributions under section 4966? 17 Section 501(c)(7) organizations. Enter: 18 Initiation fees and capital contributions included on Part VIII, line 12 19 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did the sponsoring organization and a distributions under section 49667 19 Cross receipts, included on Form 990, Part VIII, line 12, for pu	ua		16		60		
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 a X The services provided to the payor? 7 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 notify the donor of the value of the goods or services provided? 7 b If Yes, did the organization of the value of the goods or services provided? 7 c X 7 c X 7 c X 7 c X 7 d If Yes, indicate the number of Forms 2822 filed during the year 9 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 f X 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 7 f X 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee a Form 1098-C7 7 f X 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. 10 Did the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organizations make any taxable distributions under section 4968? 9 Section 501(c)(X) organization make any taxable distribution sunder section 4968? 9 Section 501(c)(X) organizations. Enter: 10 In Italiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12 11 Section 501(c)(X) organizations. Enter: 12 If Italiation fees and capital contributions included on Part VIII, line 12 13 Section 501(c)(X) organizations. Enter: 14 If Italiation fees and capital contributions for additional information the organization filing form 990 in lieu of Form 1041?	h	******	one or		<u>ba</u>		
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 7 8 X b If "Yes." did the organization notify the donor of the value of the goods or services provided? 7 7 b 16 Tyes." did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X d If "Yes." indicate the number of Forms 8282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 t X f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 t X f the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 th If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 th X Sponsoring organization smaintaining 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. Did the sponsoring organization make a distribution to a donor, donor advised runds. 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: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: 12 Organization sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(12) organizations the organization filing Form 990 in lieu of Form 1041? 12 If Yes, "intert the amount of fexe-everp interest received		difference not tax deductible?			ا د		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	7						
and services provided to the payor? 7a		- · · · · · · · · · · · · · · · · · · ·	noods				
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 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? p If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required? p If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required? p If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? p Sponsoring organizations maintaining donor advised funds. p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization make any taxable distributions under section 4966? p Did the sponsoring organization taxable trust the trust of the section 501(c)(7) organizations. Enter: Did t	_	and convices provided to the payor?	=		7a	\$10000000000000000000000000000000000000	X
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? 76 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 X No programication received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? No posoring 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. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Cross income from members or shareholders Gross income from members or shareholders 11a Cross income from members or shareholders If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Ection 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the Instructions for additional information the organization must report on Schedule O. 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 in more than one state? Note. See the Instructions for additional	b						
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, to pay premiums on a personal benefit contract? 7c X d If the organization during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X K If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 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 organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross income from members or shareholders 11a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(23) qualified health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	С						
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? 70 bit the organization, during the year, pay premiums, directly, on a personal benefit contract? 71 bit the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 72					7c		x
be 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 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 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 any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities a Gross income from members or shareholders b Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2cetion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to Issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Literature of the properties of indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year?	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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 a Form 8999 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 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 organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make ad distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to Issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Library A Section 404 organization receive any payments for Indoor tanning services during the tax year? 14a Did the organization receive any payments for Indoor tanning services during the tax year?	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontraci	t?	7e	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h X 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 any taxable distributions under section 4966? 9 a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 8 cection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from members or shareholders a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? 14a X	f						
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 have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 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 Section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to Issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Tab 11d Tab 12d Tab 13d Tab 13d Tab 14d Tab 15d	g						X
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: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-0	? 7h		X
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? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b [f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	8						
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 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13c 14a X		sponsoring organization have excess business holdings at any time during the year?			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	9	·					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross Income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а					ļ <u>.</u>	<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12 10a	þ				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a X	10		1	I			
11 Section 501(c)(12) organizations. Enter: a Gross Income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year? 11a		Initiation fees and capital contributions included on Part VIII, line 12	$\overline{}$				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 15 Enter the amount of reserves on hand 16 Enter the amount of reserves on hand 17 Did the organization receive any payments for indoor tanning services during the tax year? 18 Inter the amount of reserves on hand 19 Did the organization receive any payments for indoor tanning services during the tax year? 18 Inter the amount of reserves on hand 19 Did the organization receive any payments for indoor tanning services during the tax year?			106				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X			ا	I			
against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to Issue qualified health plans 13b 13b C Enter the amount of reserves on hand 13c 14a X	_	***************************************	11a		-		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	D						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13b 13c 14a X	40-	* ************************************		<u> </u>			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13b 13c 14a X	_	· · · · · · · · · · · · · · · · · · ·	1	I	12a	: 0000000000000000000000000000000000000	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13c 14a X		•	120	·			
Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a X		le the organization licensed to leave qualified benth plane in more than one state?			40-		1
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	d	***************************************	, ,		13a		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h	-					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	IJ		126	1			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	^						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					1/12	<u> </u>	Y
	_	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O		14b		1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

500	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes is Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management					X.
360	ction A. Governing Body and Management				V	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1 5		Yes	No
. –	If there are material differences in voting rights among members of the governing body, or	Ia		\dashv		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			\neg		
	any other officer, director, trustee, or key employee?			2	200000000000000000000000000000000000000	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			··		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	, , ,	,	. 5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he followin	g:		
а	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		,	··		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue	Code.)		-
				<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affillates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	., 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			. 13	X	
14	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			. 15a	X	
b	Other officers or key employees of the organization		*1*******	15b	******************************	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?		* > *	16a	0000000000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	л(с)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website Upon request Other (explain in Schedule O)	, -				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est pol	icy, and			
00	financial statements available to the public during the tax year.		•			
20 m.	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: 🟲				
	raci Skalberg 123 Webb Road	12	_	00 00		^~
	rand Island NE 6880	13	3	08-38	5-5	900

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the related lighest compensated imployee (W-2/1099-MISC) organization dividual trustee director stitutional trustee organizations employee and related below dotted organizations line) (1) Vikki Deuel 1.00 0.00 X Member 0 0 0 (2) Kurt Haecker 1.00 0.00 X Member 0 0 0 (3) Dave Lofgreen 1.00 0.00 X Member 0 0 0 (4) Russ Rerucha 1.00 0.00 X X President 0 0 0 (5) Terry Sheen 1.00 0.00 Treasurer X X 0 0 0 (6) Brian Dunagan 1.00 0.00 X Member 0 0 0 (7) Connie Allen 1.00 0.00 X Member 0 0 0 (8) Lisa Albers 1.00 0.00 X 0 Member 0 0 (9) Ron Depue 1.00 0.00 X X Vice President 0 0 0 (10)Bianca Ayala 1.00 X Member 0.00 0 0 0 (11) Todd Enck 1.00 0.00 X 0 Member 0 DAA Form 990 (2016)

(A) Name and title	(B) (C) Average Position hours per (do not check more that box, unless person is b officer and a director/tri						ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Dave Koubek	1.00									
Member (13) Pam Price	0.00	X						0	0	0
Member	1.00	x						o	0	0
(14) Kirk Ramsey	1.00	x						0	0	0
(15) Susan Bulling										
Member	0.00	x						0	0	0
(16) Traci Skalber Exec. Dir.	32.00 0.00			х				64,259	0	6,000
· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								_	
1b Sub-total							>	64,259		6,000
d Total (add lines 1b and 1c) Total number of individuals (in							bov/	64,259	\$100,000 of	6,000
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ 	the organization ormer officer, dir complete Schele e 1a, is the sum nizations greater	ector dule of re	or, or J for porta	trust suci able	ee, i h Ind com	key e fividu pens f "Ye	mple lal :: atio s," c	oyee, or highest compensation complete Schedule J for sur	from the	
individual Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? <i>If "</i> Y	rue (comp	ens	atior	i fron	n an	ıy unrelated organization or	individual	
Section B. Independent Contractor 1 Complete this table for your fix	e highest comp	ensa	ted i	ndep	end	ent d	ontr	ractors that received more	than \$100,000 of	
compensation from the organi	zation. Report of (A) business address	omp	ensa	tion	for th	ne ca	lend		in the organization's tax you (B) tion of services	ear. (C) Compensation
	<u> </u>									
Total number of independent or received more than \$100,000	contractors (included)	uding n fror	but n the	not org	imite aniz	ed to ation	tho	se listed above) who	0	
DAA										Form 990 (2016

	Check if Schedule O contains a respon						or note to any line	in this Part VIII		
						•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated car	npaigns	1a						
Srai Our	b		lues	1b]			
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising e	vents	1c						
	d	Related organ		1d						
ns,	e	Government grants	(contributions)	1e						
er S	f	All other contribution			_					
ig S			s not included above	1f		375,264				
non	9		ns included in lines 1a-			506,018	2,375,264			
e C	<u>n</u>	i otal, Add line	es 1a-1f	111111	. , , , , , , , , , , ,	Busn. Code	2,373,204			
Program Service Revenue	2a					Busn. Code				
Rev	b								.	 <u></u>
jč	c									
Serv	d								_	
ш	е									
ogr.	f		am service rever						_	
	g	Total. Add line	es 2a2f)				
	3		come (including o							
	_	and other simi	ilar amounts)	2 * * * * *		······	176,345		-	176,345
	4		nvestment of tax							
	5	Royalties	// // // // // // // // // // // // //							
	c-	O	(I) Real		(11)	Personal				
		Gross rents		+						
		Less; rental exps. Rental inc. or (loss)					1			
			ome or (loss)	l						
	7a	Gross amount from	(I) Securitles			Other				
		sales of assets other than inventory	2,051,	909		12,900				
	b	Less: cost or other				,				
		basis & sales exps.	1,931,							
	С	Gain or (loss)	120,	899		12,900				
	d	Net gain or (lo	ss)	,,,,,,		<u></u>	133,799	120,899		12,900
<u>je</u>	8a		om fundralsing ever							
Other Revenue		(not including \$								
Re			reported on line 1c)			220 604				
Jer ,		See Part IV, line	18	. a		230,684	 300/0000000000000000000000000000000000			
öŧ			xpenses		ouente	134,375	***************************************			
			· (loss) from fund om gaming activitie		events.		96,309			
	Ja		i 19							
	b		xpenses							
			(loss) from gam		tivities				Tanana (1990)	
			f inventory, less	اً						
			lowances	a]			
	b		goods sold							
			(loss) from sale		entory					
		Mis	cellaneous Revenue			Busn. Code]			
	11a	Administr	rative Fees				86,179			86,179
	b		i Scholarship				85,276			
	C		render Value			<u></u>	625			625
			nue ,			Ļ	470 000			
			es 11a–11d				172,080			676 616
	12	i otai revenu	e. See instruction	15			2,953,797	206,175	·]0	276,049

Statement of Functional Expenses

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

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

	Check if Schedule O contains a resp	onse or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	348,844	348,844		
2	Grants and other assistance to domestic	, . ,			
	individuals. See Part IV, line 22	590,099	590,099		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	72,147	21,644	21,644	<u>28,859</u>
6	Compensation not included above, to disqualified	·			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages	72,208	31,164	32,734	8,310
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes	8,438	4,462	1,952	2,024
11	Fees for services (non-employees):				
а	Management			•	
	Legal				
С	Accounting	5,515		<u>5,515</u>	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	400 400	400 004		
	(A) amount, list line 11g expenses on Schedule O.)	108,467	100,624	4,643	3,200
12	Advertising and promotion	4,227	C 207	_	4,227
13	Office expenses	17,003	6,387	_	10,616
14	Information technology				 ·
15	Royalties	165		165	
16	Occupancy	29,122	26 150	165 2,963	
17	Travel	29,122	26,159	2,963	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	1				
21	Interest Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	. =	· · · · · · · · · · · · · · · · · · ·		
23	1	1,450	550	900	<u> </u>
24	Other expenses, Itemize expenses not covered	= 7 :00	555	300	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supplies and Merchandise	101,908	79,339	22,569	
b	Administrative Fees	89,531	, ,	89,531	
c	Dues & Fees	19,116	5,472		2,556
d	Food	16,562	13,309		
	All other expenses	9,026			
25		1,493,828			66,054
	Joint costs. Complete this line only if the		, , , , , , , ,		
	organization reported in column (B) Joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 50 Cash—non-interest bearing 50 1 2 Savings and temporary cash investments 434,251 2,255,481 2 3 Pledges and grants receivable, net 85,502 3 76,174 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 5,214,847 5,195,892 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 13,210 16,510 15 Other assets. See Part IV, line 11 15 5,728,905 Total assets. Add lines 1 through 15 (must equal line 34) 7,563,062 16 16 1,313 Accounts payable and accrued expenses 17 17 23,572 23,572 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,193,898 of Schedule D 1,263,044 1,218,783 1,286,575 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ | | X | and Balances complete lines 27 through 29, and lines 33 and 34. 801,392 Unrestricted net assets 881,865 3,708,730 5,394,622 Temporarily restricted net assets 28 Net Assets or Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 6,276,487 4,510,122 Total net assets or fund balances Total liabilities and net assets/fund balances 5,728,905 7,563,062

Form 990 (2016)

orm	1 990 (2016) Grand Island Public Schools 47-0/35201		_	Pag	je 12
Pa	nt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,9	53,5	797
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49	93,8	328
3	Revenue less expenses, Subtract line 2 from line 1	3	1,4	59,3	969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,5:	LO,1	122
5	Net unrealized gains (losses) on investments	5	3(06,3	396
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
90000000	33, column (B))	10	6,2	76,4	<u> 187</u>
Pa	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		l		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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				
b	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ĺ	
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	m 990	(2016)

SCHEDULE A (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.

OMB No. 1545-0047 **2016**

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

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

Grand Island Public Schools Employer iden
Foundation 47-073

gov/form990. Inspecting inspection number

			Foundacton				44 / - 0 / 3	55ZUI ·						
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete								
The	orga			se it is: (For lines 1 through 12,										
1				ociation of churches described										
2				A)(ii). (Attach Schedule E (For										
3	П			ce organization described in se			ii).							
4				d in conjunction with a hospital				nospital's name.						
		city, and stat		•			, , , , , , , , , , , , , , , , , , ,	,						
5	X	An organizat	ion operated for the benefit	of a college or university owned	or operat	ed by a go	vernmental unit described in	**********************						
			(b)(1)(A)(iv). (Complete Part		,	, ,								
6		A federal, sta	ate, or local government or g	overnmental unit described in	section 1	^{'0(b)(1)(A)}	(v).							
7		An organizat described in	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	om a gov	ernmental	unit or from the general publi	c						
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part il.)												
9	П			cribed in section 170(b)(1)(A)(ed in coniu	inction with a land-grant colle	ade						
		or university university:	or a non-land grant college o	of agriculture (see instructions).	Enter the	name, cit	y, and state of the college or							
10		An organizat	ion that normally receives: (1) more than 33 1/3% of its sup	port from	contributio	ns, membership fees, and gr	oss						
		support from	gross investment income ar	nd unrelated business taxable i	ncome (le	no, anu (2 _. ss section	/ ਜਹਾ ਜਾਹਾਦ ਪਾਕਸ ਤੋਂਤੇ 1/ਤ% Of Jts 511 fax) from businesses							
		acquired by t	the organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III.)							
11				exclusively to test for public sat										
12		An organizati	ion organized and operated	exclusively for the benefit of, to	perform t	ne function	ns of, or to carry out the purpo	oses						
		of one or mo	re publicly supported organiz	zations described in section 50	9(a)(1) or	section 5	09(a)(2). See section 509(a)	(3).						
				nat describes the type of suppo				•						
	а			erated, supervised, or controlle				ing						
				ver to regularly appoint or elect		of the dire	ectors or trustees of the							
	h			omplete Part IV, Sections A a		:	had annual - 11 - 1 - 1 - 1 - 1 - 1							
	b	rype ii. /	n supporting organization su r management of the suppor	pervised or controlled in conne ting organization vested in the	cuon with	its suppor	ted organization(s), by having) tod						
		organizat	tion(s). You must complete	Part IV, Sections A and C.	same per	ours marc	ontroi or manage the suppor	l e u						
	C	Type III 1	functionally integrated. A s	supporting organization operate tructions). You must complete	d in conne	ection with,	and functionally integrated v	vith,						
	d			A supporting organization op-				nn(s)						
				e organization generally must s										
				nust complete Part IV, Sectio										
	е	Check th functiona	is box if the organization rec ally integrated, or Type III no	elved a written determination fr n-functionally integrated suppor	om the IR	S that it is	a Type∃, Type II, Type III							
	f		nber of supported organizati											
	g			ne supported organization(s).			**********************							
(1)) Name	e of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of						
	org	anization		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see						
				above (see instructions))	—	ment?	Instructions)	Instructions)						
/A1					Yes	No								
(A)							•							
(B)														
(C)							·	 						
								<u> </u>						
(D)														
(E)														
								-						
Γota	ıl													
					e page a page page a tradition of the control of	450000000000000000000000000000000000000								

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Sched 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.)

Sec	tion A. Public Support	riano to quality	411401 1110 10010	noted bolott, p	nodoo oompiote	T dictin.	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,078,471	1,121,283	817,990	725,619	_885,331	5,628,694
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,078,471	1,121,283	817,990	725,619	885,331	5,628,694
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						5,628,694
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,078,471	1,121,283	817,990	725,619	885,331	5,628,694
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_125,192	130,182	158,779	. 147,799	176,345	738,297
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<u> </u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	83,124	101,128	110,925	77,439	86,804	459,420
11	Total support. Add lines 7 through 10						6,826,411
12	Gross receipts from related activities, etc.						315,960
13	First five years. If the Form 990 is for the						. —
500	organization, check this box and stop her tion C. Computation of Public St	e Porcont	<u> </u>				<u>></u>
				- (n)			
14 15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch	odulo A. Dort II. Co	a by line 11, colum	n (t))			82.45%
	33 1/3% support test—2016. If the organ				22.4/20/		82.34%
194	box and stop here. The organization qual			41			▶ X
b	33 1/3% support test—2015. If the organ				5 is 33 1/3% or mo	nre check	
_	this box and stop here . The organization			nizotlan			▶ [TI
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee	-		•			
	Part VI how the organization meets the "fa						
	organization		,	•			▶ □
b	10%-facts-and-circumstances test—20	I5. If the organizati	on did not check a	box on line 13, 16	sa. 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me					blicly	
	curported ergonization				•	-	▶ □
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e	
	instructions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		> 🗍

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Sched

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Glfts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)				<u> </u>		
	tion B. Total Support dar year (or fiscal year beginning in)	/-> pg/g	#10040	() 00 ()	4 1) 0045		1
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				·		
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u></u> .		<u> </u>		
14	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)	<u> </u>
Sec.	organization, check this box and stop her						
	tion C. Computation of Public St					1 -	
15	Public support percentage for 2016 (line 8	i, column (f) divide	a by line 13, colum	ın (f))		15	
16 Soc	Public support percentage from 2015 Sch	edule A, Part III, III	ne 15			<u></u> 16	<u> %</u>
<u>3ec</u> 17	tion D. Computation of Investme			(6)			
	Investment income percentage for 2016 (I	ine Too, column (1) Schodulo A. Bort) alvided by line 13	, column (t))		17	
18 19a	Investment income percentage from 2015 33 1/3% support tests—2016. If the orga	nization did not ob	m, me 17				%_
124	17 is not more than 33 1/3%, check this b						⊾ □
b	33 1/3% support tests—2015. If the orga						▶ ⊔
U	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization die						
	are rearrantem in the organization dis	a not oneon a DOX	on mio 14, 13a, 01	190, OHEON KIRS DO	A alia see ilistiuct	10(18	

Part IV

Schedule A (Form 990 or 990-EZ) 2016

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- 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.
- 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,
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section. 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
3000000000	. 169	140
88 SS (4)		

1		
**********	300000000000000000000000000000000000000	<u> </u>
$\otimes \otimes \mathbb{N}$		
2		
20.50	0000070000000	en de la company
	SANGASA SANGASA	20000000000000
3a		
	00000000000000	606463606660
3b		

3c	į	
	000000000000000000000000000000000000000	0.0000000000000000000000000000000000000
i		
4a		
1	···40000000000000000000000000000000000	100000000000000000000000000000000000000
4b		
•	************	446606000000000
4c		
30.00 M		
5a		
	880000000	
5b		
- 70		
5c		
2000		************
	~www.coccoccocc	
0		

d		
_	.weeses600000000	N0000000000000000000000000000000000000
7		

8		!

9a		1
	0000000000000	300000000000
	eresteration (Control	////////////////////////////////////
9b		
000000000		
		1
	000000000000000000000000000000000000000	000000000000000000000000000000000000000
9c		
9c		000000000000000000000000000000000000000
9c		
9c		
9c		
9c 10a		
9c 10a		

3	Parent of Supported Organizations. Answer (a) and (b) below.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
	trustees of each of the supported organizations? Provide details in Part VI.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities

activities but for the organization's involvement.

ams, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016 Grand Island Public School		47-07352	01 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on)
instructions. All other Type III non-functionally integrated supporting organizations	must comp	lete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		_
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			· -
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		<u> </u>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			<u>-</u>
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		· -
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ted Type III	supporting organization (s	ee
instructions	* *	·	

Schedule A (Form 990 or 990-EZ) 2016

Breakdown of line 7:

c Excess from 2014 .d Excess from 2015 .e Excess from 2016 .

b Excess from 2013

Part VI	Supplemental Information. Provide the III, line 12; Part IV, Section A, lines 1, 2, B, lines 1 and 2; Part IV, Section C, line 3a and 3b; Part V, line 1; Part V, Section lines 2, 5, and 6. Also complete this part	e explanations re , 3b, 3c, 4b, 4c, 5 ; 1; Part IV, Section n B, line 1e; Part	equired by Part II, line a, 6, 9a, 9b, 9c, 11a, on D, lines 2 and 3; Pa V, Section D, lines 5,	10; Part II, lin 11b, and 11c art IV, Section 6, and 8; and	e 17a or 17b; Part ; Part IV, Section n E, lines 1c, 2a, 2b,
Suppoi	rting Schedule - Unusual G	Grants			
16,625	5 Shares of Crown Castle s	stock		\$	1,489,933
Part]	II, Line 10 - Other Income	e Detail			
Gain f	from sale of assets	 \$	372,616		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••••••••••••••••••••••••••••••••••••
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************	
		•			
	······································				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2112712711111111111	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
17					
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

		• • • • • • • • • • • • • • • • • • • •		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		• • • • • • • • • • • • • • • • • • • •			

		* * * * * 7 7 * * * * * * * * * * * * *			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Grand Island Public Schools

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2016

Foundation	47	-0735201
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lired that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and I	ne
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the plies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year	
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990-timust answer "No" on Part IV. line 2, of its Form 990- or check the box on line H of its Form 990-	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Grand Island Public Schools Foundation 47-0735201 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a · Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certifled historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **\$** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

organization's accounting for conservation easements.

0000045000	art III Organizations Maintainir			Freasures, o	or Other Sin		sets (con	tinue	_Page_∠ d)
0000	Using the organization's acquisition, access collection items (check all that apply):						000	tirruo	<u>u)</u>
а	Public exhibition	d 🗍 I	Loan or exchange pr	ograms					
b	Scholarly research	e 🗍	Other	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
C									
4	Provide a description of the organization's of	collections and explain	how they further the	organization's	exempt purpo:	se in Part			
	XIII.								
5	During the year, did the organization solicit assets to be sold to raise funds rather than		•	•				Yes	□ No
Pa	art IV Escrow and Custodial Ar		<u></u>		***************	******	<u>Ll</u>		
,000,000,000	Complete if the organization 990, Part X, line 21.		on Form 990, P	art IV, line 9	, or reported	l an amo	ount on Fo	orm	
1a	Is the organization an agent, trustee, custoo	dian or other intermed	ary for contributions	or other assets	s not	-			
	included on Form 990, Part X?					,,,	[]	Yes	☐ No
þ	If "Yes," explain the arrangement in Part XII	II and complete the fol	lowing table:				,=		
							Amo	ount	
C	Beginning balance					1c			
d	Additions during the year					1d	_		
	Distributions during the year								
າ 2a	Ending balance	Form 990 Part Y line	21 for secrow or cu	etodial accoun	t liability2		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XII								□ NO
	art V Endowment Funds.		,pranadorrinas s corr	<u> </u>	,		1		<u> </u>
**	Complete if the organizatio	n answered "Yes"	on Form 990, P	art IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years	back (e)	Four ye	ars back
1a	Beginning of year balance								
· b	Contributions			1					
	Net investment earnings, gains, and								
	losses								
	Grants or scholarships			 					
e	Other expenditures for facilities and								
	programs			+					
	Administrative expenses End of year balance				+				
2	Provide the estimated percentage of the cu	rrent vear end balance	/line 1g. column (a	/) held as:					
	Board designated or quasi-endowment	%	s (iii.e 19, coldiiiii (a)) Hold da.					
	Permanent endowment ▶ %								
	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3 a	Are there endowment funds not in the poss	ession of the organiza	tion that are held an	d administered	for the				
	organization by:							Y	es No
	(i) unrelated organizations		******					a(i)	
	(ii) related organizations							ı(ii)	
b	If "Yes" on line 3a(ii), are the related organi					• • • • • • • • • • • • • • • • • • • •	3	3b	
4 De	Describe in Part XIII the intended uses of the Land, Buildings, and Equ		wment tunas.						
	Complete if the organization	*	on Form 990 F	art IV line 1	1a See For	m 990	Part X lin	10 م	
	Description of property	(a) Cost or other b		r other basis	(c) Accumu			Book val	
		(investment)	, ,	ther)	depreciat		(")		-
1a	Land								
	Buildings						T		
	Leasehold Improvements								
	Equipment								
е	Other								
Tota	il. Add lines 1a through 1e. (Column (d) must	t equal Form 990, Part	t X, column (B), line	10c.)			. [

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11h See Form 990 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(Including name of security)	(b) book value	Cost or end-of-year market value
(1) Financial d			
(2) Closely-be	lerivatives Id equity interests		
(3) Other , , , , ,			
			<u>-</u>
(F)		-	
(G)		1	
(H)	(A)		
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>	
Part VIII	Investments—Program Related.	Tana 000 Davi IV Su	- 44- C F 000 D+ V # - 40
	Complete if the organization answered "Yes" on		-
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			<u></u>
(5)			
(6)			
(7)	·		
(8)			
(9)			
Total. (Column	a (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
4	line 25. (a) Description of liability	(h) Baak yaka	
1. (4) Fadareli		(b) Book value	
	income taxes	1 100 150	1
_ ` /	arships Payable	1,190,158	
	Payable	70,107	
	pts for future event	2,073	
	ll Liabilities	706	
(6)		-	
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,263,044	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's f	inancial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 3,260,193 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 306,396 b Donated services and use of facilities 2b 2c 2d	3ch	edule D (Form 990) 2016 Grand Island Public Schools		47-0735201	Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (sosses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a investment expenses not included on Form 990, Part IV, line 12. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements c Other (Describe in Part XIII.) b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18. Pair XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.	P			Revenue per Return.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 306,396 b Donated services and use of facilities 2b 2c 306,396 c Recoveries of prior year grants 2c 3c 306,396 d Other (Describe in Part XIII.) 2d 3 32,953,797 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 19: b Other (Describe in Part XIII.) 4b 4c 5 5 1,493,826 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and uses per audited financial statements 2a 3 1,493,826 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2a 3 1,493,826 d Other (Describe in Part XIII.) 2d 2d 2 3 Subtract line 2e from line 1 3 1,493,826 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 19.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 19.) 7 Part XI, lines 2d and 4b: and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					0.00
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 306,396 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 2, 953, 795 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 25: a Donated services and use of facilities Coffice form line 1 Amounts included on Form 990, Part IV, line 7b Add lines 2a through 2d Coffice form line 1 Amounts included on Form 990, Part IV, line 7b Add lines 2a through 2d Coffice form line 1 Complete form line 1 Coffice f				1	3,260,193
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 1 Investment expenses and included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses on included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2b c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18). 5 1,493,826 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.			الما	306 306	
c Recoveries of prior year grants 2d Other (Describe in Part XIII.) 2d 2d 2d 2d 30.6,39.6 39.6 39.6 39.6 39.6 39.6 39.6 39.6		Net unrealized gains (losses) on investments	2a	300,390	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 2, 953, 797 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Donated services and use of facilities	25		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,493,826 Part XIII Supplemental Information. Provide the descriptions required for Part III, lines 2d and 4b. Also complete this part to provide any additional information.		Other (Decembe in Bert VIII.)	20		
3 Subtract line 2e from line 1 3 2,953,797 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12). 5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12). 6 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6 Total expenses and losses per audited financial statements 7 Amounts included on line 1 but not on Form 990, Part IX, line 25: 8 Donated services and use of facilities 9 Prior year adjustments 9 Cother losses 1 Cother losses losses line 1 Cother losses los losses losses los losses losses los losses los losses los losses		Add lines 2s through 2d	[20]	20	306 306
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,953,797 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,493,826 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 2,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Subtract line 2e from line 1		26	2 953 797
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not no Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 1,493,826 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Amounts included on Form 990 Part VIII line 12 but not on line 1:	 I I		2,333,131
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			4a		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 6 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6 Total expenses and losses per audited financial statements 7 Amounts included on line 1 but not on Form 990, Part IX, line 25: 8 Donated services and use of facilities 9 Prior year adjustments 9 Cother losses 9 Cother losse					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 2, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	c	A shall flow and A and and All.		4c	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 1,493,828 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b Prior year adjustments c Other losses 2c 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 1,493,828 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,493,828 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,953,797
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Ρ.				/ /
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.	1	Table and the second se		·	1,493,828
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,493,826 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,493,826 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	2				<u> </u>
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,493,826 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,493,826 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	а	Donated services and use of facilities	2a		
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,493,828 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,493,828 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	þ	Prior year adjustments	2b		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	С				
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Other (Describe in Part XIII.)	2d		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	е	Add lines 2a through 2d		2e	
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Subtract line 2e from line 1		3	<u>1,493,828</u>
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
to Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 2d and 4b. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 2d and 4c. (This must equal Form 990, Part II, line 18.)	а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			4b		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					1 100 000
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				5	1,493,828
2; Part XI, línes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			IV lines these	d Oh: Dort V. line A: Dort V. line	 .
		· · · · · · · · · · · · · · · · · · ·			3
	-, • •		•		

	• • •				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	.,,				

Schedule D (Fe	orm 990) 2016	Grand	Island	Public	Schools	47-073520	01 Page 5
Part XIII	Supplemen	tal Inform	ation (cont	inued)			
			,			W. W	
•							

,							
	.,,.,.,.,.,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************************
							6141-73-7114-6111-41-41-1-1-1-1-1-1-1-1-1-1-1-1-1
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			, , , , , , , , , , , , , , , , , , ,				

* *********							******************************
			• • • • • • • • • • • • • • • • • • • •				•••••
						•	
	•						
							••••••

	,			,			******************************

				************			<pre><!--!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</td--></pre>
				********			***************************************
	411331414141414						***************************************
				1404111111111		,	******************************
.,							

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶ Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Internal Revenue Service Grand Island Public Schools Employer identification number Name of the organization Foundation 47-0735201 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, e | | Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount pald to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundralser listed in control of organization contributions' col. (i) Yes No 3 5 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Program Sales Hoops Mania 2 (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 113,121 54,656 62,907 230,684 2 Less: Contributions 3 Gross income (line 1 minus 113,121 54,656 62,907 230,684 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 102,775 12,256 19,344 134,375 9 Other direct expenses 134,375 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue, 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ______ Yes ____ No b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2016	Grand	Island	Public	Schools	47-0735201	Page 3
11	Does the organization conduct gamine	g activities with	nonmembers	?			Yes No
12	Is the organization a grantor, beneficia						
	formed to administer charitable gamin	-		-	•	<u> </u>	Yes No
13	Indicate the percentage of gaming act				*******************		. 1 103 [] 110
a						42-	
	The organization's facility				,,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a	<u>%</u>
b	An outside facility					13b	
14	Enter the name and address of the pe	erson who prepare	ares the orgar	nization's gami	ng/special events book	ks and	
	records:						
	Name >				*******************	(,
	•						
	Address ▶						
				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15a	Does the organization have a contract	t with a third pa	rty from whom	n the organizat	tion receives gaming		
	revenue?						Yes No
ь	If "Yes," enter the amount of gaming r	evenue receive	ed by the organ	nization ▶ \$	******************	and the	, .
	amount of gaming revenue retained b	v the third party	/ ▶ \$	*************	*****************		
c	If "Yes," enter name and address of the	e third party:	* * * * * * * * * * * * * * * * * * * *		*********		
•	·	io timo paixy.					
	Name >						
	Name ►						
	Address						
	Address >	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	*************************	
4.0	Complete was a sea left and the						
16	Gaming manager information:						
						•	
	Name					,,,,,,	
	Gaming manager compensation ▶ \$						
						•	
	Description of services provided ▶				***********************		
			[]				
	Director/officer Em	ıployee	Indep	endent contra	ctor		
17	Mandatory distributions:						
а	Is the organization required under stat				·		
	retain the state gaming license?						Yes No
b	Enter the amount of distributions requ	ired under state	e law to be dis	tributed to oth	er exempt organizatior	is or	
13000000	spent in the organization's own exemp						
Par						e 2b, columns (iii) and (v); a	ind
	Part III, lines 9, 9b, 10b	, 15b, 15c, 1	l6, and 17b	, as applica	ble. Also provide a	any additional information.	
	See instructions						
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

							,
. ,,,				,			
			, , , , , , , , ,		**********************		************

				, , , , , , , , , , , , , , , , , , , ,			
• • • •							
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	· · · · · · · · · · · · · · · · · · ·					Cabadula O/Para con	- 000 571 0000
						Schedule G (Form 990 o	r 990-EZ) 2016

₹	
8:51	
/2017	
11/21/	
07757	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grand Island Public Schools

Foundation

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

► Attach to Form 990.

Open to Public 2016 Inspection

OMB No. 1545-0047

Employer identification number

47-0735201

Ŷ Leadership training Program assistance Major Saver Event Special education (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X Yes noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 19,593 35,000 16,556 153,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) NE 68802-4904 47-6003169 NE 68802-4904 47-6003169 NE 68802-4904 47-6003169 NE 68802-4904 47-6003169 General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (1) Grand Island Public Schools (2) Grand Island Public Schools (3) Grand Island Public Schools (4) Grand Island Public Schools (a) Name and address of organization or government 123 S Webb Rd 123 S Webb Rd 123 S Webb Rd 123 S Webb Rd Grand Island Grand Island Grand Island Grand Island Part II Part _ <u>2</u> 9 $\mathbf{\epsilon}$ 8 6

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

Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

2016

OMB No. 1545-0047

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.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Grand Island Public Schools Foundation

Employer identification number 47-0735201

Pa	irt I Types of Property		E-1-7		· · · · · · · · · · · · · · · · · · ·	
		(a)	(b)	(c)	(d)	
		Check If	Number of contributions or	Noncash contribution amounts reported on	Method of determine	ning
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution a	amounts
1	Art — Works of art					
2	Art—Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					·
7	Boats and planes				**	
8	Intellectual property				·-	
9	Securities — Publicly traded	X	2	1,492,966	Fair Market Val	.ue
10	Securities — Closely held stock				<u>-</u>	
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation				·	
	contribution — Historic					
	structures					
14	Qualified conservation				 	
	contribution — Other					•
15	Real estate — Residential				-	
16	Real estate — Commercial					
17	Real estate — Other	-				
18	Collectibles			·	_	
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					_
22	Historical artifacts		_		_	
23	Scientific specimens		- "			
24	Archeological artifacts					
25	Other > (Miscellaneous)	X	27	13,052	Fair Market Val	ue
26	Other ►(,	,	
27	Other ►(
28	Other ►(-	
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for		
	which the organization completed Fo	_			29	
	-			•		Yes No
30a	During the year, did the organization	receive b	y contribution any propei	ty reported in Part I, lines	1 through	
	28, that it must hold for at least three		. , , ,	•	•	
	to be used for exempt purposes for					30a X
ь	If "Yes," describe the arrangement in	n Part II.	VI 1111111111111111111111111111111	*		**
31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard		
contributions?						
32a		ird parties	or related organizations	to solicit, process, or sell n	oncash	. 31 X
			-	* '		32a X
h	If "Vee " describe in Part II					

describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

SCHEDULE O (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.

OMB No. 1545-0047
2016

Inspection

or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open:to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Grand Island Public Schools

Employer identifi

Employer identification number

47-0735201

Foundation

Form 990, Part I, Line 6

Volunteers perform duties such as office work, concession sales, event planning and execution and scholarship application review.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the audit committe and then recommended to the board for their approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At the bottom of each board agenda there is a notification to the board members indicating that if they have a conflict of interest on the agenda they should contact the Board President. At the begining of every board meeting, they discuss the agenda to see if anyone has a conflict of interest. If an interested person exists, they may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of

Name of the organization

Grand Island Public Schools

Employer identification number

47-0735201

interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Grand Island Public Schools Foundation Board reviews the compensation
of the executive director on an annual basis. A market analysis of
executive salaries for other fundraising organizations is compiled for both
the immediate area and the state of Nebraska. Upon review of this analysis
and review of the director's performance, the Foundation Board recommends
and approves compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Grand Island Public Schools Foundation has recently posted their
governing policies on their website and will be posting the most recent 990
on their website once it is filed.

9 Other expenses

	SCHEDULE G	F	undraising Other Ever	its	2045
	Form 990 or 990-EZ)	For calendar year 2016, or tax year	ar beginning 09/01/16	5 , and ending 08/3:	2016 1/17
		l Public Schools			nployer Identification Number 7-0735201
		(a) Other event Husker Harvest	(b) Other event Major Saver	(c) Other event	(d) Total other events (add col. (a) through
ē		(event type)	(event type)	(event type)	col. (c)
Revenue	Gross receipts Less: Charitable contributions	41,907	21,000		62,907
	3 Gross income (line 1 minus line 2)	41,907	21,000		62,907
	4 Cash prizes	·		·	
	5 Noncash prizes				
suses	6 Rent/facility costs			. '	
Direct Expenses	7 Food/beverages				
Diře	8 Entertainment				

19,344

19,344

07757 Grand Island Public Schools

47-0735201

Federal Statements

11/21/2017 8:51 AM

FYE: 8/31/2017

Taxable Interest on Investments

Descript	ion						
		Amount	Unrelated Business Code			Acquired after 6/30/75	US Obs (\$ or %)
Interest Income							
	\$	10,298		14	NE		
Total	\$	10,298					

Taxable Dividends from Securities

Descript	ion						
	_	Amount	Unrelated Business Code			Acquired after 6/30/75	US _Obs (\$ or %)
Dividend Income	Ś	166,047		1 Δ	NE		
Total	\$	166,047	•	<u> </u>	M.D.		

₹
$\overline{}$
Ś
∞
\sim
$\overline{}$
~
ふ
\tilde{c}
$\tilde{\nu}$
$\tilde{\wp}$
$\tilde{\mathcal{D}}$
Ũ
$\tilde{\Sigma}$
12
1/2
1/2
1/2
21/2
21/2
21/2
21/2
/21/2
/21/2
1/21/2
1/21/2
1/21/2
1/21/2
1/21/
1/21/
11/21/2
1/21/
1/21/
1/21/
1/21/

07757 Grand Island Public Schools 47-0735201 FYE: 8/31/2017

Federal Statements

(ee)
olo
em
io
<
Ζįζ
r Ser
for
ther Fees for Service (Non-em
ther
÷0
<u>D</u>
÷
Line 11g ·
art
<u>С</u>
Form 990, Part IX,
Ę
ß

Fund Raising	\$ 3,200	\$ 3,200
Management & General	4,643	4,643
Mana	S.	₹Y
Program Service	100,624	100,624
	٠ - ۲۰۲	ςγ.
Total Expenses	108,467	108,467
_	ۍ دۍ	w.
Description	Professional Fees	Total

Form 990, Part IX, Line 24e - All Other Expenses

Mar	\$ 4,428 \$ 1,457 1,400 872 267	57 S 5.725 S 3.144
Program Service	\$ 17	\ \sqrt{\cdots}
Total Expenses	\$ 4,428 1,614 1,400 872 287	158
Description	Computer software Volunteer Recognition Planned Giving Miscellaneous Tribute gift Cultivation	Credit card processing

_
2
⋖
_
ည်
ω
_
_
Ċ
$\tilde{\sim}$
=
Σ
.,
$\overline{}$
$\overline{}$

07757 Grand Island Public Schools 47-0735201 FYE: 8/31/2017

Federal Statements

Schedule A, Part II - Unusual Grants

:	Description	cown Castle stock			Amount	\$ 716,246 13,052	3,033	1,489,933	153,000	-1,489,933	\$ 885,331		Amount
ı	Date Amount	J. Landis Martin 3/16/17 \$ 1,489,933 16,625 Shares of Crown Castle stock	Total \$ 1,489,933	Schedule A, Part II, Line 1(e)	Description	Miscellaneous	Home Depot Stock	16,625 shares of Crown Castle	Sherwood Foundation Cash Contribution	Less: Unusual Grants	Total	Schedule A, Part II, Line 8(e)	Description

10,298 166,047

Interest Income Dividend Income

Total

176,345

07757 Grand Island Public Schools 47-0735201 FYE: 8/31/2017	Federal Statements	11/21/2017 8:51 AM
	Schedule A, Part II, Line 10(e)	
Cash Surrender Value Earnings Administrative Fees Total	Description	\$ 625 86,179 \$ 86,804
	Schedule A, Part II, Line 12 - Current year	
	Description	Amount
Unclaimed Scholarships Hoops Mania Program Sales Husker Harvest Days Major Saver		
Yotal		\$ 315,960