## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2017 cale	endar year, or tax year beginning	January 1	, 2017, a	and ending	Decem	ber 31	, 20 17	
В	Check if a	applicable:	C Name of organization Warrior Ris	ing				D Employe	r identification num	ber
	Address of	change	Doing business as Warrior Risin	g					47-25342	46
	Name cha	ange	Number and street (or P.O. box if ma	ail is not delivered to stree	t address)	Room/suite	, 1.	E Telephon		<u></u>
	Initial retu	rn	7731 S Barclay Drive				l'		571-435-0337	
		/terminated	City or town, state or province, coun	try, and ZIP or foreign pos	stal code					
ī	Amended		Midvale, UT 84047-5570				I	G Gross red	ceipts \$ \$378,66	0
Ħ			F Name and address of principal office	r:			H(a) Is this a c	roup return fo	or subordinates? <b>Ye</b> s	V No
_	, ipplicatio	n ponding	John Kelleher 2 Field Sparow C		926				_	
	Tax-exem	nt etatue:	501(c)(3) 501(c) (	) ◀ (insert no.)		527			es included? LYe instructions)	s No If
≒	Website:	<del>-</del>	rriorRising.org	) 4 (IIISert 110.)	14947 (a)(1) 01		H(c) Group e			
K			Corporation Trust Associa	tion  Other ►	I Ves	ar of formatio	n: <b>2016</b>	M State	of legal domicile:	UT
_		Summ		Ciriei P	100	ai oi ioiiilatio	11. 2010	i i Otate (	or regal dorniche.	
	_ سانگهب		escribe the organization's missi	on or most significa	nt activities:					
a)		-	_				ortunities to		nlovmont	
Activities & Governance	- 32		Rising empowers U.S. veterans a					earri erri	pioyment,	
ā			stainable businesses, and perpe					0504		
<b>≥</b>	1		is box ▶☐ if the organization	•		•		100 000	ts net assets.	
8	1		of voting members of the gove				(* - (*) (*)	3		12
ς Ω	1		of independent voting member		- '	•		4		12
ij	1		mber of individuals employed ir	•	(Part V, line	2a)		5		0
¥			mber of volunteers (estimate if r				(a) (b) (b) (b)	6		20
¥	1		elated business revenue from F	. , , , , , , , , , , , , , , , , , , ,				7a		0
	b l	Net unre	lated business taxable income	from Form 990-T, lin	ne 34			7b		0
							Prior Yea		Current Year	
Rev enue	8 (	Contribu	tions and grants (Part VIII, line	22,775		197,244				
	9 1	Program	service revenue (Part VIII, line	2g)	54 546 540 W					
	10 I	Investme	ent income (Part VIII, column (A	), lines 3, 4, and 7d)	14 1300 1401 B2				0	
Œ	11 (	Other rev	enue (Part VIII, column (A), line		47,34	3	29,668			
	12	Total reve	enue-add lines 8 through 11 (m	nust equal Part VIII, c	olumn (A), lir	ne 12)	70,1	18	227,112	
	13 (	Grants a	nd similar amounts paid (Part I)	X, column (A), lines 1	1–3)				0	
			paid to or for members (Part IX			=			0	
Ø	1							- 1	0	
Exp enses	1		onal fundraising fees (Part IX, co	•	• •			- 1	0	
be			draising expenses (Part IX, colu							
Ä			penses (Part IX, column (A), line				7,017	1	161,495	
			penses. Add lines 13–17 (must				7,017	7	161,495	
			less expenses. Subtract line 1				63,101	lo l	65,617	
- S		10101140	Test experieder cubirder inte	5 11 5 11 11 11 12 1 <sub>2 1</sub>		 Be	eginning of Curi		End of Year	
ance	20	Total ass	ets (Part X, line 16)				65,419		155,332	
Net Assets or Fund Balances	21		pilities (Part X, line 26)	582 F83 - 12 - 15 - 15 - 15	99 28K 059 59	* *	703	-	25,000	
E E	22 1		ts or fund balances. Subtract li	ne 21 from line 20	© 200 200 €	* *	64,716	-	130,332	
	741		ture Block	TIC 21 HOITI IIIC 20	64 040 040 K		04,710		130,332	
	_			atura including accompa	mina sabadulas	and statem	anta and to the	a boot of m	ny kaominana ana ha	lief it is
			rry, I declare that I have examined this r lete. Declaration of preparer (other than						ly knowledge and be	niei, it is
_	· ·	·								
Sig	.n	01-	1.00				l Date			
He		-	lature of officer  Loho D Kollobor Chair	rman of the Boar	d Oalu	Kelle		ay 11, 2	2O18	
пе	16		ornir i itolionol	Than or the boar	u jonn	- / \eecc		<b>-</b> ,, -		
_		,	e or print name and title	Dronovaria altim-	<u> </u>	I Det			Į DTIN!	<del></del>
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	;	Check [		
	eparer	·	<del></del>					self-emp	loyed	
	e Only	1	name ►				Firm'	s EIN ▶		
		Firm's a	ddress ►				Phon	e no.		
Ма	y the IR	S discus	s this return with the preparer s	shown above? (see i	nstructions)				☐ Yes [	No
									- 004	

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Warrior Rising empowers U.S. veterans and their immediate families by providing them opportunities to create sustainable businesses
	perpetuate the hiring of fellow U.S. military veterans, and earn employment.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: Cohort 1) (Expenses \$including grants of \$_107,818) (Revenue \$)
	Scott Klinger Funding for equipment to start Cheyenne Arms \$55,450
	Eva Vega THYME & PLAY LLC Funding to start business \$14,985.
	Justin Clapsaddle Funds to start Clapsaddle Knives 18,650
	Tim KolczakFunding to start VetsProject
	Joseph Phillips Belts, Bags, etc. from RemRock for Las Vegas Fundraiser 5,540
4b	(Code: Mentoring xpenses \$ 11280 including grants of \$ ) (Revenue \$)
	Recruiting Veterans Travel \$8605
	Website Resource for Vets \$2675
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	, (Expenses $\phi$
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► \$119,098

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Form 99				Page
Part	Checklist of Required Schedules	-	T <b>V</b>	T No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	$\overline{}$	Yes	No
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	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	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	L	,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	ļ	~
10	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	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	11a	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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		7
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
	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	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	<b>!</b>	<u>^</u>
b	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.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	Tr.	~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX column (A) lines 6 and 11e2 if "Yes" complete Schedule G. Part I (see instructions)	4-		ر. ا

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?

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Part	Checklist of Required Schedules (continued)		23	0
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		X	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	├
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	·	1
	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	<u> </u>	,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d	1	1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a	-	-
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I.	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		<u> </u>	<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	\ <u>\</u>
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		\ \
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u></u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	]	1
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	5,	1	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	8 4		L
			Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	.		V
	account)?	4a		5"
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_^
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		~
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>,</b>		~
		7c	_	•
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	-	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		,
9	Sponsoring organizations maintaining donor advised funds.			•
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V
10	Section 501(c)(7) organizations. Enter:			
а	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 0			
11	Section 501(c)(12) organizations. Enter:			
а	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?	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.			
а	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.			
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			
С	Enter the amount of reserves on hand			22
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with . . . . . . . . . . . . . . . . . . . any other officer, director, trustee, or key employee? 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 1 8a d8 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 . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 1 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 / Did the organization have a written whistleblower policy? . . . . . . . . . 14 Did the organization have a written document retention and destruction policy? 14 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? Χ The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17

# List the states with which a copy of this Form 990 is required to be filed ► Ut Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

John Kelleher 2 Field Sparrow Ct., Hilton Head, SC 29926 440-666-8518

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

#### 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 not	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	ot ch	Pos neck ss pe d a d	ition more	e than of the state of the stat	one an	(D) Reportable	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	Average hours per week (list any hours for related organizations below dotted line)	box, office	unles er and	neck ss pe d a d	more rson irect	is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Name and Title	hours per week (list any hours for related organizations below dotted line)	box, office	unles er and	ss pe d a d	rson irect	is both or/trust	an ee)	compensation from the	compensation from related organizations	amount of other compensation
	week (list any hours for related organizations below dotted line)	_	-	_	_		<u> </u>	from the	related organizations	other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest cor employee	Forme	the	organizations	compensation
	organizations below dotted line)	vidual trustee irector	tutional trustee	) er	employee	lest cor	I∄∣	l organization l	(W-2/1099-MISC)	trom the
	below dotted line)	al trustee or	nal trustee		oloyee	[ 6 전	4	(W-2/1099-MISC)	(11 27 1000 11007)	organization
	,	ustee	trustee		8			,		and related
	15	Ф	tee			pens				organizations
	15		_			sated				
(4) Labor Mallabar	1 15									
(1) John Kelleher Chairman of the Board	+	ē.		V					0	0
(2) Jason Van Camp	40		-	-		-	_	0	U	0
Executive Director	40	~						0	0	0
(3) Ryan Miller	15	•	-	$\vdash$				0	U	0
President		į.		1				o	0	0
(4) Joseph Hilton	20	0							U	
Chair Programming Committee		3		1				o	0	0
(5) Dan LaMorte	15			IAES				-		
Secretary/Treasurer-Chair Finance Committee		à		V				o	0	0
(6) Joel Zimmerman	15									
Chair Governance/Legal Committee	1	·		1				0	0	0
(7) Monica Mohn	15							-		
Chair Fundraising Committee		6		~				0	0	0
(8) Melissa Coloton	15									-
Chair Marketing Committee				~				0	0	0
(9) Dustin Haggett	10									_
Markting Committee		V						0	0	0
(10) Dana Bunke	15									0
Fundraising Committee		~						0	0	
(11) Pamela Davis	15									0
Fundraising Committee	See Construction Construction	~						0	O	
(12) Kirk Bever	1							0	0	0
Finance Committee		~		L				U	· ·	
(13)	+									
(14)								-		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (co	ntinu	ed)		
	40	(5)			-	C) ition			(5)	( <del>-</del> )			·=-	
	<b>(A)</b> Name and title	(B) Average	(do not check more that box, unless person is box							<b>(E)</b> Reportable			( <b>F)</b> mated	
	Name and the	hours per		officer and a director/truste					compensation	compensation from		amo	ount of	
		week (list any hours for	or o	lns:	₽	Ze e	Hig	For	from the	related organizations	5		ther ensatio	n
		related	ividu	lituti	Officer	Key employee	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		m the	
		organizations below dotted	tor	onal		ploy	con		(00-2/1099-1013C)				nization related	l
		line)	Individual trustee or director	Institutional trustee		8	pen					organ	ization	S
			(D)	tee			Highest compensated employee							
(15)														
(16)														
(17)											+			
(18)														
(19)														
(20)														
											+			
37														
(23)														
(24)														
(25)														
	Sub-total								0		0			0
C	Total from continuation sheets to Part	VII. Sectio	n A					<b>•</b>	0		0			0
d	Total (add lines 1b and 1c)							<b></b>	0		0			0
2	Total number of individuals (including bureportable compensation from the organi		to th	ose	list	ed :	above	e) w	rho received m	ore than \$100	0,000	of		
													Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete s</i>								oloyee, or high 			3		<b>'</b>
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater that	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch					
	individual											4		~
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indiv		5		<b>v</b>
Section	on B. Independent Contractors		-						·					
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
									, sv					
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot l	limit	ed to	L th	nose listed abo	ove) who				
	received more than \$100,000 of compens								0	,				

### Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this	Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a 0				
ra I	b	Membership dues 1b 0				
, E	С	Fundraising events 1c \$0				
ifts ar A	d	Related organizations 1d 0				
n, G	e	Government grants (contributions) 1e 0				
Sir	f	All other contributions, gifts, grants,				
e ti	•	and similar amounts not included above 1f \$197,244				
를 를	~	Noncash contributions included in lines 1a-1f: \$				
Contributions, Gifts, Grants and Other Similar Amounts	9 h		\$197,244			
9	- 11	Total. Add lines 1a–1f	\$197,244			
Ž.	2a					
ě						
Program Service Revenue	b					
Ξ	C					
န	d					
ran	e	All II				
g	Ť	All other program service revenue .	0			
	g	<b>Total.</b> Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest, and other similar amounts)	0	0	0	0
	_	•	0	0	0	
	4	Income from investment of tax-exempt bond proceeds	_	0	0	0
	5	Royalties	0	<u> </u>	U	0
	_	(7				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)	0	0	_	
	d	Net rental income or (loss)	0	<u> </u>	0	0
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	0	0	0	0
une	8a	Gross income from fundraising				
Š		events (not including \$ 181417				
Other Revenu		of contributions reported on line 1c). 181,417				
ē		See Part IV, line 18 a				
₹		Less: direct expenses <b>b</b> \$151549	20.060			
-		Net income or (loss) from fundraising events . <b>•</b>	29,868		0	0
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities ▶	0	0	0	0
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0	0	0	0
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a–11d	0			
	12	Total revenue. See instructions ▶	227,112	0	0	0

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	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	6,055		6,055	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	13,848		13,848	
13	Office expenses	143		143	
14	Information technology	5,347	2,675	2,672	
15 16	Royalties				
17	Travel	17209	8,605		8,604
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .  Interest				
20 21	Interest				
22	Depreciation, depletion, and amortization .				
23	Insurance	917		917	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	107 313	107.010		
a	Program Grants	107,818	107,818	021	2.210
b c	Bank Fees Fund Development	3039 7,119		821	2,218 7,119
d		,,,,,			/,11/
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	161,495	119,098	24,456	17,941
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	64,490	1	95,020
	2	Savings and temporary cash investments	,	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	440	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	400	8	
	9	Prepaid expenses and deferred charges	489	9	30,412
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 29,900			
		Tou Tou		1.0	20.000
	b	2000. documulated depresiation		10c	29,900
	11 12	Investments—publicly traded securities		11 12	
	13	Investments—other securities, see Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,419	16	155,332
	17	Accounts payable and accrued expenses	00,117	17	100,002
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	703	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	25.000
	24	Unsecured notes and loans payable to unrelated third parties		24	25,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	703	26	25,000
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	703	20	23,000
ės		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
şţs	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́Α	32	Retained earnings, endowment, accumulated income, or other funds	64,716	32	130,332
Se	33	Total net assets or fund balances	65,419	33	155,332
	34	Total liabilities and net assets/fund balances		34	

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Part	XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	227,	112			
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,	495			
3	Revenue less expenses. Subtract line 2 from line 1	3	65,6	517			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5		0			
6	Donated services and use of facilities	6		0			
7	Investment expenses	7		0			
8	Prior period adjustments	8		0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	24	1,296			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		15	5,332	)		
	33, column (B))	10	13	3,332	•		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                     </u>		
				Yes	No		
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				~		
	If "Yes," check a box below to indicate whether the financial statements for the year were complete.	iled o	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?				~		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		_				
	of the audit, review, or compilation of its financial statements and selection of an independent account						
	If the organization changed either its oversight process or selection process during the tax year, exp	lain	in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for						
	the Single Audit Act and OMB Circular A-133?		· 3a		~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits are sufficiently undergo such audits.						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits.	3b				

Form **990** (2017)