

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2015

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. nation about Form 990-PF and its senarate instructions is at www.irs.gov/form990nf Open to Public Inspection

		1 COAST 4 INCIMIZATION ADOUGH COMM SSC-7 1 UNIO RES SC	•				
		dar year 2015 or tax year beginning	, 2015	, and endin	Ť		, 20
		foundation				identification number	
		orensics Boosters Inc			47-2198		
		and street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions)	
		ox 1503					
		wn, state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pending,	check here ▶☐
		raiso, IN 46384			1		
G	Check		of a former public cha	arıty	D 1. Foreig	n organizations, check her	e . ▶ ∐
		Final return Amended re	eturn		2. Foreig	n organizations meeting th	e 85% test.
		Address change Name change				here and attach computate	
H_C	1	type of organization X Section 501(c)(3) exempt priv			E If private	foundation status was term	ninated under
	Sect		taxable private found	ation	section 5	07(b)(1)(A), check here .	. ▶∐
I F	air ma	irket value of all assets at J Accounting method	X Cash	Accrual	F If the four	ndation is in a 60-month ter	mination
e	nd of	year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), check h	ere ►
	ne 16)		e on cash basis)		<u> </u>	,	
Pa	rt 1	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	DOOKS			income.	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	7	71	•••••		•••••
	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments .					
	4	Dividends and interest from securities					
	5a	Gross rents					, , , , , , , , , , , , , , , , , , , ,
	ь	Net rental income or (loss)					
Ð	6a	Net gain or (loss) from sale of assets not on line 10		. ' '			
n	ь	Gross sales price for all assets on line 6a				-	
Revenue	7	Capital gain net income (from Part IV, line 2)					
ď	8	Net short-term capital gain					
	9	Income modifications .			, ,		
	10a	Gross sales less returns and allowances 4,423	3				
	b	Less Cost of goods sold 2,32:	1				
	С	Gross profit or (loss) (attach schedule) 00 5 VI STM102	2,1	02		2,102	
200	11	Less Cost of goods sold 2,32: Gross profit or (loss) (attach schedule) Other income (attach schedule) 1.8 STM106	8,5	03		8,503	
	12	Total. Add lines 1 through 14.P.K.	11,3	76	(10,605	
CANNE	13	Compensation of officers, directors, trustees, etc					
∯ sa	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					
\mathbb{AdV} \mathbb{C}	ь	Accounting fees (attach schedule) STM108	8:	16			
% % Yd istrative	С	Other professional fees (attach schedule)					
∞ <u>t</u>	17	Interest					
is 🥝	18	Taxes (attach schedule) (see instructions)					
9802 Admini	19	Depreciation (attach schedule) and depletion					
gg02 Admir	20	Occupancy					
	21	Travel, conferences, and meetings	1,8	11			
ā	22	Printing and publications					
Operating and	23	Other expenses (attach schedule) STM103	7,5	89			
ati	24	Total operating and administrative expenses.					-
Jer.		Add lines 13 through 23	10,2	16	(0
ŏ	25	Contributions, gifts, grants paid		d	***************************************		0
	26	Total expenses and disbursements. Add lines 24 and 25	10,2	16			0
	27	Subtract line 26 from line 12		·			
	a	Excess of revenue over expenses and disbursements	1,1	6 d			
	Ь	Net investment income (if negative, enter -0-)			(:
		Adjusted net income (if negative, enter -0-)	**************************************	***		10,605	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

Page 2

P:	ırt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	-1 t tk	should be for end-or-year amounts only (see insudenous)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,406	5,566	
	`2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	}	disqualified persons (attach schedule) (see instructions) .			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ets.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩	10a	Investments - U S and state government obligations (attach schedule)			-
	ь	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis	, , , , , , , , , , , , , , , , , , ,		
	ł	Less accumulated depreciation (attach schedule)]		
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		The street and an annual control of the street and an annual contr	100 11 11 11 11 11 11 11 11 11 11 11 11
		Less accumulated depreciation (attach schedule)	İ		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
	'	instructions Also, see page 1, item I)	4,406	5,566	o
	17	Accounts payable and accrued expenses	5,500	0,00	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0	0	
	25	Foundations that follow SFAS 117, check here	-		
w		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted	4,406	5,566	
_		Temporarily restricted	1,100	3,300	
Ba	26	Permanently restricted			
Fund Ba	20	Foundations that do not follow SFAS 117, check here		······································	
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund .	–		
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds			
ğ	30		4,406	5,566	
ét	31	Total liabilities and net assets/fund balances (see	7,700	3,300	
~	"	,	4,406	5,566	
D.	art II	Instructions)		3,300	
		net assets or fund balances at beginning of year - Part II, column (a), line			
'		of-year figure reported on prior year's return)	oo (must agree will)	1	1 106
2		annount from Bod Live 27	• • • •		4,406 1,160
			•	3	1,160
		r increases not included in line 2 (itemize)		4	5,566
				5	3,300
		eases not included in line 2 (itemize) ▶	dumn (h) line 30	6	5,566
EEA		Tiet assets or runo balances at end of year time 4 militus line 3) - Part II, co	namin (D), illie OU		Form 990-PF (2015)
حت٨					(2010)

rait # Capital Gaills	and Luss	es for tax off fift	estinent incon		,		
(a) List and descr 2-story brick war	ibe the kind(s) or rehouse, or com	of property sold (e g , real amon stock, 200 shs ML0	estate, C Co)	(b) How acquired P-Purchase D-Donation	(c) Dai	te acquired , day, yr)	(d) Date sold (mo , day, yr)
1a				<u> </u>			
b					1		
C							
d							
e							
	(0.0		(1) (2)		 		. (1)
(e) Gross sales price		preciation allowed or allowable)		other basis ense of sale			in or (loss) (f) minus (g)
а							•
b							
C							
d							
е			T				
Complete only for assets sho	wing gain in c	olumn (h) and owned b	by the foundation on	12/31/69			
(i) F M V as of 12/31/69	(i)	Adjusted basis s of 12/31/69	(k) Exces	ss of col (i) (j), if any	,	col (k), but not	ol (h) gain minus t less than -0-) or rom col (h))
a					 		
_ b					 		
					<u> </u>		
d							
				·	 	· <u>·</u>	
<u>e</u>		e If gain a	llso enter in Part I, Ii	ne 7 •			
2 Capital gain net income or (ne	et capital loss)	√ =	enter -0- in Part I, Ii	7	2		
3 Net short-term capital gain or	(loce) as defi	` '	•	116 7			
• •	•	•		_			
If gain, also enter in Part I, lin	e o, column (c	(see instructions) if	(loss), efficer -0- in	}			
Part V Qualification U	lada Cast	ion 4940(e) for F	advess Towar	n Nat Imuraatuu	3		*
	···					,01116	
(For optional use by domestic private	vate foundation	ns subject to the section	on 4940(a) tax on ne	t investment incon	ne)		
If section 4940(d)(2) applies, leav	e this part blai	nk					
11 36Ction 4340(d)(2) applies, 10av	C triis part biai	iii.					
Was the foundation liable for the	section 4942 ta	ax on the distributable	amount of any year	in the base period	?		Yes No
If "Yes," the foundation does not	qualify under s	ection 4940(e) Do no	t complete this part				
1 Enter the appropriate amount	ın each colun	nn for each year; see t	he instructions befor	re making any entr	ies		
(a) Base period years		(b)		(c)		Dist	(d) ribution ratio
Calendar year (or tax year beginn	ing in) Adji	usted qualifying distribution	ons Net value o	f noncharitable-use a	issets		divided by col (c))
2014							
2013							
2012							
2011							
2010							
			<u> </u>				
2 Total of line 1, column (d) .						2	
3 Average distribution ratio for	the 5-vear has	e period - divide the to	tal on line 2 by 5, or	hv the	• •	-	
number of years the foundation	-	•	-	by the		3	
flumber of years the loundation	on has been in	i existence il less than	J years		}		
		. (0045 (5			l		
4 Enter the net value of noncha	iritable-use as	sets for 2015 from Par	t X, line 5	•	· -	4	
5 Multiply line 4 by line 3 .			· · · ·		<u> </u>	5	0
6 Enter 1% of net investment in	ncome (1% of	Part I, line 27b) .				6	
7 Add lines 5 and 6						7	0
8 Enter qualifying distributions	from Part XII	line 4			.	8	
If line 8 is equal to or greater			line 1b. and comple	ete that part using a			
Part VI instructions	and a mile f a Oli	OUR GIO DOX III I dit VI,	o .o, and comple	no that part doing t	_ , /U (UA)	,_,	
r art vi instructions							

Form	990-PF (2015) VHS Forensics Boosters Inc 47-21	98319	F	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1 ¬			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
'nь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	. 1a		Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		 	
_	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1	1	-
	published or distributed by the foundation in connection with the activities		1	
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
ŭ	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ł	
·	on foundation managers >\$		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2	Ť	X
-	If "Yes," attach a detailed description of the activities	· -	 	ļ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3]	x
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	. 4b	 	
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	 	X
J	If "Yes," attach the statement required by General Instruction T.	·	 	
•	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6	By language in the governing instrument, or		1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	Х	
-	conflict with the state law remain in the governing instrument?	7	X	+
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Pari II, col (c), and Pari XV .	···	 ^ -	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		£	
	IN	—	1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			v
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	 	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	_		1,7
	complete Part XIV	. 9	├	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		1	1,
	names and addresses	10		X

<u>Form</u>	990-PF (2015) VHS Forensics Boosters Inc 47-	2198319	F	age 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	. 12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ N/A			
14	The books are in care of ▶ Julie Morris Telephone no ▶	219-926-5	273	
	Located at ▶ 4005 Sleighbell, Valparaiso, IN ZiP+4 ▶	46383		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here		•	<u> </u>
	and enter the amount of tax-exempt interest received or accrued during the year 15	i		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
		No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	,		
	disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	,		
		No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	,		
		No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		•	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 1b	ļ	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	.,
_	were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2015? Yes X	1 11-		
	If "Yes," list the years	, 140	t	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
•	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b	i	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	•		·	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
		No]	
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	,]	
_	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		ŧ	
	foundation had excess business holdings in 2015)	3b	7	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х

Form **990-PF** (2015)

Form	990-PF (2015) VHS Forensics Boost	ers Ir	nc		_		. 4	7-219	319	Pa	age 6
Pai	t VII-B Statements Regarding Activiti	es for	Which For	n 4720	May Be	Requi	red (co	ntinued)		
5a	During the year did the foundation pay or incur any a	mount to:					_	_			,
•	(1) Carry on propaganda, or otherwise attempt to inf	luence le	gislation (section	on 4945(e))?	. [Yes	X No			
	(2) Influence the outcome of any specific public elec	tion (see	section 4955),	or to car	ry on,	_	_	_			
	directly or indirectly, any voter registration drive?			•			Yes	X No			
	(3) Provide a grant to an individual for travel, study,	or other s	imilar purposes	?		[Yes	X No			
	(4) Provide a grant to an organization other than a cl	naritable,	etc., organizati	on desc	nbed in			_			
	section 4945(d)(4)(A)? (see instructions)			•		[Yes	X No			
	(5) Provide for any purpose other than religious, cha	ntable, so	cientific, literary	, or educ	cational		_	_			
	purposes, or for the prevention of cruelty to child	ren or anı	mals? .			. [Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the tran	sactions	fail to qualify u	nder the	exceptions of	describe	d ın	_			
	Regulations section 53.4945 or in a current notice reg	garding di	saster assistar	nce (see	instructions)	2		. <u> </u>	5b		
	Organizations relying on a current notice regarding di	isaster as	sistance chect	here				▶ 🔲			
С	If the answer is "Yes" to question 5a(4), does the four	ndation c	laım exemption	from the	e tax			_			
	because it maintained expenditure responsibility for the	he grant?				[Yes	No			
	If "Yes," attach the statement required by Regulations	s section	53 4945-5(d).								
6a	Did the foundation, during the year, receive any funds	s, directly	or indirectly, to	pay pre	emiums	_					
	on a personal benefit contract?	•		•		. [Yes	X No			
b	Did the foundation, during the year, pay premiums, di	rectly or i	ndırectly, on a	persona	l benefit cont	ract?		. .	6b		X
	If "Yes" to 6b, file Form 8870					_	_				
7a	At any time during the tax year, was the foundation a	party to a	a prohibited tax	shelter	transaction?		Yes	X No			
b	If "Yes," did the foundation receive any proceeds or h	<u>-</u> _							7b		
Pai	t VIII Information About Officers, Dir	ectors	, Trustees,	Found	dation Ma	nager	s, High	ly Paid	Empl	oyees	3,
	and Contractors		<u>-</u>								
<u>1</u> L	ist all officers, directors, trustees, foundation man										
	(a) Name and address		e, and average rs per week		mpensation ot paid,		Contribution ovee benef		(e) Expe	ense aco	count,
	990_OFOV		ed to position	en	ter -0-)	and def	erred com	pensation	- Other &	anowanie	
_	Tullis	Presi									
	Martinal, Valparaiso, IN 46383	<u> </u>	0.00		0			0			0_
	et King	Vice	President								
	2 Clover Ln, Valparaiso, IN 46383	<u></u>	0.00		0			0			0
	stine Sayers	Seret	-								
	Kincraig Ct, Valparaiso, IN 46385		0.00		0			0			
	le Morris	Treas						•			
	Sleighbell, Valparaiso, IN 46383		0.00		0		16	0	-		0_
	ompensation of five highest-paid employees (othe NONE."	er inan ir	iose included	on line	ı - see instri	uctions	. If none,	enter			
	NOIL.						(d) Contri	butions to			
	(a) Name and address of each employee paid more than \$50	0.000	(b) Title, and a		(c) Comper	eation	employe	e benefit	(e) Expe		
	(-,	-,,,,,,	devoted to po		(c) comper	isation		l deferred nsation	other a	allowand	es
NON											
										_	
											
Total	number of other employees paid over \$50,000							•			0

Form 990-PF (2015) VHS Forensics Boosters Inc

Form 990-PF (2015)	VHS Forensics Boosters Inc	47 -	2198319 Page 7
	ation About Officers, Directors, Trustees, Fountractors (continued)	undation Managers, Highly	Paid Employees,
3 Five highest-paid in	ndependent contractors for professional services (see ins	structions). If none, enter "NONE."	
(a) Nam	e and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total number of others rec	eiving over \$50,000 for professional services	<u></u> ▶	
Part IX-A Summ	ary of Direct Charitable Activities		
	gest direct charitable activities during the tax year. Include relevant stateliciaries served, conferences convened, research papers produced,		Expenses
1			
			
2			
3			
4			
Part IX-B Summ	ary of Program-Related Investments (see inst	ructions)	<u></u>
	ogram-related investments made by the foundation during the tax year	" '	Amount
1			
2			
All other program-related inve	estments See instructions		
3			
<u> </u>			
I otal. Add lines 1 through	3	▶	1

Form **990-PF** (2015)

Form 990-PF (2015) VHS Forensics Boosters Inc

EEA

_	990-PF (2015) VHS Forensics Boosters Inc	47-2198319	Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundations,	
	· see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes.		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 .	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Pa	Tt XII Qualifying Distributions (see instructions)	,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether th	e foundation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2015)

EEA

`1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
	line 7				0
2 a	Undistributed income, if any, as of the end of 2015. Enter amount for 2014 only				
				:	
b	Total for prior years , , , ,	· :,,			·
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				
ь	From 2011				
С	From 2012				
d	From 2013	ŧ			
е	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,	<u> </u>			
	line 4 ▶ \$]		
а	Applied to 2014, but not more than line 2a	 - + +- 		17 %	·
ь	Applied to undistributed income of prior years				:
	(Election required - see instructions)			; 	
С	Treated as distributions out of corpus (Election				:
	required - see instructions)		· · · · · · · · · · · · · · · · · · ·		
d	Applied to 2015 distributable amount .			-	
е	Remaining amount distributed out of corpus		<u> </u>	· _ ' ' 	
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same		-		
_	amount must be shown in column (a))			-	•
6	Enter the net total of each column as				
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				:
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b	[· · · · · · · · · · · · · · · · · · ·	·
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				• • • • • • • • • • • • • • • • • • •
u	amount - see instructions				
е	Undistributed income for 2014 Subtract line			<u> </u>	
·	4a from line 2a. Taxable amount - see]		
	instructions				
f	Undistributed income for 2015 Subtract lines		·		
	4d and 5 from line 1. This amount must be		1		
	distributed in 2016			1	n
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section]	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)			:	
8	Excess distributions carryover from 2010 not			· ,, · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.			**************************************	
	Subtract lines 7 and 8 from line 6a				· · · · · · · · · · · · · · · · · · ·
10	Analysis of line 9				
а	Excess from 2011	Į			
b	Excess from 2012	[<u> </u>	
С	Excess from 2013	-			
d	Excess from 2014			•	
е	Excess from 2015				

art	XIV Private Operating Four	ndations (see ins	tructions and Par	t VII-A, question 9)		
1a	If the foundation has received a ruling or	determination letter that	it it is a private operat	ing		
	foundation, and the ruling is effective for	2015, enter the date of	the ruling		>	
P,	Check box to indicate whether the foundation	ation is a private opera	ting foundation descri	bed in section	4942(j)(3) or 4	942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
	income from Part I or the minimum	(a) 2015	(b) 2014	T	(d) 2012	(e) Total
	investment return from Part X for	(a) 2013	(0) 2014	(c) 2013	(d) 2012	
	each year listed			 		
b	85% of line 2a			 		
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
_	"Assets" alternative test - enter					
а	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed .			 		
С	"Support" alternative test - enter.					
	(1) Total support other than gross investment income (interest,	1			,	
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization				!	
	(4) Gross investment income					
art	XV Supplementary Informa	tion (Complete t	his part only if	he foundation ha	d \$5.000 or more	in assets at
	any time during the yea					
1	Information Regarding Foundation M					
а	List any managers of the foundation who	o have contributed moi	e than 2% of the total	contributions received t	by the foundation	
	before the close of any tax year (but onl	y if they have contribut	ted more than \$5,000	(See section 507(d)(2))	
b	List any managers of the foundation who	o own 10% or more of	the stock of a corners	tion (or an equally large	portion of the	
b	ownership of a partnership or other entit				portion of the	
	Charles of a Farmision by Critical Charles	.,,				
2	Information Regarding Contribution,	Grant Gift Loan Sc	holarship etc. Proc	rame:		
2			• • • • •			
	Check here ► X if the foundation only					
	unsolicited requests for funds. If the four		ants, etc. (see instruc	ctions) to individuals or o	rganizations under	
	other conditions, complete items 2a, b, of the name, address, and telephone num		of the person to when	a applications should be	addracead	
а	the name, address, and telephone num	inei oi e-iridii address	or are berson to whon	i applications should be	auulesseu	
	The form in which applications should b	e submitted and inform	nation and materials th	nev should include		
J	The form in which applications should b	S Japanito and infolli	materials t	ioy oriodia moidae.		
c	Any submission deadlines					
						
d	Any restrictions or limitations on awards	s, such as by geograph	iical areas, charitable	fields, kinds of institution	ns, or other	
	factors					

Recipient Name and address (home or business) Paradour business or race and medical for race and address (home or business) Paradour business or race and address (home or business) Paradour business or race and address (home or business) Total Description of part of distinct of race and address (home or business) Total Description of part of distinct of race and address (home or business) Associated and address (home or business) Total Description of race and address (home or business) Associated and address (home or business) Total Description of race and address (home or business) Associated and address	3 Grants and Contributions Paid During the	Year or Approve	d for Future F	Payment	
Name and address (home or business) Paid during the year Total Approved for future payment	. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Total b Approved for future payment 3a b Approved for future payment		or substantial contributor	recipient		
b Approved for future payment		or substantial contributor			
b Approved for future payment	Total			▶ 3a	

EEA

Form 990-PF (2015)

Form 990-PF (2015) VHS Forensics Boost				47-21983	19 Page 1:
Part XVI-A Analysis of Income-Producing			1		
Enter gross amounts unless otherwise indicated . 1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
a Judging Fees	code		 		25
b Banquet		,			2,38
c					
d					
е					
f	_				
g Fees and contracts from government agencies .					
2 Membership dues and assessments	•		- 		5,87
The state of the s	•				
4 Dividends and interest from securities			-		
5 Net rental income or (loss) from real estate: a Debt-financed property					<u> </u>
1. Martine 6					
Not debt-financed property Net rental income or (loss) from personal property			 	-	
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					2,10
11 Other revenue a					
b	.				
С	.				
d					
			1 1		
e	-				
12 Subtotal Add columns (b), (d), and (e)					
)	shment of Ex		. 13	
12 Subtotal Add columns (b), (d), and (e) . 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	10,60
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exemption.	ne Accompli	shment of Ex	empt Purpo Part XVI-A contr	ses buted importantly to the	

Valparaiso IN 46383

Par	t XVII		n Regarding Tra ganizations	ansfers To	and Trans	actions an	d Relation	ships W	ith Nonc	harit	able	
1	Did the		ctly or indirectly engage	ge in any of th	ne following with	any other ora	anization desc	ribed		7	Yes	No
•			Code (other than section	-	_						163	140
	organiza		Todo (ouror alarrosou	o oo .(o)(o) .	organizacióno, c		,, relating to p	0.10001				ĺ
а	•		ting foundation to a no	oncharitable e	exempt organiza	ation of						ĺ
_	(1) Cas	-			Monipi organize	200.1 07.				1a(1)		х
	• •	er assets .				•	•	•	•	1a(2)		X
h		ansactions:	•	•	•		• •	• • •	• •	14(2)		
٠			noncharitable exempt	organization						1b(1)		Х
			from a noncharitable	_		•	•	•	• •	1b(1)		X
			quipment, or other ass	_			•	•	• •	1b(2)		X
	• •	nbursement arrai	• •						•	1b(3)		X
		ns or loan guaran	•	•						1b(4)		X
		_	ices or membership o	r fundraicing				•				X
_			pment, mailing lists, o					•		1b(6)		X
d	-		e above is "Yes," con					, , 		1c		
u												
			assets, or services g									
			or sharing arrangeme									
(a) Lir	e no (b)	Amount involved	(c) Name of none	charitable exen	npt organization	(d) Des	cription of transf	ers, transac	tions, and sha	aring arra	angeme	ents
			 									
	_						_					
					 							
									_			
						-						
							-					
												
									_			
	describe	-	or indirectly affiliated (c) of the Code (other lowing schedule			•	organizations			Ye	s X	No
		(a) Name of organ	nization	(b) Type of organiz	ation		(c) Descrip	otion of relation	nship		
								-				
			_			· · · · · ·						
Sig	Under correc	penalties of perjury, I t, and complete Decla	declare that I have examine aration of preparer (other the	ed this return, inc an taxpayer) is ba	cluding accompanyir ased on all informati	ng schedules and si on of which prepare	tatements, and to er has any knowle	the best of my dge				
Hei	1 🗪	ulie Morrie	suli K		4111110	Treasu	rer		May the IR with the pre	eparer <u>sh</u>	own belo	
		gnature of officer or tn] [Date	Title			(see inst)?		Yes	☐ No
		Print/Type prepar	rer's name	Preparers	gnajure/		Date	Chi	eck If	PTIN		
Pai	d	Gay Gorni	ak	1	XX dista	3	03-30-203			0149	9217	
Pre	parer		▶ GLG LLC		1		*	Firm's EIN	<u> </u>			
	e Only		▶ 505 Silhavy	Suite 7	00			Phone no				

219-510-5201

	Name(s) as shown on return	Federal Supporting Statements	2015 PG01
1	VHS Forensi	cs Boosters Inc	47-2198319
		Form 990PF - Part I - Line 10 Sales of Inventory Schedule	Statement #102
ł	Category	Gross Sales COGS	Net
	Fundraising	4,237 1,539	2,698
	Spiritwear	186782	(596)
	Total	4,423 2,321	2,102

					_
		Federal Su	Federal Supporting Statements	nents	2015 PG01
Name(s) as shown on return VHS Forensics Boosters Inc					Your Social Security Number 7
	Form 990PF - Part I	1	- Line 23 - Other Expenses Schedule	edule	Statement #103~
	Revenue	Net	Adjusted	Charitable	
Judging costs Judging costs Entry Fees Banquet Coach and Materials	and expenses 1,417 1,659 3,103 1,410	investment 0 0 0 0		purpose 0 0	
Totals	7,589	0	0	0	
	Form 990PF - Part I	- Line 11	- Other Income Schedule	nle Lle	PG01 Statement #106~
Description Judging Fees Dues Banquet	Revenue and expenses 250 5,873 2,380	Net investment 0 0 0	Adjusted net income 250 5,873 2,380		

Federal Supporting Statements

Form 990_OfOv (2015) VHS Forensics Boosters
List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the	year even if they wei	e not compensated	•	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kate Flannery Financial Se	cre		· · · · · · · · · · · · · · · · · · ·	
1151 Vale Park Rd, Valparaiso, IN 46383	0.00	0	o	0
•				
· · · · · · · · · · · · · · · · · · ·				
.				
				
	<u> </u>			
				
		<u> </u>		
				
				
 				
		İ		
		-		
	i			
				
 		:		
				· · · · · · · · · · · · · · · · · · ·