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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

| | | 2015 - | | 01 01 2015 | 1 2015 | | |
|--------------------------------|---------------------|----------------|---|--|--------------------|---|--|
| | | pplicable | alendar year, or tax year beginning C Name of organization | ng 01-01-2015 , and ending 12-3 | 1-2015 | D Employe | r identification number |
| _ | еск іга Iress ch | | THE VITAL GROUND FOUNDATION II | NC | | | |
| _ | me cha | - | | | | 87-0483 | 3446 |
| _ | | - | Doing business as | | | | |
| | al retu | ım | Number and street (or P.O. box if m | nail is not delivered to street address) Ro | om/suite | E Telephone | number |
| – Fin reti | | mınated | 20 FORT MISSOULA ROAD | , | , | (406)54 | 19-8650 |
| – _{Am} | ended | return | City or town, state or province, cou | ntry, and ZIP or foreign postal code | | | |
| – _{Apr} | olication | n pendino | MISSOULA, MT 598047202 | | | G Gross rece | eipts \$ 1,480,573 |
| | | | F Name and address of prii | ocinal officer | 117-3 | | |
| | | | RYAN LUTEY | icipai omeei | | Is this a group re subordinates? | Turn for |
| | | | 20 FORT MISSOULA ROAD MISSOULA, MT 59804720 | | H(b) | A re all subordina | · · · · · · · · · · · · · · · · · · · |
| | | | M13300LA,M1 33004720 | | | included? | l k. / |
| [Ta | x-exem | npt statu | s ▼ 501(c)(3) | nsert no) 4947(a)(1) or 527 | | | list (see instructions) |
| 1 14/ | obsite | - In- \A/ | WW VITALGROUND ORG | | | Group exemption | n number 🕶 |
| | | | | | | | _ |
| | | | n 🔽 Corporation 🗌 Trust 🦳 Associatio | n Cther 🕨 | L Yea | r of formation 1990 | M State of legal domicile MT |
| Pa | rt I | Sur | nmary | | | | |
| | | | escribe the organization's mission | | | | |
| | <u>P</u> | ROTEC | T AND RESTORE NORTH AMER | <u>ICA'S GRIZZLY BEAR POPULAT</u> | IONS BY COI | NSERVING WILD | LIFE HABITAT |
| ر د | - | | | | | | |
| ₹ | - | | | | | | |
| |] | Chaal t | this hav by | continued its energicals or dispe | and of more th | on 25% of the no | t necete |
| sovemance | | CHECK | ins box 🖣 II the organization dis | scontinued its operations of dispo | sed of more tr | an 25% or its ne | t assets |
| | 3 1 | Numbei | of voting members of the govern | ng body (Part VI. line 1a) | | 1: | 3 20 |
| y) N | | | | | | <u> </u> | |
| Ě | | | | | - | <u> </u> | |
| Activities & | | | | | | | |
| ₹. | | | | 7 | 'a 0 | | |
| | | | | | | ├ | - |
| | - | | | , | | | Current Year |
| | 8 | Cont | ributions and grants (Part VIII li | ne 1h) | | | |
| 9 | 9 | | • | • | | | 0 0 |
| Revenue | 10 | | | | | 4.67 | 8 1,202 |
| à | 11 | | | | | | · · |
| | 12 | | | | | | |
| | | 12) | | ons and grants (Part VIII, line 1h) | 9 1,397,915 | | |
| | 13 | Gran | ts and sımılar amounts paıd (Part | IX, column (A), lines 1-3) . | | 41,50 | 0 55,767 |
| | 14 | Bene | fits paid to or for members (Part 1 | X, column (A), line 4) | | | 0 |
| 26. | 15 | Sala | ries, other compensation, employe | ee benefits (Part IX, column (A), l | ines | 438 22 | 5 429,575 |
| Expenses | | | • | | | | <u> </u> |
| ₹ T | 16a | | | | | | 0 |
| 죠 | b | | | | | | |
| | 17 | | Contributions and grants (Part VIII, line 1h) 1,669,844 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,678 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,687 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,689,209 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 41,500 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 438,225 Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 167,066 410,988 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 410,988 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 890,713 Revenue less expenses Subtract line 18 from line 12 798,496 Beginning of Current Year Total assets (Part X, line 16) 37,930 Net assets or fund balances Subtract line 21 from line 20 4,420,168 | | | | |
| | 18 | | | | - | 3 4 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| . 09 | 19 | Reve | nue less expenses Subtract line | 18 from line 12 | · · | 798,49 | 539,084 |
| net Assets of Fund Balances | | | | | Beginn | ing of Current Yea | er End of Year |
| 1 m | 20 | Tota | l assets (Part X. line 16) | | | 4.458.09 | 8 4,989,826 |
| 2 D | 21 | | | | | | |
| <u> </u> | 22 | | | | | | |
| | it III | | nature Block | | | , -, | ,, |
| ny ki prepa | nowled | dge and as any | | amined this return, including acco | | | |
| Here | e | | AN LUTEY EXECUTIVE DIRECTOR De or print name and title | | | | |
| | | F | Print/Type preparer's name | Preparer's signature | Data | Ta — . Ta- | ΓΙΝ |
| D-:- | 4 | | WAYNE R HIETT CPA | WAYNE R HIETT CPA | Date 2016-08-23 | | 00159424 |
| Paid | | <u> </u> | Firm's name | 1 | | Firm's EIN > 39-0 | |
| Pre | pare | r | Firm's address PO BOX 8867 | | | Phone no (406) 7 | |
| 1 - | | 1 I | | | | 1 III (TOU) / | |

MISSOULA, MT 59807
May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

. ▼Yes □No

Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission VITAL GROUND HELPS ENSURE THE RECOVERY AND LONG-TERM SURVIVAL OF GRIZZLY BEARS, TOGETHER WITH THE MANY NATIVE SPECIES THAT SHARE THEIR RANGE, THROUGH THE PROTECTION AND RESTORATION OF CORE HABITATS AND LANDSCAPE LINKAGES Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **TYes ▼No** If "Yes." describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program 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 290,999 including grants of \$ 20,000) (Revenue \$) (Expenses \$ LAND CONSERVATIONVITAL GROUND IDENTIFIES CRUCIAL GRIZZLY BEAR HABITAT ON PRIVATE LAND AND WORKS WITH WILLING LANDOWNERS TO PROTECT THE LAND'S CONSERVATION VALUES THIS IS ACCOMPLISHED THROUGH THE VOLUNTARY PLACEMENT OF DONATED OR PURCHASED CONSERVATION EASEMENTS ON LAND'S CONSERVATION VALUES THIS IS ACCOMPLISHED THROUGHTHE VOLUNTARY PLACEMENT OF DONATED OR PURCHASED CONSERVATION EASEMENTS ON THE LAND, OR THE OUTRIGHT PURCHASE OF LAND VITAL GROUND HAS A PERPETUAL RESPONSIBILITY TO MONITOR THE LANDS ON WHICH IT HOLDS CONSERVATION EASEMENTS TO ENSURE ADHERENCE TO THE TERMS OF THE CONSERVATION EASEMENTS VITAL GROUND HAS A RESPONSIBILITY TO RESTORE AND MANAGE THE LAND IT OWNS TO PROVIDE QUALITY HABITAT FOR THE BENEFIT OF GRIZZLY BEARS AND ASSOCIATED WILDLIFE IN ADDITION TO DEVELOPING AND MANAGING ITS OWN PROJECTS, VITAL GROUND OCCASIONALLY PROVIDES GRANTS TO AGENCIES, GOVERNMENTAL ENTITIES AND OTHER NONPROFIT CONSERVATION ORGANIZATIONS TO ASSIST WITH THEIR EFFORTS TO CONSERVE AND RESTORE IMPORTANT WILDLIFE HABITAT, OR TO PREVENT CONFICTS OF ACCOUNTY OF THE PROPERTY OF BETWEEN BEARS AND PEOPLE 2015 ACCOMPLISHMENTS INCLUDE CONSERVATION EASEMENTS ACQUIRED ONE CONSERVATION EASEMENT TOTALING 38 ACRES SITUATED ALONG THE YAAK RIVER IN LINCOLN COUNTY, MONTANA IN ORDER TO PERMANENTLY PROTECT ITS RIPARIAN, OPEN SPACE AND WILDLIFE HABITAT VALUES MONITORED FOURTEEN CONSERVATION EASEMENTS IN MONTANA, TWO CONSERVATION EASEMENTS IN IDAHO AND FOUR FOREST LEGACY PROGRAM CONSERVATION EASEMENTS IN IDAHO (ALL ACQUIRED PRIOR TO 2015) CONTINUED WORKING TO ADVANCE THE SELKIRK-PURCELL-CABINET LINKAGE INITIATIVE CONSERVALION EASEMENTS IN IDAHO (ALL ACQUIRED PRIOR TO 2015) CONTINUED WORKING TO ADVANCE THE SELKIRK-PURCELL-CABINET LINKAGE INITIATIVE IN NORTHWESTERN MONTANA AND NORTH IDAHO - AN EFFORT TO CONSERVE KEY GRIZZLY BEAR HABITAT LINKAGES BETWEEN THE SELKIRK, PURCELL AND CABINET - YAAK ECOSYSTEMS CONTINUED WORKING TO ADVANCE THE SWAN VALLEY GRIZZLY BEAR CONSERVATION INITIATIVE IN MISSOULA AND LAKE COUNTIES MONTANA - AN EFFORT TO CONSERVE KEY GRIZZLY BEAR HABITAT AND LINKAGES BETWEEN THE BOB MARSHALL WILDERNESS AND MISSION MOUNTAINS WILDERNESS AREAS LAND ACQUISITION AND MANAGEMENT ACQUIRED ONE PROPERTY TOTALING 142 ACRES IN FEE-TITLE IN ORDER TO PERMANENTLY PROTECT ITS WILDLIFE HABITAT VALUES AND PROMOTE THE GOALS OF THE U.S. FOREST SERVICE'S COMMUNITY FOREST AND OPEN SPACE PROGRAM (DECEMBER 30TH, 2015) MONITORED SEVEN FEE-TITLE CONSERVATION PROPERTIES IN IDAHO AND TWO FEE-TITLE CONSERVATION PROPERTIES IN MONTANA (ALL ACQUIRED PRIOR TOTAL CONSERVATION PROPERTIES TOTAL CONSERVATION PROPERTIES TO THE TOTAL CONSERVATION P TO 2015) CONDUCTED HABITAT ENHANCEMENT ACTIVITIES ON PROPERTIES HELD FOR THE BENEFIT OF WILDLIFE IN BONNER AND BOUNDARY COUNTIES, IDAHO AND IN LINCOLN AND MISSOULA COUNTIES, MONTANA VITAL GROUND PROVIDED A \$10,000 GRANT TO THE BRISTOL BAY HERITAGE LAND TRUST TO ASSIST WITH BBHLT'S BARGAIN ACQUISITION OF A PERPETUAL CONSERVATION EASEMENT OVER 530 ACRES IN THE HARRIS CREEK AND NUSHAGAK WATERSHEDS OF NORTHEAST ALASKA TO HELP ELIMINATE CONFLICTS INVOLVING GRIZZLY BEARS, WOLVES AND DOMESTIC GRAZING OPERATIONS, VITAL GROUND PROVIDED A \$10,000 GRANT TO THE NATIONAL WILDLIFE FEDERATION TO ASSIST WITH ITS PURCHASE AND VOLUNTARY RETIREMENT OF THE 22,000-ACRE UPPER GROS VENTRE GRAZING ALLOTMENT SITUATED IN THE BRIDGER-TETON NATIONAL FOREST IN WYOMING 4b) (Expenses \$ 275,442 including grants of \$ CONSERVATION EDUCATION VITAL GROUND PROVIDES INFORMATION ABOUT GRIZZLY BEARS, ASSOCIATED WILDLIFE, AND HABITAT CONSERVATION ISSUES THROUGH ITS PUBLICATIONS, SPECIAL MAILERS, WEBSITE, EMAIL COMMUNICATIONS, SOCIAL MEDIA, LIVE PRESENTATIONS, VIDEOS AND OTHER MEDIA OPPORTUNITIES THE ORGANIZATION ALSO PARTICIPATES IN COLLABORATIVE EDUCATIONAL PROGRAMS TO PROMOTE THE CONSERVATION OF GRIZZLY BEARS AND THEIR HABITAT, MINIMIZE CONFLICTS BETWEEN BEARS AND HUMANS, AND ENHANCE THE SURVIVAL OF GRIZZLY BEARS 2015 ACCOMPLISHMENTS THEIR HABITAT, MINIMIZE CONFLICTS BETWEEN BEARS AND HUMANS, AND ENHANCE THE SURVIVAL OF GRIZZLY BEARS 2015 ACCOMPLISHMENTS INCLUDE PRODUCED 15,000 COPIES OF VITAL NEWS, THE ORGANIZATION'S BIANNUAL 16-PAGE NEWSLETTER WHICH REPORTS ON GRIZZLY BEAR AND WILDLIFE HABITAT CONSERVATION ISSUES, PROJECT OPPORTUNITIES, AND ACCOMPLISHMENTS PRODUCED SIX ELECTRONIC NEWSLETTERS THAT WERE DISTRIBUTED TO APPROXIMATELY 4,206 UNIQUE RECIPIENTS (25,000 TOTAL COMMUNICATIONS) THESE ELECTRONIC NEWSLETTERS REPORTED ON GRIZZLY BEAR AND WILDLIFE HABITAT CONSERVATION ISSUES, EMERGING PROJECT OPPORTUNITIES, CONSERVATION ACCOMPLISHMENTS, AND FUNDING NEEDS PRODUCED SEVEN SPECIAL MAILERS (88,000 PIECES) THAT REPORTED ON GRIZZLY BEAR AND WILDLIFE HABITAT CONSERVATION ISSUES, EMERGING PROJECT OPPORTUNITIES, CONSERVATION ACCOMPLISHMENTS, AND FUNDING NEEDS MAINTAINED A WEBSITE (WWW VITALGROUND ORG) THAT PROVIDES COMPREHENSIVE INFORMATION TO THE PUBLIC ABOUT GRIZZLY BEARS, WILDLIFE HABITAT CONSERVATION ISSUES, CURRENT GRIZZLY BEAR CONSERVATION CHALLENGES AND PROJECT ACCOMPLISHMENTS DURING 2015, THE WEBSITE RECEIVED 135,244 VISITS RESULTING IN 281,459 PAGE VIEWS PROMOTED WILDLIFE HABITAT, GRIZZLY BEAR NATURAL HISTORY AND CONSERVATION EDUCATION TOPICS TO A SOCIAL MEDIA AUDIENCE OF 14,000 CREATED AND PRODUCED BOTH 12-MINUTE AND 2-MINUTE WIDEOS CELEBRATING THE VITAL GROUND FOUNDATION'S 25 YEARS OF WORK TO ENSURE THAT FUTURE OF GRIZZLY BEARS FOR FUTURE GENERATIONS AND HIGHLIGHTING THE STATUS OF GRIZZLY BEAR CONSERVATION IN NORTH AMERICA. DURING 2015. THE VIDEOS WERE VIEWED MORE THAN 1 800 TIMES ON THE HIGHLIGHTING THE STATUS OF GRIZZLY BEAR CONSERVATION IN NORTH AMERICA DURING 2015, THE VIDEOS WERE VIEWED MORE THAN 1,800 TIMES ON THE INTERNET AND BY HUNDREDS OF INDIVIDUALS DURING FUNDRAISING EVENTS IN UTAH, ILLINOIS AND MONTANA CONTINUED WORKING TO ADVANCE VITAL INTERNET AND BY HUNDREDS OF INDIVIDUALS DURING FUNDRAISING EVENTS IN UTAH, ILLINOIS AND MONTANA CONTINUED WORKING TO ADVANCE VITAL GROUND'S GRIZZLY BEAR CONSERVATION EDUCATION PARTNERSHIP WITH THE CHICAGO ZOOLOGICAL SOCIETY AT THE BROOKFIELD ZOO'S GREAT BEAR WILDERNESS EXHIBIT CONSERVATION EDUCATION GRANTS AWARDED (\$10,767)AWARDED A \$250 GRANT TO THE SWAN ECOSYSTEM CENTER IN CONDON, MONTANA TO HELP SUPPORT THE SWAN VALLEY WILDERNESS RANGER PROGRAM AWARDED A \$267 GRANT TO ASSIST IN THE CREATION OF A CONSERVATION EDUCATION FILM PROJECT WILDERNESS & SUSTAINABILITY, THE WILDERNESS AS TRAVELED BY BUD MOORE AWARDED A \$250 GRANT TO THE CENTER FOR LARGE LANDSCAPE CONSERVATION TO HELP SPONSOR THE 6TH ANNUAL ROUNDTABLE ON THE CROWN OF THE CONTINENT CONFERENCE IN MISSOULA, MONTANA THE CONFERENCE FOCUSED ON WAYS TO SUSTAIN AND ENHANCE CULTURE, COMMUNITY, AND CONSERVATION VITAL GROUND PROVIDED A \$10,000 GRANT TO WASHINGTON'S NATIONAL PARK FUND TO SUPPORT THE PRODUCTION OF A SHORT, EDUCATIONAL FILM TO HELP PROMOTE AN ACCURATE UNDERSTANDING OF GRIZZLY BEARS THE FILM IS BEING USED ONLINE, IN PUBLIC PRESENTATIONS, AND AT PUBLIC MEETINGS DURING AND AFTER THE NORTH CASCADES NATIONAL PARK'S EFFORTS TO GATHER PUBLIC OPINION ABOUT POTENTIAL ENVIRONMENTAL IMPACTS OF RESTORING A SELF-SUSTAINING GRIZZLY BEAR POPULATION TO THE U S PORTION OF THE NORTH CASCADE ECOSYSTEM OTHER IN ADDITION TO ITS LAND CONSERVATION AND CONSERVATION EDUCATION PROGRAMS, VITAL GROUND MAY ALSO PARTICIPATE IN RESEARCH AND MANAGEMENT PROJECTS DESIGNED TO PROMOTE THE CONSERVATION OF GRIZZLY BEARS AND THEIR GROUND PROVIDED A \$5,000 GRANT TO THE BLACKFOOT CHALLENGE CONSERVATION INITIATIVE TO HELP ENHANCE ITS RANGE RIDER PROGRAM TO PREVENT CONFLICTS BETWEEN LARGE CARNIVORES AND LIVESTOCK IN THE BLACKFOOT WATERSHED IN MISSOULA AND POWELL COUNTIES IN MONTANA VITAL GROUND CONFLICTS BETWEEN LARGE CARNIVORES AND LIVESTOCK IN THE BLACKFOOT WATERSHED IN MISSOULA AND POWELL COUNTIES IN MONTANA VITAL GROUND PROVIDED A \$10,000 "COMMUNITY BEAR AWARE" GRANT TO THE SWAN ECOSYSTEM CENTER TO SUPPORT ITS SWAN VALLEY BEAR RESOURCES PROGRAM VITAL GROUND'S CONTRIBUTION WAS USED TO IMPLEMENT A BEAR RESISTANT-GARBAGE CONTAINER LOANER PROGRAM, ASSIST LANDOWNERS WITH SMALL LIVESTOCK TO ERECT BEAR-PROOF ELECTRIC FENCES, AND ALLOW SVBR'S TRAINED STAFF TO ENGAGE WITH THE PUBLIC TO SHARE INFORMATION ABOUT BEARS AND BEAR SAFETY IN MISSOULA AND LAKE COUNTIES IN MONTANA VITAL GROUND PROVIDED A \$10,000 GRANT TO THE BLACKFOOT CHALLENGE CONSERVATION INITIATIVE TO SUPPORT A STUDY CONDUCTED BY MONTANA FISH, WILDLIFE AND PARKS AND MONTANA STATE UNIVERSITY TO ASSESS THE EFFECTS OF LARGE SCALE ELECTRIC FENCING AND ITS PERMEABILITY IN THE BLACKFOOT WATERSHED IN MISSOULA AND POWELL COUNTIES IN MONTANA) (Expenses \$ (Code including grants of \$) (Revenue \$

Other program services (Describe in Schedule O)

4e

including grants of \$

Total program service expenses > 566,441) (Revenue \$

| Part IV | Checklist o | f Required | Schedule |
|---------|-------------|------------|----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 3 | 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 | 3 | | No |
| 4 | 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 | 4 | | No |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| 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 | Yes | |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | 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 | Yes | |
| | 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 | | No |
| | 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 | | No |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| f | 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 | Yes | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| | 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| L4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | 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 | 14b | | No |
| 15 | 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 | 15 | | No |
| 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 | | No |
| 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 $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 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 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 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 | | | No |
| 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 | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i> | 33 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | 990 (2015) | | | Page \$ |
|-----|--|----------|-----|---------|
| Pal | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| 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 | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| 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 | | No |
| 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). | | | |
| | 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 | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 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 | | | |
| 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? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| ь | 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 | | | |
| | Enter the amount of reserves on hand | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | 110 |

| Dart VI | Governance, Management, and Disclosure | |
|---------|--|--|
| Part VI | Governance, Management, and Disclosure | |

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response of note to any fine in this Part VI | <u> </u> | <u> </u> | • | | ,,* |
|-----|--|----------|----------------------------------|------|--------|-----|
| Se | ction 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 | 20 | | | |
| | 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 | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | relationship with any | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management control over management duties. | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | the p | orior Form 990 was | 4 | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the or | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | | | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | members, stockholders, | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons ui | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not | requi | ired by the Internal R | even | ue Cod | e.) |
| | | | | | Yes | No |
| .0a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization | | | 10b | | |
| .1a | Has the organization provided a complete copy of this Form 990 to all members of it the form? | s gov | erning body before filing | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this F | orm 9 | 990 | | | |
| .2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 . | | | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? | ly inte | rests that could give | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with | the p | olicy? <i>If "Yes," describe</i> | | | |

| | In Schedule O now this was done | 120 | res | |
|----|--|-----|-----|--|
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

| ı | | |
|---|-----|----|
| | 16a | Νo |
| | | |
| | | |

Section C. Disclosure

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, ME, ND, WA

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►RYAN LUTEY 20 FORT MISSOULA ROAD MISSOULA, MT 598047202 (406) 549-8650

Part VII

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more pers | than on is | one bot ecto | not box h ar or/tr | c , office Highest compensated | ess er e) | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|--------------|---------------|--------------------|-----------------------------|--------------------------------|-----------------|---|--|--|
| (1) STUART STRAHL CHAIRMAN | 9 00 | х | | x | | | | 0 | 0 | 0 |
| (2) TOM FEY VICE CHAIRMAN | 1 00 | х | | х | | | | 0 | 0 | 0 |
| (3) DAVID WESLEY SECRETARY | 2 50 | х | | х | | | | 0 | 0 | 0 |
| (4) CHARLIE EISEMAN TREASURER | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (5) WALLY BECKY TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (6) JACK CAPP TRUSTEE | 6 00 | х | | | | | | 0 | 0 | 0 |
| (7) DOUG CHADWICK TRUSTEE | 6 00 | х | | | | | | 0 | 0 | 0 |
| (8) JOHN HECHTEL TRUSTEE | 2 50 | х | | | | | | 0 | 0 | 0 |
| (9) SOU BARRETT TRUSTEE | 3 00 | х | | | | | | 0 | 0 | 0 |
| (10) MAUREEN MAYER TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| (11) LYNNE SEUS TRUSTEE | 5 00 | х | | | | | | 0 | 0 | 0 |
| (12) SALLY SMYTH TRUSTEE | 5 00 | х | | | | | | 0 | 0 | 0 |
| (13) DEBI STRONG TRUSTEE | 1 50 | х | | | | | | 0 | 0 | 0 |
| (14) THERESA MCCALL TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| | 1 | | | | | | | | | Form 990 (2015) |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | than on is a dii | one bot | not box h ar | checl k, unle n office rustee | ss er | (D) Reportable compensation from the organization | Reportable Reportable Estimated amount of oth from the from related compensation ganization from the | | | | | |
|--------------|---|---|-----------------------------------|-----------------------|--|-------------------|---|--|----------------------|-----------------------|---|--------------------------------|-----------|
| | | for related organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | | organiz and rel organiza | ated |
| (15) I | KELLY JOHNSON | 1 50 | х | | | | | | 0 | | 0 | | 0 |
| | MEGGEN WILSON | 1 00 | х | | | | | | 0 | | 0 | | 0 |
| ` ' | CARROLL INGRAM | 1 00 | х | | | | | | 0 | | 0 | | 0 |
| | andrea nasi Tee | 1 00 | х | | | | | | 0 | | 0 | | 0 |
| | RUSSELL FOX | 1 00 | х | | | | | | 0 | | 0 | | 0 |
| | RYAN LUTEY | 40 00 | | | Х | | | | 88,450 | | 0 | | 0 |
| EXEC | JTIVE DIRECTOR | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| 1b c d | Sub-Total Total from continuation sheets to Part Total (add lines 1b and 1c) | • | | | | * * * | | | 88,450 | 0 | | | 0 |
| 2 | Total number of individuals (including b \$100,000 of reportable compensation f | | | | ed al | bov€ | e) who | rec | eived more than | | | | |
| 3 | Did the organization list any former office on line 1a? <i>If "Yes," complete Schedule J</i> | | | e, key | / em | nplo _j | yee, o | r hıg | hest compensate | | 3 | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations of individual | | | | | | | | | om the | 4 | | No |
| 5 | Did any person listed on line 1a receive services rendered to the organization? | | | | | | | | _ | | 5 | | No |
| Se | ection B. Independent Contracto | | | | | | | | | | | | |
| 1 | Complete this table for your five highes compensation from the organization Re | | | | | | | | | | | ax year | |
| | | (A) usiness address | | | | | | | | (B) on of services | | (C) Compens | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization • 0

| Part V | /++1 | Statement o | | | | | | _ |
|---------------------------------------|--------------|---------------------------------|--|------------------------|----------------------|---------------------|-------------------------|---------------------------------------|
| | | Check if Schedi | ule O contains a respor | ise or note to any lin | | (B) | | · · · · · · · · · · · · · · · · · · · |
| | | | | | (A) Total revenue | (B) Related or | (C) Unrelated | (D) Revenue |
| | | | | | | exempt | business | excluded from |
| | | | | | | function revenue | revenue | tax under sections |
| | | | | | | 10101140 | | 512-514 |
| w 90 | 1a | Federated cam | paigns 1a | | | | | |
| Grants | ь | Membership du | es 1b | 28,571 | | | | |
| 5.0 | _ | Eupdraiging av | ents 1c | 257,689 | | | | |
| ons, Giffs, Grants Similar Amounts | С | _ | | | | | | |
| Giffs, iilar A | d | Related organiz | zations 1d | | | | | |
| E, C | e | Government grants | s (contributions) 1e | 50,000 | | | | |
| Contributions, and Other Sim | f f | All other contribution | ons, gifts, grants, and 1f | 1,076,123 | | | | |
| Contributio and Other | - | sımılar amounts no | ot included above | | | | | |
| 語音 | g | Noncash contribution 1a-1f \$ | ons included in lines | 141,251 | | | | |
| <u> </u> | h | | s 1 a - 1 f | | 1,412,383 | | | |
| C | | - Iotali / (da iliici | | • | , , | | | |
| e E | _ | | | Business Code | | | | |
| Program Serwce Revenue | 2a | | | | | | | |
| | Ь | | | | | | | |
| ပ ိ | С | | | | | | | |
| 5= 30 | d | | | | | | | |
| Š | e | | | | | | | |
| <u>e</u> | f | All other progra | am service revenue | + | | | | |
| Š | | An other progre | ani service revenue | | | | | |
| | g | Total. Add lines | s 2a – 2f | 🕨 | | | | |
| | 3 | | ome (including dividend | | 1,392 | | | 1,392 |
| | ا ا | | ar amounts) stment of tax-exempt bond ; | <u> </u> | _, | | | _, |
| | 4 | _ | | noceeus | | | | |
| | 5 | Royalties | () D l | (··) Damanal | | | | |
| | 6a | Gross rents | (ı) Real | (II) Personal | | | | |
| | Oa | GIOSS TEIRS | | | | | | |
| | ь | Less rental | | | | | | |
| | _c | expenses Rental income | | | | | | |
| | | or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | _ | Gross amount | (ı) Securities | (II) O ther | | | | |
| | 7a | from sales of | | | | | | |
| | | assets other than inventory | | | | | | |
| | | • | | | | | | |
| | Ь | Less cost or other basis and | | 190 | | | | |
| | | sales expenses | | 100 | | | | |
| | C . | Gain or (loss) | | -190 | 100 | | | 100 |
| | d | Net gain or (los | r | | -190 | | | -190 |
| ПĢ | 8a | Gross income f events (not inc | _ | | | | | |
| 듄 | | | ,689 | | | | | |
| é | | of contributions | reported on line 1c) | | | | | |
| <u>.</u> | | See Part IV, lin | | | | | | |
| Ě | _ | 1000 4 | noncos h | 55,367 | | | | |
| 0 | | | penses b (loss) from fundraising (| 76,337 | -20,970 | | | -20,970 |
| Other Revenue | | | rom gaming activities | . venca p - | 20,570 | | | |
| | 34 | See Part IV, lin | | | | | | |
| | | • | a | | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | c | Net income or (| loss) from gamıng actıv | vities▶- | | | | |
| | 10a | Gross sales of | | | | | | |
| | | returns and allo | | 7,481 | | | | |
| | ١. | | a | · | | | | |
| | | | oods sold b | 6,131 | 1 350 | | | 1 350 |
| | L C | | (loss) from sales of inve | | 1,350 | | | 1,350 |
| | <u> </u> | Miscellaneous | | Business Code | 3.050 | 3.050 | | |
| | | OTHER REVEN | IUE | 900099 | 3,950 | 3,950 | | |
| | ь | | | | | | | |
| | c | | | | | | | |
| | d | All other reveni | ue | | | | | |
| | e | Total. Add lines | s 11a-11d | 🕨 | 3,950 | | | |
| | 12 | Total royonyo | See Instructions | _} | 3,950 | | | |

Part IX Statement of Functional Expenses

| Section | on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A | All other organiza | ations must com | plete column (A) | |
|---------|---|-----------------------|---|--|---------------------------------------|
| | Check if Schedule O contains a response or note to any line in th | ıs Part IX | | | <u> </u> |
| | ot include amounts reported on lines 6b, o, 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 | 55,767 | 55,767 | | |
| 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 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 123,657 | 61,829 | 30,914 | 30,914 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 255,361 | 146,120 | 35,018 | 74,223 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 21,824 | 12,003 | 3,710 | 6,111 |
| 10 | Payroll taxes | 28,733 | 15,803 | 4,885 | 8,045 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 78,039 | 41,154 | 19,275 | 17,610 |
| 12 | Advertising and promotion | 5,092 | 5,092 | | |
| 13 | Office expenses | 92,701 | 58,679 | 13,415 | 20,607 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 16,583 | 8,292 | 4,145 | 4,146 |
| 17 | Travel | 22,160 | 18,506 | 1,881 | 1,773 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,053 | | 2,053 | |
| 23 | Insurance | 8,900 | 4,900 | 2,991 | 1,009 |
| 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) | | | | |
| а | CONSERVATION EASEMENT A | 99,999 | 99,999 | | |
| b | GIFTS | 22,280 | 17,802 | 4,120 | 358 |
| c | LICENSES & TAXES | 8,072 | 7,925 | 147 | |
| d | DUES & SUBSCRIPTIONS | 6,976 | 6,359 | 115 | 502 |
| е | All other expenses | 10,634 | 6,211 | 2,655 | 1,768 |
| 25 | Total functional expenses. Add lines 1 through 24e | 858,831 | 566,441 | 125,324 | 167,066 |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Net Assets or Fund Balances

Form 990 (2015)

Part X Balance Sheet

| | <u> </u> | Check if Schedule O contains a response or note to any lin | ie in thi | s Part X | | | |
|----------------|----------|---|-------------------|---------------------|--------------------------|-----|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 944,310 | 1 | 873,991 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 510,000 | 3 | 0 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L | ompĺete | | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see institution of Schedule L | c)(3)(B ection |), and 501(c)(9) | | 6 | |
| 82 | 7 | Notes and loans receivable, net | | | | 7 | |
| • | 8 | Inventories for sale or use | | | 14,750 | | 16,733 |
| | 9 | Prepaid expenses and deferred charges | | | 3.985 | | 3,986 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 3,301,151 | , | | 0,000 |
| | Ь | Less accumulated depreciation | 10b | 32,343 | 2,184,204 | 10c | 3,268,808 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 653,726 | 12 | 679,185 |
| | 13 | Investments—program-related See Part IV, line 11 . | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | | 147,123 | 15 | 147,123 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,458,098 | | 4,989,826 | | |
| | 17 | Accounts payable and accrued expenses | | | 14,650 | | 10,452 |
| | 18 | Grants payable | | | , | 18 | , |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability Complete Part IV o | | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, key employees, highest compensated employees, and dis | | | | | |
| 豆 | | persons Complete Part II of Schedule L | - | | | 22 | |
| <u>. च</u> | 23 | Secured mortgages and notes payable to unrelated third | parties | | 23,280 | 23 | 26,209 |
| _ | 24 | Unsecured notes and loans payable to unrelated third pa | • | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 37,930 | 26 | 36,661 |
| ۰ • | | Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34. | | | | | |
| anc | 27 | Unrestricted net assets | | | 2,222,635 | 27 | 2,185,388 |
| <u> </u> | 28 | Temporarily restricted net assets | | | 2,018,058 | 28 | 1,462,507 |
| Ā | 29 | Permanently restricted net assets | | | 179,475 | 29 | 1,305,270 |
| r Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34. | eck he | re ► ┌ and | | | |
| 0 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ą. | 31 | Paid-in or capital surplus, or land, building or equipment | | | | 31 | |
| Assets | 32 | Retained earnings, endowment, accumulated income, or o | | | | 32 | |
| Net / | 33 | Total net assets or fund balances | | | 4,420,168 | | 4,953,165 |
| Ż | 34 | Total liabilities and net assets/fund balances | | | 4 458 098 | | 4 989 826 |

| 1 01111 | 330 (2013) | | | Г | aye 12 |
|---------|--|---------|----|-----|---------|
| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | Check if Schedule O contains a response of note to any line in this part XI | | • | | • • • |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,3 | 397,915 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 8 | 358,831 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 5 | 39,084 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot . | 4 | | 4,4 | 120,168 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -6,087 |
| 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 | | | C |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 4,9 | 53,165 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 区 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | ewed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both | arate | | | |
| | ▼ Separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | ın | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | ne | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

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DLN: 93493238001496

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

| | | ne organization | | | | | Employer identifica | ation number |
|-------|-----------|--|---|--|--|---|--|---|
| THE V | TIAL GR | ROUND FOUNDATION INC | | | | | 07.0403446 | |
| Da | rt I | Peacon for Dubli | c Charity S | Status (All organiza | tions must co | mplete this r | 87-0483446 | vnc |
| | | zation is not a private fo | | ` 5 | | <u> </u> | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Ji yaiii. | | | | = - | | | |
| 1 | <u>'</u> | A church, convention | • | | | | | |
| 2 | <u> </u> | A school described in | | | | | | |
| 3 | <u> </u> | A hospital or a cooper | | | | | | |
| 4 | ı | A medical research or hospital's name, city, | and state | | | | | |
| 5 | Γ | An organization opera 170(b)(1)(A)(iv). (C | | nefit of a college or un I) | iversity owned | or operated by | a governmental unit o | described in section |
| 6 | Γ | A federal, state, or loc | al governmen | t or governmental unit | described in se | ection 170(b)(: | 1)(A)(v). | |
| 7 | | An organization that n described in section 1 | | | | om a governme | ental unit or from the g | jeneral public |
| 8 | Г | A community trust de | scribed in sect | tion 170(b)(1)(A)(vi) | (Complete Par | tII) | | |
| 9 | Г Г | receipts from activition from gross investmen | es related to it it income and e 30, 1975 S | ves (1) more than 33 as exempt functions—s unrelated business tables tested by the total total exclusively to tested exclusively exclusively to tested exclusively exclusive exclusi | ubject to certa xable income (l (Complete Part | in exceptions, ess section 51 III) | and (2) no more than 1 tax) from businesse | 331/3% of its suppor |
| 11 | <u>'</u> | An organization organ | • | • | • | • | | ut the nurneses of |
| 11 | ļ | one or more publicly s | • | - | | | - | |
| | | the box in lines 11a th | | | • • | , , , | | |
| а | Γ | Type I. A supporting of | rganization op | perated, supervised, oi | controlled by 1 | ts supported o | rganization(s), typical | ly by giving the |
| | | supported organization | | | | ty of the dırect | ors or trustees of the | supporting |
| L | _ | organization You mus | | | | . with its suppo | rtod organization(s) h | ny havina aontrol or |
| b | 1 | Type II. A supporting management of the su must complete Part IV | pporting organ | nization vested in the s | | | = | |
| c | Г | Type III functionally | | | n operated in c | onnection with | and functionally integ | arated with its |
| _ | ' | supported organization | | | | | | gracea men, ne |
| d | Γ | Type III non-function | | | | | | anızatıon(s) that ıs |
| | | not functionally integr | | | | | ement and an attentiv | eness requirement |
| | _ | (see instructions) Yo | | | | | | *** 6 |
| е | ļ | Check this box if the contegrated, or Type II. | | | | | s a rype r, rype rr, r | ype III functionally |
| f | Ente | r the number of support | | | | ''' | | |
| g | | Provide the following i | - | | | | _ | |
| | | (°) | (**)=*** | , <u>,</u> | | | | |
| Nan | na of c | (i) supported organization | (ii)EIN | (iii) Type of | (iv) Is the organ | | (v) | (vi) A mount of other |
| IVal | ne or s | upported organization | | organization (described on lines 1-9 above (see instructions)) | listed in your docume | governing | A mount of monetary support (see instructions) | support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |

| Pa | (Complete only if you | ı checked the bo | x on line 5, 7, | or 8 of Part I or | rif the organiza | ation failed to qu | |
|-----|--|----------------------------|---------------------|-------------------------|-----------------------|----------------------|------------------|
| | Part III. If the organiection A. Public Support | zation rans to qu | ianiy under the | tests listed beit | ow, piease con | ipiete Part III.) | |
| | Calendar year | | 1 | | | | |
| (or | fiscal year beginning in) | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) ⊤otal |
| 1 | Gifts, grants, contributions, and membership fees received (Do | 1,117,368 | 1,558,760 | 1,451,289 | 1,669,844 | 1,399,806 | 7,197,067 |
| 2 | not include any unusual grants) Tax revenues levied for the | | | | | | |
| 2 | 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 | 1,117,368 | 1,558,760 | 1,451,289 | 1,669,844 | 1,399,806 | 7,197,067 |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | 1 245 472 |
| | supported organization) included on line 1 that exceeds 2% of the | | | | | | 1,245,473 |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | 5,951,594 |
| | from line 4 ection B. Total Support | | | | | | |
| | Calendar year | 1 | | | | | |
| (or | fiscal year beginning in) | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | A mounts from line 4 | 1,117,368 | 1,558,760 | 1,451,289 | 1,669,844 | 1,399,806 | 7,197,067 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | 10,026 | 11,235 | 2,793 | 5,228 | 1,392 | 30,674 |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or | | | | | | |
| | not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| 11 | VI) Total support. Add lines 7 | | | | | | |
| | through 10 | | | | | | 7,227,741 |
| 12 | Gross receipts from related activ | ities, etc (see ins | tructions) | | | 12 | |
| 13 | First five years.If the Form 990 is | s for the organizati | on's first, second | , thırd, fourth, or fı | fth tax year as a | section 501(c)(3) | organization, |
| | check this box and stop here | | | <u> </u> | | <u> ▶</u> [| |
| | ection C. Computation of Pu | | | | | | |
| 14 | Public support percentage for 20 | | | 11, column (f)) | | 14 | 82 340 % |
| 15 | Public support percentage for 20 | 14 Schedule A, Pa | rt II, line 14 | | | 15 | 79 550 % |
| 16a | 33 1/3% support test—2015. If th | | | | ne 14 is 33 1/3% | or more, check th | |
| h | and stop here. The organization q 33 1/3% support test—2014. If th | | | | and line 15 is 33 | 1/3% or more ch | ► ✓ |
| _ | box and stop here. The organizati | | | | una nne 15 15 55 | 1/3/0 01 111010, 011 | ▶ □ |
| 17a | 10%-facts-and-circumstances tes | | | | | | |
| | is 10% or more, and if the organiz | | | | | | J |
| | in Part VI how the organization m organization | eets the "facts-an | a-circumstances | test ine organiz | zation qualifies a | s a publicly suppor | ted ▶┌ |
| b | | st—2014. If the org | anızatıon dıd not o | heck a box on line | e 13, 16a, 16b, c | or 17a, and line | F1 |
| | 15 is 10% or more, and if the org | anızatıon meets th | ie "facts-and-circ | umstances" test, | check this box a | nd stop here. | |
| | Explain in Part VI how the organiz | zation meets the " | facts-and-circum | stances" test The | e organization qu | alıfıes as a publıcı | y ► □ |
| 18 | supported organization Private foundation. If the organization | ation did not check | ca box on line 13 | . 16a. 16b. 17a. o | r 17b. check this | s box and see | F |
| | instructions | | | , , _ 0 0 , _ 1 , u , 0 | . 2. 2, 0110010 01110 | | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

| Section A. All Supporting Organizations | | | |
|--|-----------------------------------|------------------------------------|-----------------------|
| I, complete Sections A and D, and complete | te Part V) | | |
| 11b of Part I, complete Sections A and C | If you checked 11c of Part I, com | iplete Sections A , D , and E If y | ou checked 11d of Par |

| | | | Yes | No |
|------------|--|------------|-----|---------------|
| 1 | 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. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | ı |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4 a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | ı |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised | 4b | | |
| c | 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. | 4 c | | |
| 5a | 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). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | ı |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| C | Did a disqualified person (as defined in line 9(a)) 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 . | 9c | | |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | l |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | <u> </u> |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | _ |

| Pai | Supporting Organizations (continued) | | | |
|-------------|--|----|-----|----|
| Se | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Se | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Se | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b | The organization is the parent of each of its supported organizations Complete line 3 below | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| Ŀ | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | 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? <i>Provide details in Part VI</i> . | 3a | | |
| Ŀ | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | | |

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

3b

| | Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S | | | uct ions. All other |
|----------|--|----------|-------------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| ! | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3 | 4 | | |
| | Depreciation and depletion | 5 | | |
| ı | 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 | | |
| , | Other expenses (see instructions) | 7 | | |
| 1 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | 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) | | | |
| | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| | Subtract line 2 from line 1d | 3 | | |
| | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 035 | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| i | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrate | d Type III supporting o | rganızatıon (see |

| Type III Non-Functionally Integr | ated 509(a)(3) Suppo | rting Organizations (c | |
|---|--------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 A mounts paid to perform activity that directly furth excess of income from activity | ers exempt purposes of supp | oorted organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | pt purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval re | quired) | | |
| 6 Other distributions (describe in Part VI) See instru | uctions | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| Distributions to attentive supported organizations to details in Part VI) See instructions | to which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2015 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts | And | Circum | stances | Test |
|-------|-----|--------|---------|------|
|-------|-----|--------|---------|------|

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493238001496

OMB No 1545-0047

Open to Public

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** THE VITAL GROUND FOUNDATION INC 87-0483446 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 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, 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 an 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b 1,630 00 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 ✓ Yes 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 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) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

| Part | 1441 | Organizations Maintaining (continued) | Collections of Art | , Historical [*] | Treasures, | or Ot | her Similar A | ssets |
|------|------------------|---|--------------------------|---------------------------|-----------------------|------------------------|----------------------------|--------------------|
| | | the organization's acquisition, accetion items (check all that apply) | ession, and other record | | | | | e of its |
| а | ГР | ublic exhibition | | d Loa | n or exchange | e progra | ms | |
| b | Г s | cholarly research | | e ┌ Oth | er | | | |
| С | ГР | reservation for future generations | | | | | | |
| 4 | Provid Part X | de a description of the organization's (III | s collections and explai | n how they furt | her the organ | ızatıon's | s exempt purpose | ın |
| | asset | g the year, did the organization solic s to be sold to raise funds rather tha | an to be maintained as | | | | | Г No |
| Pari | | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | orm 990, Part | IV, line 9, | or repo | orted an amoun | t on Form 990, |
| 1a | | organization an agent, trustee, cus led on Form 990, Part X? | todian or other interme | diary for contri | outions or oth | erasse | ts not | ┌ No |
| ь | If" | Yes," explain the arrangement in Pa | rt XIII and complete t | ne following tab | le | | Am | ount |
| c | | ginning balance | | . 3 - 2 - 2 | | 1c | | |
| d | | ditions during the year | | | | 1d | | |
| e | | tributions during the year | | | | 1e | | |
| f | End | ing balance | | | | 1f | | |
| 2a | | e organization include an amount or | n Form 990, Part X, line | 21, for escrow | or custodial | account | t liability? Yes | |
| | | · · | , , | • | | | , | |
| b | If"Ye | s," explain the arrangement in Part | XIII Check here if the | explanation ha | s been provid | ed in Pa | art XIII | Г |
| Par | | Endowment Funds. Complete | | | | | | |
| | | | (a)Current year | (b)Prior year | b (c)Two years | s back (| d) Three years back | (e)Four years back |
| 1a | Begin | ning of year balance | 6,182 | 5,796 | | 4,428 | 4,060 | 2,700 |
| b | Contr | ributions · · · · · · · | 36,618 | | | | | 1,000 |
| c | losse | | -1,792 | 386 | | 1,368 | 368 | 360 |
| d | | s or scholarships | | | | | | |
| е | | r expenditures for facilities rograms | | | | | | |
| f | - A dmı | nistrative expenses | | | | | | |
| g | | fyear balance | 41,008 | 6,182 | | 5,796 | 4,428 | 4,060 |
| 2 | | de the estimated percentage of the d | current vear end balance | e (line 1a. colu | mn (a)) held a | as | | |
| | | designated or quasi-endowment 🕨 | , | . 3, | · // | | | |
| b | | anent endowment > 98 320 % | | | | | | |
| С | Temp | orarily restricted endowment F | 1 680 % | | | | | |
| За | A re th | ercentages on lines 2a, 2b, and 2c : nere endowment funds not in the pos ization by | | ition that are he | eld and admın | ıstered | for the | Yes No |
| | | related organizations | | | | | За | |
| | | lated organizations | | | | | | (ii) No |
| | | s" on 3a(II), are the related organiza | | | ۱۶ | | 3 | b |
| 4 | | the in Part XIII the intended uses o | | owment runds | | | | |
| Part | -VI | Land, Buildings, and Equipe Complete if the organization a | | m 990. Part | IV. line 11a. | See Fo | orm 990. Part X | . line 10. |
| | | Description of property | 11011011011101 | (a) Cost or other b | casis Cost or o |) ther basis | Accumulated | (d)Book value |
| 1a ' | and | | | (investinent | | | , | 2 267 067 |
| | | | | | | 3,267,067 | | 3,267,067 |
| | | old improvements | | 1 | | | | |
| | | nent | | | | 34,084 | 32,34 | 3 1,741 |
| | | | | | | , | 52,51 | 1,, 11 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,268,808

| See Form 990, Part X, line 12. (a) Description of security or categor | | (b)Book value | (c)Method of valuation |
|---|------------------------|-------------------------------------|--|
| (including name of security) | , | (2)200111111 | Cost or end-of-year market value |
| (1)Financial derivatives (2)Closely-held equity interests | | | |
| (3)O ther (A) ENDOWMENT FUND | | 41,008 | F |
| (B) GIFT ANNUITY | | 90,401 | F |
| (C) STEWARDSHIP & LEGAL DEFENSE FUND | | 270,047 | F |
| (D) RESERVE FUND | | 208,086 | F |
| (E) FOREST LEGACY MONITORING FUND | | 66,151 | F |
| (F) MARKETABLE SECURITIES | | 3,492 | F |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | Þ | 679,185 | |
| Part VIII Investments—Program Related. Complete if the organization answere | d 'Yes' on Form 990 | , Part IV, line 11c. _{See} | Form 990. Part X. line 13. |
| (a) Description of investment | | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | | Cost of end-of-year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizat | on answered 'Yes' on F | Form 990, Part IV, line 11 | d See Form 990, Part X, line 15 |
| | cription | | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization. | | | |
| See Form 990, Part X, line 25. 1. (a) Description of liability | (b) Book value | | |
| | (2,230), (3,23 | \dashv | |
| Federal income taxes | | _ | |
| | | _ | |
| | | _ | |
| | | _ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | 7 | |
| | | \dashv | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | F | \dashv | |
| | | | |

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | per F | Return |
|-----|--|-------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,568,257 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments 2a -6,086 | | |
| 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 | 170,342 |
| 3 | Subtract line 2e from line 1 | 3 | 1,397,915 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | 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 | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 1,397,915 |
| Par | Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | s per | Return. |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,035,259 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | 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 | 2e | 176,428 |
| 3 | Subtract line 2e from line 1 | 3 | 858,831 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | 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 | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 858,831 |

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

| Return Reference | Explanation |
|------------------|---|
| PART II, LINE 9 | THE ORGANIZATION REPORTS THE DONATED VALUE OF CONSERVATION EASEMENTS IN REVENUE IN THE STATEMENT OF ACTIVITY THE DONATED VALUE OF THE EASEMENT LESS \$1, THE AMOUNT RECORDED IN THE STATEMENT OF FINANCIAL POSITION FOR EACH CONSERVATION EASEMENT, IS RECORDED IN THE STATEMENT OF ACTIVITY AS A PROGRAM EXPENSE THE COST OF THE CONSERVATION EASEMENT TO THE ORGANIZATION IS RECORDED IN THE STATEMENT OF ACTIVITY AS A PROGRAM EXPENSE |
| PART X, LINE 2 | VITAL GROUND IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION APPLIES GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR RECOGNITION OF UNCERTAINTY IN INCOME TAXES AND PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IN THE COURSE OF ITS ASSESSMENT, VITAL GROUND HAS DETERMINED THAT IT IS SUBJECT TO EXAMINATION FOR INCOME TAX FILINGS IN THE UNITED STATES FOR THE PRIOR THREE TAX YEARS IN THE EVENT THAT THE ORGANIZATION IS ASSESSED PENALTIES AND OR INTEREST, PENALTIES WILL BE CHARGED TO PENALTIES EXPENSE AND INTEREST WILL BE CHARGED TO INTEREST EXPENSE |
| | |

| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
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| | |
| | |
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| | |

Schedule D (Form 990) 2015

DLN: 93493238001496

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

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

Employer identification number

| HE VITAL GROUND FOUNDATION INC | | | 87-0483446 | 5 |
|--|--|--------------------------------------|--|--|
| Part I Fundraising Activities.Comple Form 990-EZ filers are not requi | _ | | on Form 990, Part IV | /, line 17. |
| Indicate whether the organization raised fur | nds through any of th | ne following activities C | heck all that apply | |
| a Mail solicitations | | <u> </u> | on-government grants | |
| b Internet and email solicitations | | | overnment grants | |
| c Phone solicitations | | g Special fundrais | ing events | |
| d | | | | |
| Did the organization have a written or oral a or key employees listed in Form 990, Part \(\) services? If "Yes," list the ten highest paid individua to be compensated at least \$5,000 by the | /II) or entity in con Is or entities (fundra | nection with professiona | Il fundraising ∏Y € | No undraiser is |
| (i) Name and address of individual or entity (fundraiser) | (iii) Did fundraiser have custody or control of contributions? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| | Yes No | | | |
| 1 | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| Total | • | | | |
| List all states in which the organization is reg registration or licensing | istered or licensed | to solicit contributions (| or has been notified it is o | exempt from |

| Part II | Fundraising | Events |
|---------|----------------|---------|
| raitti | Fullul albilly | EAGIIC: |

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)O ther events | (d) Total events |
| | | VITAL GROUND 25TH ANNIVERSARY CELEB (event type) | (event type) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 308,762 | | | 308,762 |
| 쬬 | 2 Less Contributions | 257,689 | | | 257,689 |
| | 3 Gross income (line 1 minus line 2) | 51,073 | | | 51,073 |
| | 4 Cash prizes | · | | | |
| | 5 Noncash prizes | 43,580 | | | 43,580 |
| | 6 Rent/facility costs | 479 | | | 479 |
| Direct Expenses | 7 Food and beverages | 19,479 | | | 19,479 |
| <u>8</u> | 8 Entertainment | 700 | | | 700 |
| 苡 | 9 Other direct expenses | | | | |
| ౼ | 10 Direct expense summary Add lines | 1 through 9 ın column (d |) | | 64,238 |
| | 11 Net income summary Subtract line 1 | .0 from line 3, column (d |) | | -13,165 |
| Par | t III Gaming. Complete if the organization Form 990-EZ, line 6a. | answered "Yes" on F | Form 990, Part IV, line | 19, or reported mo | re than \$15,000 on |
| Revenue | | (a) Bıngo | (b) Pull tabs/Instant bingo/progressive bingo | (c)O ther gaming | (d) Total gaming (add col (a) through col (c)) |
| <u> 윤</u> | 1 Gross revenue | | | | |
| Ses | 2 Cash prizes | | | | |
| <u>P</u> | 3 Noncash prizes | | | | |
| Direct Expenses | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteerlabor | ✓ Yes | ┌ Yes | Yes | |
| | 7 Direct expense summary Add lines | 2 through 5 in column (d | 1) | | |
| | 8 Net gaming income summary Subtra | ct line 7 from line 1, col | umn (d) | • | |
| 9 | Enter the state(s) in which the organiza | tion conducts gaming ag | rtivities | | |
| а | | | | | |
| b | If "No," explain | | | | |
| | | | | | |
| | Were any of the organization's gaming l | icenses revoked, suspe | nded or terminated during | | 「Yes 「No |
| b | If "Yes," explain | | | | |

| Schedule | G (Form | 990 | or 990-EZ) | 201 |
|----------|---------|-----|------------|-----|
| | | | | |

| Page | 3 |
|------|---|
|------|---|

| L1 | Does the organization conduct gaming | activities with nonmember | ers? | Yes N | 0 |
|------------|--|--|--|---------------|--------|
| 12 | Is the organization a grantor, beneficia | ry or trustee of a trust or | a member of a partnership or other entit | ty | |
| | formed to administer charitable gaming | g? | | ┌Yes ┌N | 0 |
| 13 | Indicate the percentage of gaming acti | ıvıty conducted ın | | | |
| а | The organization's facility | | | 13a | % |
| b | An outside facility | | | 13b | % |
| L4 | Enter the name and address of the pers | son who prepares the orga | anızatıon's gamıng/specıal events books | s and records | |
| | Name 🟲 | | | | |
| | Address ► | | | | |
| .5a | Does the organization have a contract | | | | |
| | revenue? | | | ┌Yes ┌N | 0 |
| b | If "Yes," enter the amount of gaming re | evenue received by the or | ganızatıon 🟲 \$ a | and the | |
| | amount of gaming revenue retained by | the third party 🟲 \$ | | | |
| c | If "Yes," enter name and address of th | e thırd party | | | |
| | Name 🟲 | | | | |
| | Address ► | | | | |
| L 6 | Gaming manager information | | | | |
| | Name 🕨 | | | | |
| | Gaming manager compensation * \$ | | | | |
| | Description of services provided | | | | |
| | Director/officer | Employee | ☐ Independent contractor | | |
| .7 | Mandatory distributions | | | | |
| а | Is the organization required under stat | e law to make charitable o | distributions from the gaming proceeds t | to | |
| | retain the state gaming license? | | | ΓYes ΓΝ | 0 |
| b | Enter the amount of distributions requi | red under state law distril | buted to other exempt organizations or s | spent | |
| | in the organization's own exempt activ | | | | |
| Pai | rt IV Supplemental Information | on. Provide the explar 5b, 15c, 16, and 17b, a | nations required by Part I, line 2b, one applicable. Also complete this pa | |); and |
| | Return Reference | | Explanation | | |
| | | • | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

DLN: 93493238001496 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number THE VITAL GROUND FOUNDATION INC 87-0483446

| Part I | General : | Information | on Grants | and A | Assistance |
|--------|-----------|-------------|-----------|-------|------------|
| | | | | | |

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient

| that received more t | han \$5,000 Part II | can be duplicated if a | dditional space is neede | ed | | | |
|--|---------------------|-------------------------------|-------------------------------------|---|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| THE BLACKFOOT (1) CHALLENGE PO BOX 103 OVANDO,MT 59854 | 81-0488863 | 501(C)(3) | 15,000 | | | | TO FUND THE RANGE RIDER PROGRAM ANI THE ELECTRIC FENCI STUDY |
| BRISTOL BAY HERITAGE (2) LAND TRUST PO BOX 1388 DILLINGHAM,AK 99576 | 31-1721762 | 501(C)(3) | 10,000 | | | | CONSERVATION PARTNER GRANT |
| (3) NATIONAL WILDLIFE FEDERATION NORTHERN ROCKIES & PRARIE REGIONAL CTR 240 N HIGGINS STE 2 MISSOULA, MT 59802 | 53-0204616 | 501(C)(3) | 10,000 | | | | CONSERVATION PARTNER GRANT |
| (4) WASHINGTON'S NATIONAL PARK FUND 1904 3RD AVE 400 SEATTLE, WA 98101 | 01-0869799 | 501(C)(3) | 10,000 | | | | TO HELP FUND THE CHRIS MORGAN EDUCATIONAL VIDEO |
| (5) SWAN ECOSYSTEM CENTER 6887 MT HWY 83 CONDON,MT 59826 | 81-0512368 | 501(C)(3) | 10,000 | | | | CONSERVATION GRANT FOR SWAN VALLEY BEAR RESOURCES |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section | on 501(c)(3) and go | vernment organization | s listed in the line 1 tab | ole | | | • |

Enter total number of other organizations listed in the line 1 table.

PART I, LINE 2

FROM ALL GRANTEES

| Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 | |
|--|--|
| Part III can be duplicated if additional space is needed | |

| (a)Type of grant or assista | nce | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-----------------------------|----------|----------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Part IV Supplemental | Informa | tion. Provide the info | ormation required in F | Part I, line 2, Part III, | column (b), and any other | addıtıonal ınformatıon. |
| Return Reference | Explanat | ion | | | | |

VITAL GROUND REQUIRES A DETAILED PROJECT PROPOSAL AND BUDGET FROM PROSPECTIVE GRANTEES PRIOR TO APPROVING AND AWARDING GRANTS THE USE OF GRANT FUNDS IS MONITORED BY REQUIRING WRITTEN PROJECT PROGRESS/COMPLETION REPORTS

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493238001496

OMB No 1545-0047

2015

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶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

| | ie of the organization /ITAL GROUND FOUNDATION INC | | | | Employer identification number |
|------|---|----------------------------------|--|--|--|
| | THE GROUND FOUNDATION INC | | | | 87-0483446 |
| Pa | rt I Types of Property | | | L | 0, 0,00,110 |
| | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | (d) Method of determining noncash contribution 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 . | | | | |
| | Securities—Closely held stock . | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | Х | 1 | 100,000 | APPRAISAL VALUE |
| 15 | Real estate—Residential . | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies . | | | | |
| | Taxıdermy | | | | |
| | Historical artifacts | | | | |
| | Scientific specimens | | | | |
| | Archeological artifacts | | | | |
| ١D٧ | Other►('ERTISING) | X | 13 | · | EST COST FROM DONOR |
| SO (| Other►(DDS AND JIPMENT) | X | 22 | 41,251 | EST COST FROM DONOR |
| RO | Other►(FESSIONNAL VICES) | × | 1 | 5,000 | EST COST FROM DONOR |
| 28 | Other ► () | | | | |
| 29 | Number of Forms 8283 received for which the organization comple | | | | 29 |
| 30a | During the year, did the organiza | ation receiv | e by contribution any prope | erty reported in Part I, lines | Yes No 1 through 28, that |
| | ıt must hold for at least three ye | ars from the | e date of the initial contribu | ition, and which is not requi | red to be used |
| | for exempt purposes for the enti | re holding p | period? | | 30a No |
| b | If "Yes," describe the arrangem | ent in Part 1 | (I | | |
| 31 | Does the organization have a gif | t acceptano | ce policy that requires the r | review of any non-standard | contributions? 31 Yes |
| 32a | Does the organization hire or us contributions? | e third parti | ies or related organizations | to solicit, process, or sell | |
| L | | . | · · · · | | 32a No |
| 33 | If "Yes," describe in Part II If the organization did not report | an amount | : in column (c) for a type of | property for which column (| a) is checked, |

Page 2

| <u> </u> | • | c u | u | _ | 141 | ١ | U | | 7 | 7 | v | <u>, </u> | 1 | _ | <u> </u> | _ | _ | |
|----------|---|----------------|---|---|-----|---|-------|------|---|----|---|---|---|---|----------|---|----|--|
| | ľ |) a | П | | ī | | | S | ì | 11 | ח | n | ī | e | r | n | 16 | |

nental 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.

Return Reference Explanation

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493238001496

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2015

Open to Public Inspection

| | Employer identification number |
|---------------------------------|--------------------------------|
| THE VITAL GROUND FOUNDATION INC | |
| | 87-0483446 |

990 Schedule O. Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | LYNNE SEUS (TRUSTEE) AND DOUG SEUS (NON-VOTING TRUSTEE EMERITUS) ARE MARRIED TO EACH OTHER |
| FORM 990, PART VI, SECTION A, LINE 4 | ON JULY 30, 2015 THE BYLAWS FOR THE VITAL GROUND WERE AMENDED |
| FORM 990, PART VI, SECTION B, LINE 11 | THE 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTING FIRM, REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR, PROVIDED TO THE ORGANIZATION'S BOARD OF TRUSTEES FOR REVIEW AND COMMEN T, AND THEN APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE (A COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES) |
| FORM 990, PART VI, SECTION B, LINE 12C | THE "CONFLICTS OF INTEREST" POLICY IS REVIEWED AND SIGNED ANNUALLY BY ALL TRUSTEES AND EMPLOYEES |
| FORM 990, PART VI, SECTION B, LINE 15 | THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES T HE TOTAL EMPLOYEE COMPENSATION BUDGET IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AS PART OF THE ANNUAL BUDGET REVIEW AND APPROVAL PROCESS EMPLOYEE COMPENSATION (OTHER THAN THE EXECUTIVE DIRECTOR) IS NOT INDIVIDUALLY REVIEWED BY THE BOARD, BUT BY THE EXECUTIVE DI RECTOR PUBLISHED SALARY SURVEYS (LAND TRUST ALLIANCE AND TRAINING RESOURCES FOR THE ENVIR ONMENTAL COMMUNITY) ARE USED TO PROVIDE COMPARATIVE COMPENSATION GUIDELINES |
| FORM 990, PART VI, SECTION C, LINE 19 | AUDITED FINANCIAL STATEMENTS, FORM 990 AND IRS LETTER OF DETERMINATION ARE POSTED ON THE O RGANIZATION'S WEBSITE OTHER ORGANIZATIONAL DOCUMENTS (FORM 1023, ARTICLES OF INCORPORATIO N, BY LAWS, CONFLICTS OF INTEREST POLICY, AND OTHER GOVERNING POLICIES) ARE PROVIDED UPON R EQUEST |
| FORM 990, PART XII, LINE 2C | THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |