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SCANNED SEP 0 8 2017,

EXTENDED TO NOVEMBER 15, 2017 Short Form

Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www irs gov/form990

Open to Public Inspection

A	For the	2016 calendar year, or tax year beginning and ending								
В	Check if applicab	C Name of organization	D Employe	r identification number						
	- i	ess change								
Ē	_	change SERGEANT COLTON LEVI DERR FOUNDATION	46-1	1256122						
Ē	Initial	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephor	ne num ber						
Ē		return/ 122700 160mir 31773mir	605-209-2308							
Ē	_		F Group Ex	kemption						
Ē	=	RECORD PENDING CAPUTA, SD 57725	Number							
G		iting Method: X Cash Accrual Other (specify) ▶		► X if the organization is						
		e: > SERGEANTDERRFOUNDATION.ORG		red to attach Schedule B						
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	•	90, 990-EZ, or 990-PF).						
_		orm of organization: X Corporation Trust Association Other								
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I								
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, •	s 59,175.						
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions for P							
		Check if the organization used Schedule O to respond to any question in this Part I		X						
_	1	Contributions, gifts, grants, and similar amounts received	1	21,377.						
	2	Program service revenue including government fees and contracts	2	25,865.						
	3	Membership dues and assessments	3	 						
	4	Investment income	4							
	5a	Gross amount from sale of assets other than inventory 5a	,							
		Less; cost or other basis and sales expenses 5b								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1						
	1 -			*						
	a	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than SEP SEP 0 6 64 10)	·							
nge				*						
Revenue	Ь	Gross income from fundraising events (not including \$ \(\frac{19}{9} \), \(\text{0 940.17} \) of contributions		*						
ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such	,							
		gross income and contributions exceeds \$15,000)	33.	į.						
	C	Less' direct expenses from gaming and fundraising events 6c / 16,0	34.	*						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-4,101.						
	7a	Gross sales of inventory, less returns and allowances 7a								
	b	Less cost of goods sold 7b		å 						
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c							
	8	Other revenue (describe in Schedule 0)	8	<u> </u>						
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	43,141.						
	10	Grants and similar amounts paid (list in Schedule O)	10	15,518.						
	11	Benefits paid to or for members	11							
တ္	12	Salaries, other compensation, and employee benefits	12							
n Se	13	Professional fees and other payments to independent contractors	13							
Expense	. 14	Occupancy, rent, utilities, and maintenance	14	6,553.						
ú	15	Printing, publications, postage, and shipping	15							
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16							
	17	Total expenses. Add lines 10 through 16	▶ 17							
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,460.						
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))								
Ass		(must agree with end-of-year figure reported on prior year's return)	19	25,197.						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20							
_	21	Net assets or fund balances at end of year, Combine lines 18 through 20	▶ 21	13,737.						

	m 990-EZ (2016) SERGEANT COLTON LEVI DE			16-	12561	22 Page 2
P	artili Balance Sheets (see the instructions for Part	•			,	
	Check if the organization used Schedule O to	respond to any questic				X
		<u>_</u>	(A) Beginning of year	 	(B) E	nd of year
22	Cash, savings, and investments	_	18,577.	_		9,765.
23			<u> </u>	23		2 000
24		-	6,620.	24		3,972.
25		_	25,197. 0.	+		13,737.
26		<u> </u>	25,197.	26		0. 13,737.
27 P:	Net assets or fund balances (line 27 of column (B) must agree with line art III Statement of Program Service Accomplishr	nents (see the instruc		21	Ev	
<u></u>	Check if the organization used Schedule O to	`	•	X		rpenses for section
Wh:	at is the organization's primary exempt purpose? SEE SCHEDULE		211 111 <u>1110 1 u</u> rt 111			and 501(c)(4)
	cribe the organization's program service accomplishments for each of its three largest prog		es In a clear and concise		others.)	ons; optional for
	iner describe the services provided, the number of persons benefited, and other relevant in					
28	SEE SCHEDULE O					
				_		
	(Grants \$) If this amount includes fore	ign grants, check here			28a	24,462.
29				_		
						
				_		
	(Grants \$) If this amount includes fore	ign grants, check here			29a	
30				_		
				_	İ	
	(Grants \$) If this amount includes fore	ion grants, check here			30a	
31	Other program services (describe in Schedule O)	ight grante, encountere				
٠.		ian arants, check here	▶		31a	
						0.4.460
32	Total program service expenses (add lines 28a through 31a)				32	24,462.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Ke	y Employees (list each on	e even if not compensated - se	e the ii		
		'		e the u		
	art IV List of Officers, Directors, Trustees, and Ke	respond to any question (b) Average hours	on in this Part IV	(d) He	nstructions for alth benefits,	(e) Estimated
	art IV List of Officers, Directors, Trustees, and Ke	respond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea	nstructions for alth benefits, ibutions to byse benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to	respond to any question (b) Average hours	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Head contraction of the cont	nstructions for alth benefits, ibutions to	(e) Estimated
HA	Check if the organization used Schedule O to (a) Name and title ALEY DERR	(b) Average hours per week devoted to position	On in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head contraction of the cont	alth benefits, ibutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation
HA PR	Check if the organization used Schedule O to (a) Name and title ALEY DERR RESIDENT	respond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Head contraction of the cont	nstructions for aith benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
HA PR JC	Check if the organization used Schedule O to (a) Name and title ALEY DERR RESIDENT DSEPHINE DERR	(b) Average hours per week devoted to position 2.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head contraction of the cont	aith benefits, ibutions to yove benefit and deferred pensation	(e) Estimated amount of other compensation
HA PR JC VI	Check if the organization used Schedule O to (a) Name and title ALEY DERR RESIDENT DSEPHINE DERR ICE PRESIDENT	(b) Average hours per week devoted to position	On in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head contraction of the cont	alth benefits, ibutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation
HA PR JC VI WY	Check if the organization used Schedule O to (a) Name and title ALEY DERR RESIDENT DSEPHINE DERR ICE PRESIDENT VATT DERR	(b) Average hours per week devoted to position 2.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head contraction of the cont	alth benefits, ibutions to syee benefit and deferred pensation	(e) Estimated amount of other compensation 0.
HA PR JC VI WY	Check if the organization used Schedule O to (a) Name and title ALEY DERR RESIDENT DSEPHINE DERR ICE PRESIDENT	(b) Average hours per week devoted to position 2.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head contraction of the cont	aith benefits, ibutions to yove benefit and deferred pensation	(e) Estimated amount of other compensation
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632172 12-08-16

Form	990-EZ (2016) SERGEANT COLTON LEVI DERR FOUNDATION 46-1256	122	1	Page 3
	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the)	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part \	/	X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
00	activity in Schedule 0	33		х
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
05-	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	- 54		
35 a		35a	х	
	on lines 2, 6a, and 7a, among others)?	35b	X	$\vdash \vdash$
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	330		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05.		x
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			- V
	complete applicable parts of Schedule N	36	3 3° 1	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	7	JŽ	
	Did the organization file Form 1120-POL for this year?	37b	3	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	د		<u></u>
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	35	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	┨`		ŀ
39	Section 501(c)(7) organizations. Enter:		2 7	
а	Initiation fees and capital contributions included on line 9	ŀ		15
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			. 2
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	2.33	* /	ľ ".
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			4
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			۱
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	1 × × ×		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed		\$	1 1 3
	by the organization 0.	1 m Ale	3 \$	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	3		
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed NONE		200	
42 a	The organization's books are in care of ► HALEY DERR Telephone no. ► 605-20			
		5772	5	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	LAIS
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	No
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country:		1	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			- ;
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37/=		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			<u> </u>	T
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	-	1	
	Form 990-EZ	44a	 	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1	1	
	ın Schedule O	44d	 	+
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	₩	X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1	<u> </u>

FUIIII	990-62 (2	SERGEANT COL	LOW TRAI DRKK	FOUNDAL	TON		46-1256	122		Page 4
									Yes	No
46		ganization engage, directly or indirectly	, in political campaign activiti	es on behalf of or	in opposition	i to candidates for pi	iplic office?	. 4		v
Da		emplete Schedule C, Part I Section 501(c)(3) organizat	ione only					46		<u> </u>
· ra				405 4 50	مغمامممم اس	the tables for hear	50 and 51			
		All section 501(c)(3) organizations r Check if the organization used Sch	•	•		the tables for lines	s ou and o i			\Box
_		Sheck if the Organization used Och	edule o to respond to any	question in the	S rait VI				Yes	No
47	Did the or	ganization engage in lobbying activities	or have a section 501(h) elec	tion in effect dur	ing the tax ve:	ar? If "Yes " complete	Sch C Part II	47		X
		anization a school as described in section	. ,			a. 11 100, 00111p1011	, 00m. 0, 1 un m	48	_	X
	-	ganization make any transfers to an exe		•				49a		$\frac{1}{x}$
		as the related organization a section 52	· ·	3				49b		
		this table for the organization's five hig	-	(other than offic	ers, directors	, trustees, and key er	nployees) who e	ach rec	eived r	more
	than \$100	,000 of compensation from the organiz	ation. If there is none, enter "	None."						
		(a) Name and title of each emp	loyee	(b) Averag		(C) Reportable	(d) Health benefit) Estin	nated
				per week de		compensation (Forms W-2/1099-MISC)	employee benef	t ame	ount of	
			NONE	positi			compensation	~	mpens	<u> </u>
				4		ì	l.	ì		
				-				1		
			_				 			
								1		
				 				╁		
			<u></u>	1		•				
				1			-			
				1			İ	- }		
		ber of other employees paid over \$100			-					
	•	this table for the organization's five hig	•	nt contractors wh	no each receiv	ed more than \$100,0	000 of compens	ation fro	m the	
			NONE	T-						
	{ a } N	ame and business address of each inde	pendent contractor		(0)	Type of service	(C	Compe	insauo	<u>n</u>
									-	
										
								-		
			 							
		ber of other independent contractors ea	=			-	_			
		ganization complete Schedule A? Note	: All section 501(c)(3) organi	zations must attac	ch a		. г		_	
_		I Schedule A						ΧΥe	_	No_
	-	of perjury, I declare that I have examin					=	ige and	belief,	it is
true,	correct, ar	d complete. Declaration of preparer (ot	ner than officer) is based on	all information of	willen prepar	er nas any knowleog	e. I & I)	717		
Sigi	, /	Signature of officer	1,000	- W 01			Date	\ ' \ '		
Her	e	HALEY DERR, PRES	IDENT							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN			
Paid	d		T			self- emplo	yed			
	u parer	DEIDRE BUDAHL	Plu NB	need	08/17			273		
	Only	Firm's name > CASEY PET					▶46-04			
J36	. City	Firm's address ▶ 909 ST J		E 101		Phone no	/			0
_		RAPID CI	TY, SD 57701							
May	the IRS dis	cuss this return with the preparer show	n above? See instructions				▶ [X Ye	e [No

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Nam	e or t	ne organization					Empk	yer identification number		
		SERG	EANT COLTO	N LEVI DERR	FOUNDA	MOITA		46-1256122		
Pai	<u>t I 🗍</u>	Reason for Public C	Charity Status	All organizations must co	omplete thi	s part) Se	e instructions			
The c	organi	zation is not a private founda	lation because it is	(For lines 1 through 12, c	heck only o	one box)				
1		A church, convention of chu	urches, or association	on of churches described	in section	n 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3	Ħ.	A hospital or a cooperative					i).			
4	Ħ,	A medical research organiza	•					nter the hospital's name.		
•		city, and state		.,,				, , , , , , , , , , , , , , , , , , ,		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5		section 170(b)(1)(A)(iv). (C		mage of difficulty office	or operation	od by a go	TOTAL COLOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						///LV/4V/AV	6.4			
6	Ħ.	A federal, state, or local gov	-					and muchling decembered in		
7	لـــا	An organization that normal		intial part of its support if	rom a gove	mmentari	unit or from the gene	rai public described in		
•		section 170(b)(1)(A)(vi). (Co		V4VAV 11 (Olata Dan						
8	昗	A community trust describe						4 - 11		
9		An agricultural research org	_		•					
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the r	name, city	, and state of the col	lege or		
	TT-1	university								
10	X	An organization that normal	•							
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organizati	on after June 30, 1975		
		See section 509(a)(2). (Cor	mplete Part III)							
11		An organization organized a	•	•	-		, ,, ,			
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform th	ne function	ns of, or to carry out	the purposes of one or		
		more publicly supported org	ganizations describi	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a) (3). Check the box in		
		lines 12a through 12d that o	· ·							
а	L		anization operated, :	supervised, or controlled	by its supp	orted orga	anızatıon(s), typıcally	by giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustees of th	e supporting		
	_	organization You must c	complete Part IV, S	ections A and B.						
b		Type II. A supporting orga	janization supervise	d or controlled in connec	tion with its	s supporte	ed organization(s), by	having		
		control or management of	of the supporting org	anization vested in the s	ame persoi	ns that co	ntrol or manage the	supported		
		organization(s) You mus	st complete Part IV	Sections A and C.						
С		Type III functionally inte	egrated. A supporti	ng organization operated	in connect	tion with, a	and functionally integ	rated with,		
		its supported organization	n(s) (see instruction:	s) You must complete	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	y integrated. A sup	porting organization opei	ated in coi	nnection v	with its supported org	janization(s)		
		that is not functionally int								
		requirement (see instructi								
е	[Check this box if the orga	•	•				- [1]		
_		functionally integrated, or					31 1 31 7 31			
f	Ente	er the number of supported o	• •							
a		vide the following information								
		i) Name of supported	(II) EIN	(III) Type of organization	in your govern	anization listed	(v) Amount of monet	ary (vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ns) support (see instructions)		
			<u> </u>	above (see instructions)						
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<u>Tota</u>	<u> </u>		L			l	l			

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			1.1.			
	membership fees received (Do not					1	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		<u> </u>				
	ization'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						
5	The portion of total contributions		.				
	by each person (other than a			***			
	governmental unit or publicly			ś. ŝ	4. j	ž , *	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				\\$	`	
	column (f)			<u> </u>	* **		
	Public support. Subtract line 5 from line 4	, ; ; , , , , , , , , , , , , , , , , ,	CONTRACTOR OF	*		* ` ^ * .	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,					ļ	
	dividends, payments received on					ŀ	
	securities loans, rents, royalties						
	and income from similar sources			<u> </u>			
9	Net income from unrelated business	1					
	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 VI)						
11	Total support. Add lines 7 through 10	*		· 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		****	
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	r the organization s	first, second, thire	d, fourth, or fifth ta	x year as a section	501(c)(3)	
C	organization, check this box and stor						
	tion C. Computation of Publi	· · · · · · · · · · · · · · · · · · ·			-		
	Public support percentage for 2016 (I			olumn (f))		14	%
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the c			i line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•	40 - 40 - 1	1 45		. ▶∟
b	33 1/3% support test - 2015. If the contract				line 15 is 33 1/3%	or more, check this	box
4-	and stop here. The organization qual		· · · -		40.40		▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	τ VI how the organi	zation
_	meets the "facts-and-circumstances"	-	•	•	•	.	▶∟
b	10% -facts-and-circumstances test	_					U% or
	more, and if the organization meets the						, F
40	organization meets the "facts-and-circ			•			P
18	Private foundation. If the organization	in did not check a l	pox on line 13, 168	i, 100, 17a, 0r 17b			000 FT\ 0045
					Sche	dule A (Form 990 c	い 330-6/17016

, (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			31,149.	31,314.	21,377.	83,840.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			8,284.	10,019.	16,034.	34,337.
3	Gross receipts from activities that			7			
	are not an unrelated trade or bus- iness under section 513		<u>.</u>				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			39,433.	41,333.	37,411.	118,177.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ			0.
t	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						0.
, c	: Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)		a. (A)		7 3.2		118,177.
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			39,433.	41,333.	37,411.	118,177.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-877.	-4,923.	4.598	-1,202.
12	Other income Do not include gain			3,,,,	1,5250	1,3300	1,202.
	or loss from the sale of capital			441.			441.
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)			38,997.	36,410.	42,009.	117,416.
	First five years. If the Form 990 is for	the organization's	first, second, thir				
	check this box and stop here	J		,	,		▶ X
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2016 (I	ine 8, column (f) div	rided by line 13, c	olumn (f))		15	%
	Public support percentage from 2015		· · · · · · · · · · · · · · · · · · ·			16	%
	ction D. Computation of Inves					-	
17	Investment income percentage for 20	016 (line 10c, colum	n (f) divided by lin	ne 13, column (f))		17	%
	Investment income percentage from :					18	%
19a	33 1/3% support tests - 2016. If the	organization did no	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2015. If the						nd
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19	a, or 19b, check this	s box and see inst	ructions .	▶□_

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization s supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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.)

	Yes	No
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Hart W Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? 2 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? 3 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? 1 D at 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 of effectively operated, supervised, or controlled the organization's activities if the organization or directors or trustees at all times during the tax year? If Na", direction in Part V how the supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the tax year all or organization or a supported organization of effectively operated, supervised, or controlled the organization or activities in the organization of the organization of effectively operated, supported organization, describe how the powers to appoint and/or remove directors or trustees of each of the organization or a supported organization of the trust here supported organization of the supported organization of the supported organization of the supporting Organization set or supported organization of the supported organization of the supporting Organization set or supported organizations or trustees of each of the organization is directors or trustees of each of the organization is directors or trustees of each of the organization or supported organizations or supported organizations or supported organizations are supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations is tax year. (If a copy of the Form 90 for the supported organiz		dule A (Form 990 or 990-EZ) 2016 SERGEANT COLTON LEVI DERR FOUNDATION 46-12	5612	Z Pa	1ge 5
11 Has the organization accepted a gif or contribution from any of the following persons? A A person with circly or indirectly controls, either done or together with persons described in (b) and (c) below, the gowining body of a supported organization? 13 A family member of a person described in (a) or (b) above? 2 A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, orc. provide detail in Part VI. 11 Section B. Type I Supporting Organizations 1 Did the directors, mustees, or membership of one or more supported organizations have the power to regularly appoint or elect at level a majority of the organization is directors or frustress at all times during the tax yea? If "No," describe in Part VI now the supported organizations have the power to appoint and/or embye directors or frustress were allocated among the supported organization, describe how the powers to appoint and/or embye directors or frustress were allocated among the supported organization and what conditions or restrictions, any appointed organization organization and what conditions or restrictions if any, applied to such powers during the say year 2 Did the organization operate for the benefit carried out the purposes of the supported organization of a controlled for supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during directors or trustees of each of the organization's supported organization's response of the organization's supported organization's response of the organization's supported organization's provided organization's supported organization's provided organization's supported organization's supported organization's supported organization's	Par	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone to together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (ii) above? c A 35% controlled with or dispersion described in (ii) a (b) above? 11b Jud the directors, insitess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directly supported organization. 1 Did the directors, insitess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directly and the tax year? If "No 'describe he had I' I how this supported organization electros or trustees at all times during the tax year and the powers to appoint and/or remove directors or trustees and times during the tax year and the powers to appoint and/or remove directors or trustees and times during the supported organization of acts or the powers to appoint and/or remove directors or trustees were allocated anniang the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization is supported organizations. 1 Were a majority of the organization is directions or trustees during the tax year. (I' "No," describe me Part VI how control or management of the supported organization is supported organization or supported organization or supported organization or supported organization or s				Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) to (b) above? A Section B. Type I Supporting Organizations 1 Did the directors, mustes, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations or trustees at all times during the tax yea? If 'No,' describe in Part VI now the supported organizations have the power to regularly appoint or elect at least a majority of the organizations describe in Part VI now the supported organizations of restrictors, and wasternoted to represent the powers to appoint and/or remove directors or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organization and wasternoted organization and wasternoted organization and wasternoted organization or restrictors, and yas appointed organization of the than the supported organization of the than the supported organization of the than the supported organization of a controlled the supporting organization organization organization organization organization organization organization organization or activated the supported organization orga					
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? 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 Del 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 organizations advictors or trustees at all times during the tax year? (if "in", describe in Part VI how the supported organization is directors or trustees at all times during the tax year and a continuous activities of the organization and more than one supported organization. Assorbe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, and with a supported organization other than the supported organization of the confidence of the supported organization of the supported organi	а				
section B. Type I Supporting Organizations 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 and directors or brustees at all times during the tax yea? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organization and directors or brustees at all times during the tax yea? If "No," describe in Part VI how the supported organization organization organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and was conditioned or removed intentions or directors or trustees were allocated among the supported organization and provided organization and the tax year? 2 Did the organization apported for the benefit of any supported organization or trustees or trustees of acts of the supported organizations or any supported organization or any supported organizations or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees and the same persons that controlled or managed the supported organization's If "No," celector or managed the supported organization's any supported organization's any supported organization's any supported organization's any supported organization's any supported organization's any supported organization's any supported organization's any supported organization's any supported organization's and the organization and the early supported organization's any suppor					_
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		32	1	1
	h		\	†	1
			3b	<u>_</u>	

Sch	edule A (Form 990 or 990-EZ) 2016 SERGEANT COLTON LEVI DE			6-1256122 Page 6
1	Type in item i unotabilary integrated des(a)(o) supporting			
•	Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must contain the content of the content			art VI) See instructions. A
Sec	tion A - Adjusted Net Income	omplete 3	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		-
_3	Other gross income (see instructions)	3	•••	
4	Add lines 1 through 3	4		-
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	instructions for short tax year or assets held for part of year)	* * * `	and the second	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	- ""	· · · · · · · · · · · · · · · · · · ·
	Total (add lines 1a, 1b, and 1c)	1d	,,,,-	· · · · · · · · · · · · · · · · · · ·
	Discount claimed for blockage or other	100.5	1 20 1 1 1	
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			·
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	····	···
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	-	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	- 30 la . 4 x x x x	<u> </u>
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	 		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		red Type III supporting organ	uzation (see
•	Instructions)	,og.ai	The in supporting organ	nearon (see

Schedule A (Form 990 or 990-EZ) 2016

Sched	dule A (Form 990 or 990-EZ) 2016 SERGEANT COLTO	ON LEV	DERR FO	DUNDA	TION_		<u>6-1256</u>	122_	Page 7
Par	Type in tent transmit integrates a set,	aj(3) Supj	orting Orga	nizatio	ns (contin	ued)		V	
	on D Distributions		_		-	-	Cur	rent Yea	<u>ar</u> _
	Amounts paid to supported organizations to accomplish exer			_					
	Amounts paid to perform activity that directly furthers exemp	t purposes c	or supported						
	organizations, in excess of income from activity		and organization		-				
	Administrative expenses paid to accomplish exempt purpose	s or support	ed organizations	<u> </u>					
4	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)								
	Other distributions (describe in Part VI) See instructions				· · · · · · · · · · · · · · · · · · ·				
_7	Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the	o organizati	on is responsive		· · · · · · · · · · · · · · · · · · ·				
8	(provide details in Part VI) See instructions	ie Organizati	orris responsive						
	Distributable amount for 2016 from Section C, line 6								
9	Line 8 amount divided by Line 9 amount								
10	Line o amount divided by Line 3 amount		(i)		(ii)	**		(iii)	
		Excess	\'' Distributions	Und	erdistributio	ns		tributab	
Secti	on E - Distribution Allocations (see instructions)			}	Pre-2016		Amou	unt for 2	016
1	Distributable amount for 2016 from Section C, line 6	ž. Š.	S ó.	zź. ·	-7. W :	84.			
2	Underdistributions, if any, for years prior to 2016 (reason-		(A)					7 L.V.	1, \$1.5°
-	able cause required- explain in Part VI) See instructions								
3	Excess distributions carryover, if any, to 2016	. 3	(1 · · · · · · · · · · · · · · · · · ·		74 3 a fr	-4 4 . (, \w		.: Y.]
a	We have the second seco	^ % 3		3		. 224	\$2. · · · · · · · · · · · · · · · · · · ·	1 10 -	49/3 1
b		.6.3		*	, W.	\.*\^\ \	* 3 1	78.5	<i>X</i> ♦
_	From 2013	1 1 3			kar zi	. .	ğıl i	- 2.08	
	From 2014	7.33	. : \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	W. 187			. (}	84	· /*
	From 2015	- A		1772	7 1 1 1 1 1	- å	%##.	, ř i i	·.}
	Total of lines 3a through e				. 💥	/ 🕉			
	Applied to underdistributions of prior years	¥2.€.	'A				ŷ;*		,
	Applied to 2016 distributable amount		<u> </u>	33		, ,			
	Carryover from 2011 not applied (see instructions)	188		\$\$ <u></u>	* * * * *	99 × 1		1.1	\$ ~ 3° !
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			255	32°	ŀ.	W	6 🎉	* -
4	Distributions for 2016 from Section D,	7 . 5			·: (1)	4	` 3		,
	line 7 \$	₩. %	1		****		(1 a 8	M315.	
а	Applied to underdistributions of prior years	3	>4.5				, , ,	4ľ	- 1 × 5
b	Applied to 2016 distributable amount	`		,**		*			
<u> </u>	Remainder Subtract lines 4a and 4b from 4			. //*	-47		, , ,	35	
5	Remaining underdistributions for years prior to 2016, if		,				1		
	any Subtract lines 3g and 4a from line 2 For result greater							* 3	* * *
	than zero, explain in Part VI See instructions	ļ		ļ			*	· ·	
6	Remaining underdistributions for 2016 Subtract lines 3h								
	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions	ļ		-			ļ		
7	Excess distributions carryover to 2017. Add lines 3								
	and 4c	ļ		 		···	ļ		
8	Breakdown of line 7						-		
a		 		+			 		
	Excess from 2013	 		 			 		<u>» </u>
	Excess from 2014	<u> </u>		 			 		
	Excess from 2015			+	···········	-	 	······································	
<u>e</u>	Excess from 2016	<u> </u>					<u> </u>		

Schedule A	<u>(Form 990 or 990-EZ) 2016</u>	SERGEANT COLTO	N LEAT DEKK LOOM	DATION 46-1250	
Part _∗ VI	line 1, Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9l lines 2 and 3, Part IV, Section	b, 9c, 11a, 11b, and 11c, Part IV, E, lines 1c, 2a, 2b, 3a, and 3b, P	Part II, line 17a or 17b, Part III, Jii Section B, lines 1 and 2, Part IV, art V, line 1, Part V, Section B, lin art for any additional information	e 1e, Part V,
	(See instructions)				
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632028 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

SERGEAN	T COLTON LEVI DERR	FOU	NDA	ATION	46-1256	122
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ed "Y	es" on	Form 990, Part IV, I	ne 17 Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poblif "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	e Solicitat f Solicitat g X Special ar oral agreement with any individual (art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra includ	non-govern govern using of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	· - \	
		Yes	No			
					.	
		 				!
Total			>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib —–	utions	or has been notified	it is exempt from re	gistration ———————
						
						

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 (b) Event #2 (c) Other events (a) Event #1 (d) Total events GOLF(add col (a) through TOURNAMENT GALA DINNER col (c)) (total number) (event type) (event type) 24,075. 4,108. 2,844. 31,027. 1 Gross receipts 4,108. 2,844. 12,142 19,094. 2 Less Contributions 11,933. 11,933. 3_ Gross income (line 1 minus line 2) 4 Cash prizes 1,471. 493. 1,964. 5 Noncash prizes 650. 1,702. 1,052. 6 Rent/facility costs 48. 7,206. 7,158. 7 Food and beverages 549. 549. 8 Entertainment 4,613. 3,752. 861. 9 Other direct expenses 16,034. 10 Direct expense summary Add lines 4 through 9 in column (d) -4,10111 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2016 SERGEANT COLTON LEVI DERR FOUNDATION

46-1256122 Page 2

Sch	edule G (Form 990 or 990-EZ) 2016 SERGEANT COLTON LEVI DERR FOUNDATION 46-1	2561	.22	Page 3
11	Does the organization conduct gaming activities with nonmembers?	□ v	'es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	□ Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	'es	☐ No
ь	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	: If "Yes," enter name and address of the third party			
	, in 166, and hand and addition of the line party			
	Name			
	Address ►			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Describes of second and be			
	Description of services provided			
				
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	$\square_{\mathbf{v}}$	'es	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	· —	-	
_	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	es 9 91	106	15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	63 5, 51	J, 101	, 100,
	Too, To, and Tro, as approable 71150 provide any additional information occurrent			
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Schedule G	(Form 990 or 990-EZ)	SERGEANT	COLTON	LEVI	DERR	FOUNDATION	46-1256122 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	nation (continu	ed)				
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Schedule G (Form 990 or 990-EZ)

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.

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

Employer identification number Name of the organization SERGEANT COLTON LEVI DERR FOUNDATION 46-1256122 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: STUD EXPENSES 18,619. ADVERTISING 1,834. DEPRECIATION 2,648. SUPPLIES 1,995. MISC 371. 4,098. VEHICLE EXPENSE 1,743. INSURANCE TOTAL TO FORM 990-EZ, LINE 16 31,308. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR 3,972. OTHER DEPRECIABLE ASSETS 6,620. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - VETERAN ADVOCACY, ASSISTANCE AND PUBLIC AWARENESS OF THE BATTLES OUR HEROES FACE WHEN THEY COME HOME FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: ASSISTANCE TO US ARMED SERVICE VETERANS CONCERNING PHYSICAL, MENTAL, AND FINANCIAL PROBLEMS CAUSED BY DEPLOYMENT, COMBAT AND MILITARY EXPERIENCE, AND SEPARATION FROM MILITARY SERVICE AND TO PROVIDE ADVOCACY, EDUCATION, PUBLIC AWARENESS, AND ASSISTANCE IN DEALING WITH MILITARY SERVICE AND GOVERNMENT AGENCIES CONCERNING THE SAME AND RELATED PHYSICAL, MENTAL &

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

632211 08-25-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Employer identification number

46-1256122 SERGEANT COLTON LEVI DERR FOUNDATION FINANCIAL ISSUES CAUSED BY ANY OF THE SAME. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.