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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

<u>A</u>	For the	2016 cale	endar year, or tax year beg	inning	01/01		016, and	ending	12	/31	, 20 16		
В	Check if	applicable	C Name of organization U-Tu	ırn Inc						D Employ	er identification n	umber	
	Address	change	Doing business as							54-1771281			
	Name ch	hange	Number and street (or P O b	ox if mail is not	delivered to s	reet address	s) R	oom/suite	-	E Telepho	ne number		
	Initial ret	turn	2101 Maywill Street										
	Final retu	rn/terminated	City or town, state or province	ce, country, and	ZIP or foreign	postal code							
	Amende	d return	Richmond, VA, 23230							G Gross r	eceipts \$	554,906	
	Applicat	ion pending		al officer A	drienne Wrig	ht			H(a) is this a q	roup return for	subordinates? Yes		
				es included? 🔲 Yes									
$\overline{}$	2101 Maywill Street, Richmond, VA 23230 H(b) Are all subordinates included?												
J	Website		w.u-turn org		/		<u>.,,</u>		H(c) Group	exemption	number ►		
K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1996 M State of legal domicile												VA	
	art I	Summ					<u> </u>						
	1		escribe the organization's	s mission or	most signif	cant activ	/ities:	U-Turn is	s on a mis	sion to de	evelon vouth, co	paches.	
ĕ			lies through sports for live				_						
au	1		ns with U-Turn's core value										
E	2		is box ▶ ☐ if the organiz										
Š	3		of voting members of the									5	
৺	4		of independent voting me							4			
es	5		nber of individuals emplo		-					5		11	
Ž	6		mber of volunteers (estim	-	-	210 (1 art 1	-	٠, .		6	 	75	
Activities & Governance	7a		elated business revenue			Filline 12	,			7a			
•	b		lated business taxable in					• • •		7b			
	-								Prior Ye		Current Y		
	8	181 NOV 1 5 ZUIZ 191									 	149,482	
)Te	9 Program service revenue (Part VIII, line 2g)									547,873 538,585		253,391	
Revenue	10						₩	·		030,363	+	233,331	
æ	10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									225,366	 	152,033	
	12		enue—add lines 8 through					12)		<u>223,300</u> 1,311,824	 	554,906	
?- -	13		nd similar amounts paid				(A), III IC	12)		1,311,824 0		334,300	
<i>)</i> / ≫	14		paid to or for members (•				·			 		
	15		other compensation, emp				lines 5_	10)		362,166		245,438	
Ses	16a		onal fundraising fees (Pai	-	-					362,100		4,295	
Expenses	1 .							295		<u>,</u>	<u>'</u>	4,293	
ĔŽ	17		draising expenses (Part	•		~~~~~~	4,4	(32)		057.504		400.435	
	1		penses (Part IX, column				 .no 25)	· -		857,561		498,435	
	18		penses. Add lines 13–17	•				·		1,219,727	 -	748,168	
	19	Revenue	less expenses. Subtract	line 18 from	n line 12 .	· · · ·			ginning of C	92,097		-193,262	
Assets or Ralances	00	Tatal and	note (Dest V. June 16)					1			 		
Asse Bala	20		sets (Part X, line 16) .					. ⊢		4,422,060		4,217,560	
Net/	21 22		oilities (Part X, line 26) .					·		41,853		30,656	
_	art II		ets or fund balances. Sub ture Block	maci iine z i	Irom line 2	<u> </u>	· · · ·			4,380,207	<u> </u>	4,186,904	
							had dan o			the boot of	any kaominana an	d bolief it is	
			ury, I declare that I have examin lete Declaration of preparer (of								my knowledge an	u Dellei, it is	
					Cas				- 		114/201		
Sig	an	\\ _=\(\)	nature of officer			~			L	ate	1,1100	 _	
He	_			. 0 /	A.	$)_{\alpha}$	18	$\sim \prime \prime$		//	0/14/20	9	
пе	:1 C		rienne Wright, Executive I	Director ($\frac{\omega}{2}$		-X	λy			7/ 1/ = -		
			e or print name and title /pe preparer's name	I Dann	er's signature		()-	Date			PTIN		
Pa	aid	1		Tepal	pei s signaturi e	1.	. 11		, ,,	Check	✓ ↑	00000	
Pr	epare		Broadus CPA		Jor	oadu	2,01	22-10	/- / 1 -			98266	
Us	se On									m's EIN ▶	30-0792		
<u> </u>	+h - 11		address ► 9403 Poppy Co				tions)		Ph	one no	804-350-4		
Ma	ıv ine li	no discus	s this return with the pre	Darer Snowr	i apove? (S	se mstruci	uons) .				, , , √ Y€	s No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)



o) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

o including grants of \$

626,190

(Expenses \$

0)

Form 99			P	age 3
Part	V Checklist of Required Schedules			
_			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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		✓
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? <i>If</i> "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		-
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		-
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	✓	<u></u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓_
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
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		1
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	_	1
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		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1

Form **990** (2016)

Part	V Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		✓
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		\
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$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		1
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		1
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		'
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	'		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		/
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	ł	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		├ ~
•	Part I	31	}	1
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		✓
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 999999			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	L		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	<u></u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لبا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		1
	·	4a		 •
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	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			\vdash
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	۱.,		
		7c		+-
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		├──
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
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	i	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			T
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	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		ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4	1	
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
IJ				
12a	against amounts due or received from them.)	12a	 	+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	+-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	t^{-}	1
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	1
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	.1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.			
Section	on 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 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.						
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓			
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√			
6	Did the organization have members or stockholders?	6		✓_			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		/ _			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		√			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓_	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)				
			Yes_	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	L	1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	L					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		1			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		✓_			
14 15	Did the organization have a written document retention and destruction policy?	14		✓			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		├ ──			
a	The organization's CEO, Executive Director, or top management official	15a	✓	 , -			
þ	Other officers or key employees of the organization	15b	ļ	✓_			
16a	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 toyoble entity during the year?	10					
	with a taxable entity during the year?	16a	ļ	✓			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
C1.	organization's exempt status with respect to such arrangements?	16b	L	1			
	on C. Disclosure	-					
17 18	List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)	s only)			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re U Turn Sports Performance Academy, (804)358-2775	cords	:: ▶				

Form	990	(2016)	

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

Check if Schedu	O contains a response or note to any line in this Part VII
Officer II Geneda	o contains a response of hote to any line in this raft vir

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
				Pos	•			-		_
(A) Name and Title	(B) Average hours per week (list any	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				an tee)		(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Ken Lambiotte	2									
Chairman	0	✓		✓]		0	o	0
Keith Polarek	2									
Vice Chair	0	✓		✓		<u> </u>	L	0	0	0
Calvin Duncan	2									
Director	0_	✓	<u> </u>				_	0	0	0
Daniel Palazzolo	2									
Director	0	✓	<u> </u>	✓	L	Ĺ	L	0	o	0
Robby Robinson	2			1	Ì	ţ	ľ	1	Ì	
Director	0	1		<u>_</u>	_	<u> </u>	<u>_</u>	0	0	0
Kris Wheeler	40	ļ		ļ		į		ļ		i
Former President	0	✓		1	✓		-	75,944	0	4,004
		-		-	-		-			
					L	<u> </u>	<u> </u>			
			_		L		_			
					_					
		_			_		_			
	+	}								

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (d	ontinue	ed)	
	(A) Name and title	(B) Average hours per	box,	Position (do not check more than or box, unless person is both officer and a director/truste					(D) Reportable compensation	(E) Reportable			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		other compensation from the organization and related organizations	
		ļ	-										
1b c d	Sub-total	VII, Sectio		•	•			>	75,944 75,944		0	4,004	
2	Total number of individuals (including bur reportable compensation from the organic	t not limited						e) w				· · · · · ·	
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compe	nsated	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$,000)? [f "Ye					4	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		5 /	
Section	on B. Independent Contractors	•							· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest compensation from the organization. Repear.												
	(A) Name and business add	dress							(B) Description of s	services	((C) Compensation	
None									<u>-</u>				
		<u> </u>						_					
2	Total number of independent contractor received more than \$100,000 of compens							o th	hose listed ab	ove) who	•	4 · · · · · · · · · · · · · · · · · · ·	

Form 990 (201	6)				Page 9
Part VIII	Statement of Revenue			-	
	Check if Schedule O contains a response or note	to any line in this	Part VIII		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	Federated campaigns 1a	0			

					Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
<u></u>				<u> </u>		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0		İ		
Gra	b	Membership dues	1b	0				
S, A	C	Fundraising events	1c	0		1		
Giff	d	Related organizations	1d	0				
is, (е	Government grants (contributions)	1e	о				
tior S S	f	All other contributions, gifts, grants,						
결흥		and similar amounts not included above	1f	149,482				
들임	g	Noncash contributions included in lines 1a	-1f. \$	0				
S E	h	Total. Add lines 1a-1f		🕨	149,482			1
Le				Business Code				
Program Service Revenue	2a	Sports training and team leagues		711219	222,539	222,539	0	0
æ	b	Concessions		722213	30,852	30,852	0	0
ice	С							
Šen	d							
Ē	е							
gra	f	All other program service revenu			0	0	0	0
Pro	g	Total. Add lines 2a-2f		•	253,391			
	3	Investment income (including	divid	ends, interest,	·			
		and other similar amounts) .		▶				
	4	Income from investment of tax-exer	mpt bo	ond proceeds ►				
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	6a	Gross rents 15	2,033	0				
	b	Less. rental expenses	0	0		•		
	С	Rental income or (loss)	2,033	0				
	d			>	152,033	152,033	0	0
	7a	Gross amount from sales of (i) Securit	ies	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis	•					
		and sales expenses .						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)		▶				
_								
Revenue	8a	Gross income from fundraising						
ΛeΓ		events (not including \$	0					
æ	ŀ	of contributions reported on line 1	c)					
ē		See Part IV, line 18	· a					
₽.	ь	Less: direct expenses	. b]
	С	Net income or (loss) from fundra	aising	events . >				
	9a	Gross income from gaming activ	ıtıes.					
		See Part IV, line 19	· a					
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gamin	g act	ivities >				
	10a	Gross sales of inventory,						
		returns and allowances	· a					
	b	Less: cost of goods sold	b		1			
	С	Net income or (loss) from sales	of inv	entory ►				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions	s. <u>.</u>	<u> ▶</u>	554,906	405,424	o	
								Form 990 (2016)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com			s must complete col	umn (A).
	Check if Schedule O contains a respons				
8b, 9t	ot include amounts reported on lines 6b, 7b, o, 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 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	75,944	68,350	7,594	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	123,614	104,797	18,817	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,002	1,802	200	0
9	Other employee benefits	27,987	25,189	2,798	0
10	Payroll taxes	15,891	14,301	1,590	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
Ь	Legal	0	0		
c d	Accounting	23,475	5,702	17,773	0
e	Lobbying	4.295		0	4,295
f	Investment management fees	0	0	0	4,233
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,810	10,594	4,216	
12	Advertising and promotion	6,616	6,616	9,210	
13	Office expenses	14,747		14,747	(
14	Information technology	6,856	0	6,856	
15	Royalties	0	0	0	
16	Occupancy	235,020	211,518	23,502	
17 18	Travel	1,063	1,063	0	
19	Conferences, conventions, and meetings	2,428	0	2,428	
20	Interest	0	0	0	(
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	123,135	110,822	12,313	
23	Insurance	41,549	37,394	4,155	(
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	B B B B	18,399	18,399	0	
b	Concessions Supplies	9,643	9,643	0	(
c d	Taxes	694	0	694	
e	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	748,168	626,190	117,683	4,29
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)				

Part X Balance Sheet

1 Cash—non-interest-bearing 201,216 1 192,874 2 Savings and temporary cash investments 0 3 0 3 Pleadges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 3 0 5 Loars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 0 6 Loars and other receivables from other disqualified persons (as defined under section 458(K)(K)), persons described in section 458(K)(K)(B), and contributing amployers and sponsoring organizations of section 501(K)(B) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 0 6 0 7 Notes and loans receivable, net 0 7 1 8 Inventionies for sale or use 0 8 9 1,1324 10 Lans side of the properties 0 9 1,1324 10 Lans side of the properties 0 9 1,1324 11 Investments—publicly traded securities 10 1 1 1 1 1 12 Investments—bride yield properties 10 1 1 1 1 13 Investments—bride yield properties 1 1 1 1 1 14 Intangible assets 1 1 1 1 1 15 Total assets. Add lines 1 through 15 (must equal line 34) 4,422,000 16 4,217,596 16 Grants payable 1 1 1 1 1 1 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,422,000 16 4,217,596 17 Accounts payable and accrued expenses 7,484 17 7,7954 18 Control payable and accrued expenses 7,484 17 7,7954 19 Defered revenue 2,5812 9 3,400 19 20 Total liabilities, complete Part IV of Schedule D 2,20 20 21 22 23 24 698 21 22 3 3,352 24 698 22 4 5 5 5 5 5 5 5 5 23 7 6 1 1 1 1 1 1 1 24 1 1 1 1 1 1 1 1 1			Check if Schedule O contains a response or note to any line in this Par	tΧ		. 🗆
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(II), persons described in section 4958(f)(II), persons 4958(f)(II), persons 4958(f					ā	
3 Pledges and grants receivable, net 0 3 0 0 4 0 0 0 4 0 0 0		1	Cash—non-interest-bearing	201,216	1	192,874
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(II), persons described in section 4958(f)(II), persons described in section 4958(f)(II), persons described in section 4958(f)(III), persons described in a section 4958(f)(III		2		0	2	0
1		3	Pledges and grants receivable, net	0	3	0
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		4		0	4	0
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(h(2))(h), persons described in a section 4958(h(2))(h), persons described in 4958(h(2))(5				
1			rain and the second of the sec			
4958(f(1)), persons described in section 4958(c(3)(B), and contributing employers and sponsoning organizations of section 501(c(9)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L	0	5	0
7 Notes and loans receivable, net 0 7		6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
9 Prepaid expenses and deferred charges 0 9 9 1.1,934 10a Land, buildings, and equipment: cost or other basis. Complete Part Ivl of Schedule D 10a 5.846,533 11 Investments—publicly traded securities 11 Investments—publicly traded securities 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 1 13 Investments—program-related. See Part IV, line 11 1 13 Investments—program-related. See Part IV, line 11 1 13 Investments—program-related. See Part IV, line 11 1 14 Intangible assets 1 14 Intangible assets 1 14 Intangible assets 1 14 Intangible assets 1 15 Other assets. See Part IV, line 11 1 15 Total assets. Add lines 1 through 15 (must equal line 34) 14,22,060 16 14,217,560 16 14,217,560 17 Accounts payable and accrued expenses 1 7,494 17 27,954 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabil	ets	_				
9 Prepaid expenses and deferred charges 0 9 9 1.1,934 10a Land, buildings, and equipment: cost or other basis. Complete Part Ivl of Schedule D 10a 5.846,533 11 Investments—publicly traded securities 11 Investments—publicly traded securities 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 1 13 Investments—program-related. See Part IV, line 11 1 13 Investments—program-related. See Part IV, line 11 1 13 Investments—program-related. See Part IV, line 11 1 14 Intangible assets 1 14 Intangible assets 1 14 Intangible assets 1 14 Intangible assets 1 15 Other assets. See Part IV, line 11 1 15 Total assets. Add lines 1 through 15 (must equal line 34) 14,22,060 16 14,217,560 16 14,217,560 17 Accounts payable and accrued expenses 1 7,494 17 27,954 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabil	SSI					
10a	٩	_	-			
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 1,819,913 4,220,844 10c 4,026,620 111 Investments—publicly traded securities 111 12 Investments—other securities. See Part IV, line 11 12 13 Investments—orgoram-related. See Part IV, line 11 12 14 Intangible assets 114 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,422,060 16 4,217,560 17 Accounts payable and accrued expenses 7,494 17 27,954 18 Grants payable and accrued expenses 7,494 17 27,954 19 Deferred revenue 25,612 19 3,400 20 Tax-exempt bond liabilities 2 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 3,352 24 698 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,395 25 Total liabilities. Add lines 17 through 25 41,853 26 30,656 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 9 0 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_		0	9_	-1,934
b Less: accumulated depreciation		iva	other begin Complete Part VI of Cohedule D			
11 Investments – publicly traded securities 11 12 10 12 10 12 10 13 13 13 14 15 10 15 15 14 15 16 15 16 16 16 16 16		_	3,040,333		10-	
12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 15			1	4,220,844		4,026,620
13 Investments—program-related. See Part IV, line 11 14 11tangible assets 14 15 15 15 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,422,060 16 4,217,560 17 Accounts payable and accrued expenses 7,494 17 27,954 18 Grants payable 18 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 3,352 24 -698 Cherl liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,395 25 Total liabilities. Add lines 17 through 25 41,853 26 30,656 Organizations that dollow SFAS 117 (ASC 958), check here						
14			F			
15						·
16		-				
17			-	4 422 060		4 217 560
18 Grants payable 18 18 25,612 19 3,400 20 Tax-exempt bond liabilities 20 20 21 22 21 22 23 24 25,612 29 21 22 23 24 24 25 25 25 25 25 25						
19 Deferred revenue				7,757		21,554
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			· •	25 612		3.400
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				20,012		3,400
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			· • • • • • • • • • • • • • • • • • • •			
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	S		to the contract of the contrac			
24 Unsecured notes and loans payable to unrelated third parties	itie					
24 Unsecured notes and loans payable to unrelated third parties	ipil				22	
24 Unsecured notes and loans payable to unrelated third parties	Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		3,352	24	-698
26 Total liabilities. Add lines 17 through 25		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			1			
Complete lines 27 through 29, and lines 33 and 34.		26		41,853	26	30,656
34 Total liabilities and net assets/fund balances	ces		complete lines 27 through 29, and lines 33 and 34.			
34 Total liabilities and net assets/fund balances	<u>la</u>		-	4,380,207	27	4,186,904
34 Total liabilities and net assets/fund balances	Ва	ı	· · · · · · · · · · · · · · · · · · ·	0		0
34 Total liabilities and net assets/fund balances	힏	29		0	29	0
34 Total liabilities and net assets/fund balances	or Fu		· · · · · · · · · · · · · · · · · · ·			
34 Total liabilities and net assets/fund balances	ş	30				
34 Total liabilities and net assets/fund balances	SSE	l				
34 Total liabilities and net assets/fund balances	ţ					
	Š				_	
		34	Total liabilities and net assets/fund balances	4,422,060	34	4,217,560

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Pag	e		4

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		554	1,906
2	Total expenses (must equal Part IX, column (A), line 25)	2		748	3,168
3	Revenue less expenses. Subtract line 2 from line 1	3		-193	3,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,380	0,207_
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7 ·	Investment expenses	7			0
8	Prior period adjustments	8			-41
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,18	<u>6,904</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in			İ
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		-
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	·		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiyni intant?			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the second distance of the		2c		
	If the organization changed either its oversight process or selection process during the tax year, e.	cpiain in			
_	Schedule O.	forth in	.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	IOTUT II	' 3a		1
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				\ <u> </u>
þ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3ь	1	
	required addit of addits, explain why in ochequie o and describe any stops taken to undergo such t			, ga r) (2016)
			run	550	, (ZU10)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047

2016

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number U-Turn Inc** 54-1771281 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Ч Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization 60 FIN (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

18

Part							
	(Complete only if you checked the				•	•	alify under
C4:	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0010	<i>(</i> -) 0010	(-) 0044	(-D 0045	(-) 0016	(6 Tetel
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid		ļ				
	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				
5	The portion of total contributions by						
	each person (other than a					İ	
	governmental unit or publicly supported organization) included on					!	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
Calen	dar 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, dividends,		1		ļ		
	payments received on 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 VI.)						
11	Total support. Add lines 7 through 10	L		<u> </u>			
12	Gross receipts from related activities, etc					12	504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Socti	on C. Computation of Public Suppor			• • • •			· · · <u>• </u>
14	Public support percentage for 2016 (line			11 column (fl)		14	%
15	Public support percentage from 2015 Sci					15	%
16a	331/3% support test-2016. If the organ					31/3% or more,	check this
	box and stop here. The organization qua						🕨 🛚
b	331/3% support test-2015. If the organ					is 331/3% or m	ore, check
	this box and stop here. The organization	•		_			▶ [
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the '	tacts-and-circ	cumstances" to	est. The organ	iization qualifie	s as a publicly	suppoπeo
	organization					40-401	· · · F [
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization is Explain in Part VI how the organization is						
	supported organization						> [

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	on A. Public Support						
Calen	dar 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.")	333,554	385,796	567,980	547,873	149,732	1,984,935
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			i			
_	organization's tax-exempt purpose	721,750	731,763	660,063	702,077	405,174	3,220,827
3	Gross receipts from activities that are not an unrelated trade or business under section 513						•
4		0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	o	o	o	0	o	0
5	The value of services or facilities					`	
	furnished by a governmental unit to the			1	ļ		
	organization without charge	0	0	o	o	0	0
6	Total. Add lines 1 through 5	1,055,304	1,117,559	1,228,043	1,249,950	554,906	5,205,762
7a	Amounts included on lines 1, 2, and 3				ì	j	
	received from disqualified persons .	50,250	30,000	375,030	367,500	135,000	957,780
b	Amounts included on lines 2 and 3					ļ	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	100.000	477.000		02.402		452.040
С	Add lines 7a and 7b	180,966 231,216	177,860 207,860	0 375,030	93,192 460,692	135,000	452,018 1,409,798
8	Public support. (Subtract line 7c from	231,210	207,860	3/9,030	43 * * 47	135,000	1,403,730
_	line 6.)					180,3	3,795,964
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,055,304	1,117,559	1,228,043	1,249,950	554,906	5,205,762
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .	0	0	0	0	0	0
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	o	0	0	0
С	Add lines 10a and 10b	0	0	- 0	0	0	
11	Net income from unrelated business	<u>_</u>					
		1	,			1	
	activities not included in line 10b, whether						
	activities not included in line 10b, whether or not the business is regularly carried on	0	0	o	0	0	0
12	or not the business is regularly carried on Other income. Do not include gain or	0	0	о	0	0	0
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0
	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.)	0	0	0	0	0	0
12	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.)	0	0	o	0	0	0
13	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.)	1,055,304	0 1,117,559	0 1,228,043	0 1,249,950	0 554,906	0 5,205,762
	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.)	1,055,304 ne organization	0 1,117,559 's first, secon	0 1,228,043 d, third, fourth	0 1,249,950 , or fifth tax ye	554,906 ear as a sectio	5,205,762 n 501(c)(3)
13 14	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.)	1,055,304 ne organization re	0 1,117,559 's first, secon	0 1,228,043 d, third, fourth	0 1,249,950 , or fifth tax ye	0 554,906	5,205,762 n 501(c)(3)
13 14 Secti	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.)	1,055,304 ne organization re rt Percentag	0 1,117,559 's first, second	0 1,228,043 d, third, fourth	0 1,249,950 , or fifth tax ye	554,906 ear as a sectio	5,205,762 n 501(c)(3) ▶ □
13 14	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.)	1,055,304 ne organization re rt Percentag 8, column (f) di	1,117,559 's first, second	0 1,228,043 d, third, fourth	0 1,249,950 , or fifth tax yo	554,906 ear as a sectio	5,205,762 n 501(c)(3) ► □
13 14 Secti 15 16	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.)	1,055,304 ne organization re rt Percentage 8, column (f) di hedule A, Part	1,117,559 's first, second e vided by line 1 III, line 15 .	0 1,228,043 d, third, fourth	0 1,249,950 , or fifth tax yo	554,906 ear as a sectio	5,205,762 n 501(c)(3) ▶ □
13 14 Secti 15 16	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.)	1,055,304 ne organization re rt Percentag 8, column (f) di hedule A, Part come Perce	1,117,559 's first, second by line 1 lll, line 15	1,228,043 d, third, fourth	1,249,950 , or fifth tax yo	554,906 ear as a sectio	5,205,762 n 501(c)(3) ► □
13 14 Secti 15 16 Secti	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.)	1,055,304 ne organization re rt Percentag 8, column (f) di hedule A, Part come Perce (line 10c, colum 5 Schedule A, I	1,117,559 's first, second e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17	1,228,043 d, third, fourth 	1,249,950 , or fifth tax yo 	554,906 ear as a sectio 	0 5,205,762 n 501(c)(3) ▶ □ 72.92 % 70 82 % 0 % 0 %
13 14 Secti 15 16 Secti 17	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.)	1,055,304 ne organization re rt Percentag 8, column (f) di hedule A, Part come Percei (line 10c, colum 5 Schedule A, l iization did not	1,117,559 I's first, second e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box	1,228,043 d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar	1,249,950 , or fifth tax ye	554,906 ear as a sectio	0 5,205,762 n 501(c)(3) ► □ 72.92 % 70.82 % 0 % 0 % 6, and line
13 14 Secti 15 16 Secti 17 18 19a	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.)	1,055,304 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce (line 10c, colum 5 Schedule A, lization did not and stop here.	1,117,559 's first, second e vided by line 1 III, line 15 ntage in (f) divided be Part III, line 17 check the boothe organization	1,228,043 d, third, fourth 3, column (f)) y line 13, colur on line 14, ar	1,249,950 , or fifth tax years nn (f))	554,906 ear as a sectio	0 5,205,762 n 501(c)(3) ► □ 72.92 % 70.82 % 0 % 0 % %, and line on . ► ✓
13 14 Secti 15 16 Secti 17 18	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.)	1,055,304 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce (line 10c, colum 5 Schedule A, I aization did not and stop here. zation did not c	1,117,559 I's first, second e vided by line 1 III, line 15 Intage In (f) divided be Part III, line 17 check the box The organization	1,228,043 d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar on qualifies as a	nn (f))	554,906 ear as a sectio 15 16 17 18 nore than 331/35 orted organization is more than 3	0 5,205,762 n 501(c)(3) ► □ 72.92 % 70.82 % 0 % 0 % %, and line on . ► ✓
13 14 Secti 15 16 Secti 17 18 19a	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.)	1,055,304 ne organization re rt Percentage 8, column (f) di hedule A, Part come Perce line 10c, colum 5 Schedule A, I nization did not and stop here. zation did not c box and stop h	1,117,559 's first, secondary e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box The organization	1,228,043 d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar on qualifies as a line 14 or line 1 uzation qualifies	nn (f))	15 16 17 18 nore than 331/35 orted organization is more than 3 insported organization in the second	0 5,205,762 n 501(c)(3) ► □ 72.92 % 70 82 % 0 % 0 % %, and line on . ► ☑ 331/3%, and ization ► □

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.)

Secti	on A. All Supporting Organizations			
			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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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		
6	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 .	5c		
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).	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 I of Schedule L (Form 990 or 990-EZ).	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9с		
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.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			1

determine whether the organization had excess business holdings.)

10b

				age C
Part	V Supporting Organizations (continued)			
44	Healtha arraninator constato anti-arrantato anti-ar		Yes	No
11	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		
h	A family member of a person described in (a) above?	11b		
	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		
Secti	on 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.			
Sacti	on C. Type II Supporting Organizations	2	<u> </u>	
36011	on o. Type is 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		103	110
-	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		
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		1	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Vac	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Ì	
	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		
b	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		 	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	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	3h		

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Page	ю

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru iizat	st on Nov. 20, 1970 (expl ions must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	· · · · · · · · · · · · · · · · · · ·	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<u> </u>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	7	
6 Distributable Amount Subtract line 5 from line 4, unless subject to	П		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

Part	7.0	 Supporting Organi 	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nızatıons		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	·
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b			· · · · · · · · · · · · · · · · · · ·	
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount		!	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015		-	
e	Excess from 2016			

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.)
_	

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

U-Turi				54-1771281	
Par				counts.	
	Complete if the organization answered '				
		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year		-		
2	Aggregate value of contributions to (during year)		ļ		
3	Aggregate value of grants from (during year) .		<u> </u>		
4	Aggregate value at end of year	<u></u>	<u></u>		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗌 No	
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or f	or any oth	er purpose	
Par	Conservation Easements.				
	Complete if the organization answered '				
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recrea	· · · · · · · · · · · · · · · · · · ·			
	Protection of natural habitat	☐ Preservation o	f a certified	d historic structure	
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the fo		
	easement on the last day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements		22	a	
b	Total acreage restricted by conservation easement	ts	2t	<u> </u>	
C	Number of conservation easements on a certified I			<u> </u>	
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 8/17/06, and not		.	
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or teri	minated by	the organization during the	
4	Number of states where property subject to conse	rvation easement is located ▶			
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		•	-	
6	Staff and volunteer hours devoted to monitoring, inspec				
	>				
7	Amount of expenses incurred in monitoring, inspectir ►\$	ng, handling of violations, and enforcing	conservati	on easements during the year	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements o			
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expe		
•	balance sheet, and include, if applicable, the text of				
	organization's accounting for conservation easeme	_			
Pari	III Organizations Maintaining Collection		Other S	imilar Assets.	
	Complete if the organization answered				
1a	If the organization elected, as permitted under SF			statement and balance sheet	
	works of art, historical treasures, or other similar				
	public service, provide, in Part XIII, the text of the	•			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1	-		▶ \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other simila	r assets fo	or financial gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
b	Assets included in Form 990, Part X				
	- record moradou mir dini dod, r dita i i i i i			- Ψ	

Part	III Organizations Maintaining	Colle	ections of	Art. Hist	orical T	reasures	or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	acces	sion, and ot	her recor	ds, chec	k any of th	e follo	wing that are a	significant use of its
а	☐ Public exhibition			d l	Loan	or exchang	je prog	rams	
b	☐ Scholarly research			e l	☐ Other	r	_		
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's	collections a	and expla	in how t	hey further	the ore	ganization's exe	empt purpose in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
Part	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	is the organization an agent, trustee included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Pa	art XIII	and comple	ete the fo	llowing ta	able:			
									Amount
C	Beginning balance						10	:	
d	Additions during the year						10	1	
е	Distributions during the year .						16		
f	Ending balance								
2a	Did the organization include an amoun								
Part	If "Yes," explain the arrangement in Part Endowment Funds.	an XIII	. Check her	e if the ex	planatio	n nas been	provid	ed on Part XIII	<u> Ll</u>
Fall	Complete if the organization	n anev	vered "Ves	" on For	m 000 E	Part IV line	a 10		
	Complete if the organization		Current year	(b) Pric		(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	\			,	(0, 110) 02		(4,	(4) * 50 * 7 * 10 * 10 * 10 * 10 * 10 * 10 * 10
b	Contributions	_						<u> </u>	
c	Net investment earnings, gains, and losses								_
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а	Board designated or quasi-endowment ▶ %								
b	Permanent endowment ▶%								
С	Temporarily restricted endowment ▶		<i>-</i> %						
_	The percentages on lines 2a, 2b, and 2c should equal 100%.								
3a									
	organization by:								Yes No
	(i) unrelated organizations						• •		. 3a(i)
L	(ii) related organizations								. 3a(ii)
ь 4									. 30
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property		(a) Cost or of			or other basis		Accumulated	(d) Book value
			(investm	nent)		other)	۰	lepreciation	
1a	Land			0		0			0
b	Buildings	. [0		0		0	0
C	Leasehold improvements			0		0		0.	0
d	Equipment	.]		0		0		0	0
e	Other	<u>· </u>		5,846,533	<u></u> _	0		1,819,913	4,026,620
Total.	Add lines 1a through 1e. (Column (d) r	must e	quai Form 9	90, Part)	k, columr	า (B), line 10	JC.) .	▶	4,026,620

			e 11b. See Form	
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives			
	eld equity interests			
3) Other				
(A)	·			
(B)	·		<u></u>	
(C)			<u> </u>	
(D)				
(E)				
(F)		<u> </u>		
(G)				
(H)			<u> </u>	
) must equal Form 990, Part X, col (B) line 12) ►		L	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation I-of-year market value
(1)				
(2)			 	
(3)				
(4)			 	
(5)			 	
(6)				
(8)				
(0)				
			 	
(9)	n) must equal Form 990. Part X. col. (B) line 13.)			
(9) Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 13.)			
(9)	Other Assets.	m 990. Part IV. lin	ne 11d. See Form	1 990. Part X. line 15.
(9) Total. (Column (t		m 990, Part IV, lin	ne 11d. See Form	n 990, Part X, line 15.
(9) Total. (Column (t Part IX	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Total. (Column (t Part IX	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Total. (Column (t Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Total. (Column (t Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Forn	
(9) Total. (Column (t Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Fotal. (Column (t) Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Fotal. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Fol	m 990, Part IV, lin	ne 11d. See Form	
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Formula (a) Description			
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) To	Other Assets. Complete if the organization answered "Yes" on Foi (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)			
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foil			(b) Book value
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25.			(b) Book value
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value			(b) Book value
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value			(b) Book value
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2)	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value		•	(b) Book value
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) (3)	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value		•	(b) Book value
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(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value		•	(b) Book value
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(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value		•	(b) Book value
(9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Foil (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foiline 25. (a) Description of liability (b) Book value		•	(b) Book value

	XI Reconciliation of Revenue per Audited Financial Stateme		er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i	.
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	5
Part			
rait	Complete if the organization answered "Yes" on Form 990,		s per neturn.
			
1	· · · · · · · · · · · · · · · · · · ·		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
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		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	. 5
Part .	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
Provid 2; Part		to provide any addition	al information.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.
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Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization		Employer identification number
U-Turn Inc		54-1771281
Form 990, Part VI, Section B, Line 11b - The Form 990 is distributed t	o the Chairman of the Board and	

Form 990, Part VI, Section B, Line 15 - The Board of Directors used e	xternal market data to determine	comparable compensation for the
Executive Director.		,
Form 990, Part VI, Section C, Line 19 - Governing documents, financ	ial statements are given upon req	uest
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	•	<b>,</b>
		<b>,</b>
		<b>,</b>

Schedule O, Statement 1	U-Turn Inc
Form. Form 990 (2016)	EIN 54-1771281
Page: 1	Header Section
Reasonable Cause	Explanations
Explanation	
Due to accountant's scheduling for preparation, the organization elected to file	an extension