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CISSWJN2SN 201612 Form 990 Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenues Service Inspection Information about Form 990 and its instructions is at www.irs gov/form990 For the 2016 calendar year, or tax year beginning and ending D Employer identification number C. Name of organization Check if applicable Address change Admiral Nimitz Foundation 74-1492692 Doing business as Name change Number and street for P.O. box if mail is not delivered to street address. 830-997-8600 328 East Main St. I In.ual return Final return! City or town, state or province, country, and ZIP or foreign postal code TX 78624 Fredericksburg 10,010,710 G Gross receipts \$ Amended return Name and address of principal officer H(a) is this a group return for subordinates? Application pending Michael Hagee 328 E Main St H(b) Are all subordinates included? If "No " attach a list (see instructions) Fredericksburg TX 78624 X 501(c)(3) 501(c) ((insert no) Tax-exempt status www.pacificwarmuseum.org Website > H(c) Group examption number X Corporation Trust Association Year of formation 1971 ТX Form of organization M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities SEP See Schedule O 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 19 3 Number of voting members of the governing body (Part VI, line 1a) RECEIVED 4 Number of independent voting members of the governing body (Part VI, line 18 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a 5 65 AUG 0 9 2017 6 Total number of volunteers (estimate if necessary) 155 6 10,627 7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> 1,816 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** ,327,689 3,083,792 8 Contributions and grants (Part VIII, line 1h) 1,331,192 1,737,340 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 277,016 353,967 <u>341,255</u> 555,095 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,277,152 5,730,194 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,000 17,745 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,467,842 1,526,891 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 31,471 61,488 16a Professional fundraising fees (Part IX: column (A), line 11e) 621,007 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,357,325 5,280,015 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,796,328 6,963,449 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,480,824 -1,233,255 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 18,278,332 19,324,269 20 Total assets (Part X, line 16) 420,979 288,999 21 Total liabilities (Part X, line 26) 17,989,333 18,903,290 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is Declaration of prepare (other than efficer) is based on all information of which preparer has any knowledge Sign と后の Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid self-employed Preparer Firm s game Firm s EIN > Use Only irm s address

May the IRS discuss this return with the preparer shown above? (see instructions)

CIS IMAGE - DO NOT CORR ON SIGNATURE

848 8196

Yes , No

art III	5) Admiral Nimitz Statement of Program S	Service Accomplishments	74-1492692_ s	Page
		tains a response or note to		[X
	escribe the organization's mission			•
See Sc	hedule O		•	
				•
Did the c	rganization undertake any signific	cant program services during the	year which were not listed on the	
	m 990 or 990-EZ?		,	Yes X No
If "Yes,"	describe these new services on S	ichedule O		-
Did the c	rganization cease conducting, or	make significant changes in how	rit conducts, any program	63 F.3
services'				Yes X No
	describe these changes on Scheo			
			its three largest program services, as measure	
	s Section 501(c)(3) and 501(c)(4) expenses, and revenue, if any, fo	-	port the amount of grants and allocations to of	ners,
the total	expenses, and revenue, ii any, io	r each program service reponed		
(Code) (Expenses \$ 5	, 416, 975 including grain	nts of \$) (Reven	ue \$ 1,397,915
isita n add ounda	ition attendance Hition to ordinar	in 2016 was 122, y operations dur	National Museum of the 258. Sing 2016 the Admiral Nation to the Paci	imitz
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	•	-		
store		that sells refer	es and manages a Museu cences and souvenirs re	m
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			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,			ı
	Part III	5_		_X_
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_		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
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	_X_	
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.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	i 1		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X. line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		i	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
þ	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		<u>X</u>
8	•,	11e		X
f				
	the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	· · · · · · · · · · · · · · · · · · ·		••	
	Schedule D, Parts XI and XII	12a	X	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	l		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	ts the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
ь				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		<u> </u>
15	Oid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	х	
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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- <u>`</u> -		
	If "Yes," complete Schedule G, Part III	19		X
	i dell'Administration dell'accommendation		m 990	(2016)

	art IV. Checklist of Required Schedules (continued)			age 4
	art IV. Checklist of Required Schedules (continued)		V	Ala.
20-	Did the experience appears and a second baselist facilities 0 M N/o - flor (a) - D. b. d. d. 11	20a	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
, b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	1
22	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	22		x
22	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
24-	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			x
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
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		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit]		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part i	25a		^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25.		x
26	If "Yes," complete Schedule L, Pert I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27		20		-
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ļ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,			 -
20				ļ
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
•	Schedule L., Part IV	28b		х
С	An entity of which a current or former officer, director trustee, or key employee (or a family member thereof)			T
-	was an officer director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
·	Part I	31		\mathbf{x}_{-}
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		x
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		\mathbf{x}_{-}
35a	•	35a		X
ь	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	L.	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	Γ'''		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,	}		
	Pert VI	37	<u> </u>	X
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	X	l

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance			1 -
		Check if Schedule O contains a response or note to any line in this Part V			_ _
10	Enterth	number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a b		enumber reported in Box 3 of Form 1096 Enter -0- if not applicable enumber of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-	ĺ	
c		riganization comply with backup withholding rules for reportable payments to vendors and	- 1		
٠		le gaming (gambling) winnings to prize winners?	1c	x	
2a	-	number of employees reported on Form W-3, Transmittal of Wage and Tax			
		nts, filed for the calendar year ending with or within the year covered by this return 2a 65		.	
ь		one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
		he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the d	rganization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
ь	If "Yes,"	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь	X	
4a	At any tii	ne during the calendar year, did the organization have an interest in, or a signature or other authority	1 1		l
	over, a fi	nancial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)	?	4a		X
b		enter the name of the foreign country 🕨 🛒			1
		ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
_	(FBAR)				17
5a		organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	•	axable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C C		o line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		organization have annual gross receipts that are normally greater than \$100,000, and did the tion solicit any contributions that were not tax deductible as charitable contributions?	6a		x
ь		did the organization include with every solicitation an express statement that such contributions or	02		<u> </u>
_		e not tax deductible?	6ь		1
7	_	ations that may receive deductible contributions under section 170(c).			
а		rganization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1		l
		ices provided to the payor?	7a	X	1
b	If "Yes,"	did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the d	organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required	to file Form 8282?	7c		Х
d	If "Yes,"	indicate the number of Forms 8282 filed during the year 7d	_	l '	1
₽	Did the d	organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9		anization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		X
h	_	panization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8		ring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ĺ	
0		ng organization have excess business holdings at any time during the year?	8	 	
9 aa		nng organizations maintaining donor advised funds. ponsoring organization make any taxable distributions under section 4966?	9a	1	1
b		ponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
10		501(c)(7) organizations. Enter	_		<u> </u>
а		fees and capital contributions included on Part VIII, line 12		l	
ь		ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7 '	l	j
11		501(c)(12) organizations Enter	7	1	1
а		come from members or shareholders		ĺ	l
b	Gross in	come from other sources (Do not net amounts due or paid to other sources	7		
	against a	amounts due or received from them)		1	}
12a	Section	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u> </u>
b	If "Yes,"	enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section	501(c)(29) qualified nonprofit health insurance issuers		<u> </u>	<u> </u>
а		ganization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
		e the instructions for additional information the organization must report on Schedule O		1	
þ		e amount of reserves the organization is required to maintain by the states in which		(
	-	nization is licensed to issue qualified health plans		ĺ	1
С		e amount of reserves on hand		 	x
14a		organization receive any payments for indoor tanning services during the tax year?	14a	 	1
_ь	it Yes,	has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u></u>) (2016)
DAA			For	55	- 120101

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

(A) Namo and Title	(8) Average hours per	(5)	2 001	Pos	tion	than on		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
1	week	bo	t, un'e	153 Pe	rson i	s both a	ın İ	from the	related Organizations	other compensation
	(list any hours for related organizations below dotted time)	or director	institutional trustee	Officer		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Case Fischer										
1	0.50									
Chairman	0.00	X		X				0	0	0
(2) Robert Phelps		1		}					· 	
	0.25			Ì		ΙÌ		į.		
Vice Chairman	0.00	X	L	X				0	0	0
(3) Nancy Dreher		1				1				
ł	0.25	Ì	Ì		ĺ	ſÌ	1			
Secretary	0.00	X	_	X	<u> </u>			0	0	0
(4)Ron Woellhof		}	•		•					
	0.25	1				l				
Treasurer	0.00	X		X		\sqcup		0	0	0
(5) David Bates		1	1						1	}
1	0.20	1	1	Į	ļ	1 1		,		ļ
Director	0.00	X						0	0	0
(6) Ken Burenga		<u> </u>								
{	0.20	1	1	1	ĺ				_	
Director	0.00	X	_	L_	L_	\sqcup		0	0	0
(7) David Fitch		ļ	l	l	}				li.	
.]	0.20				ļ				_	1
Director	0.00	X	_	<u> </u>	_			0	0	0
(8) John Harris		1	ĺ	1	ĺ	1 1			•	
	0.20		ł	l	}	1		_	_	
Director	0.00	X		<u> </u>	<u> </u>	\vdash		<u>0</u>		0
(9) Steven Highlander					}]			1	
	0.20					li		_	_	
Director	0.00	X	L_	_	ļ			0	0	0
(10) John Kerr			l		1	} }		}		
j	0.20		ļ			1		_	_	
Director	0.00	X	L	<u> </u>	 			0	0	0
(11)Bruce Laboon			[1 1				
1	0.20		ł	1		1 1		_	_	_
Director	0.00	X	L	L_	1			0	0	O Form 990 (2016)

2 4 8 € 7 6 4

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

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check it ochedule o colligins a response of note to any intern this cart and	Check if Schedule	Dicontains a response or note to an	y line in this Part VIII
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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ta b c d e f	Federated campaigns	1a					
b	Membership dues	1b])	
c	Fundraising events	1c	149,621			!	
d	Related organizations	1d			į	ĺ	
e	Government grants (contributions)	16	140,000		İ	j	
1	All other contributions, gifts, grants,	1 1	1		}	i	
	and similar amounts not included above	1f	2,794,171		j	ļ	
9	Noncash contributions included in lines 1	a-11 \$	1			[
<u> h</u>	Total Add lines 1a-1f		<u> </u>	3,083,792			
2a b c d			Buen Code				
2a	Admissions		900099	1,217,186	1,217,186		
b	Memberships		900099	232,965	232,965		
c	C Other proram sevice fees		900099	156,409	156,409		
ď	Memorial Wall and	Walk	900099	106,460	106,460		
9	Other Income		900099	24,320	24,320		
f	f All other program service rev	enue					
<u> </u>	Total. Add lines 2a-2f			1,737,340			
3	Investment income (including	dividends, in	iterest,				
1	and other similar amounts)		>	353,967			353,96
4	Income from investment of ta	x-exempt bor	nd proceeds 🕨 📙				
5	Royalties						
į.	(ı) Real		(II) Personal				
6a		,230		1	j		
Ь		,479		ł	1		
C	Rental inc or (loss) 14	,751					
d	Net rental income or (loss) Gross amount from			14,751		5,151	9,60
'•	sales of assets (i) Securiti		(II) Other				
ì	other than inventory		3,815,631		ľ		
b	Less cost or other	ł		-			
}	basis & sales exps		3,815,631		}		
c	Gain or (loss)						
d	• • •						
8a	Gross income from fundraising ev	1	}		ì		
1	, , ,	, 621				ļ	
1	of contributions reported on line 1	;)		Ţ	j.	j	
1	See Part IV, line 18	a	339,293	1			
	Less direct expenses	b	149,622	400		Í	400 6
c	: Net income or (loss) from fur	· ·	nts 🕨	189,671			189,67
9a	Gross income from gaming activity						
1.	See Part IV, line 19	a					
	Less direct expenses	p[
	Net income or (loss) from gain		<u> </u>				
10a	Gross sales of inventory, less		650 457		ľ		
1.	returns and allowances		658,457				
,	Less cost of goods sold	b	307,784	250 672	245 107	E 476	
<u>-</u> <u>c</u>	Net income or (loss) from sal			350,673	345,197	5,476	
1	Miscellaneous Revenu		Busn Code			1	
11a			 				
þ							
C			- 				
1	f All other revenue		<u> </u>				
9	Total. Add lines 11a-11d		▶ _				
12	Total revenue. See instructi	nne	▶ !	5,730,194	2,082,537	10,627	553,23

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV. line 21	17,745	17,745		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		ì		
	organizations, foreign governments, and foreign			9	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 222		45 500	20 50
_	trustees, and key employees	82,000	20,500	41,000	20,50
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			!	
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,131,299	961,447	126,646	43,20
8	Pension plan accruals and contributions (include	7 400			
_	section 401(k) and 403(b) employer contributions)	7,623	5,541	1,839	6,56
9	Other employee benefits	209,653	178,089	25,000	6,56
10	Payroll taxes	96,316	78,012	13,231	5,07
11	Fees for services (non-employees)		1		
	Management	<u></u> -			
b	Legal	58,195	47,082		11,11
C	Accounting	22,800	17,100	5,700	
d	Lobbying				
0	Professional fundralising services See Part IV, line 17	61,488			61,48
f	Investment management fees	71,995	53,997	17,998	
g	Other (If time 11g amount exceeds 10% of time 25 column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	257,254	40,672	136,145	80,43
13	Office expenses				 _
14	Information technology	86,250	68,192	18,058	
15	Royalties				
16	Occupancy	123,269	121,141	2,128	
17	Travel	3,736	3,508	228	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,608	5,608		
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation depletion, and amortization	90,548	25,090	65,458	
23	Insurance	46,989	32,970	14,019	
24	Other expenses literaize expenses not covered	1			
	above (List miscellaneous expenses in line 24e II				
	line 24e amount exceeds 10% of line 25, column			į.	
	(A) amount list line 24e expenses on Schedule O)				<u>.</u>
а	Museum Enhancements	3,457,369	3,457,369		
b	Postage	294,230	74,235	3,494	216,50
£	Printing and Publications	220,601	59,121	9,869	151,61
đ	Strategic Initiatives	158,570	158,570		
0	All other expenses	459,911	379,249	56,391	24,27
25	Total functional expenses. Add lines 1 through 24e	6,963,449	5,805,238	537,204	621,00
26	Joint costs Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	ł		[
	fundraising solicitation. Check here ▶ if	į			
	following SOP 98-2 (ASC 958-720)	1	ı	1	

art)			
	Check if Schedule O contains a response or note to any line in this Part X		
		(A)	(B)
		Beginning of year	End of year
1	Cash—non-interest bearing	50,125 1	
2	Savings and temporary cash investments	4,169,687 2	
3	Pledges and grants receivable, net	1,323,450 ₃	
4	Accounts receivable, net	327,349 4	73,29
5	Loans and other receivables from current and former officers, directors,		
ļ	trustees, key employees, and highest compensated employees		
	Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section		
•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	l	
ł	organizations (see instructions) Complete Part II of Schedule L		
7		7	
8	Inventories for sale or use	242,062 8	
9	Prepaid expenses and deferred charges	33,493 9	22,90
10a	Land buildings, and equipment cost or		Í
ĺ	other basis Complete Part VI of Schedule D 10a 3,747,319	C 000 FCF	0.050.74
Ь	Less accumulated depreciation 10b 494,572	6,980,567 10	
11	Investments—publicly traded securities	6,197,536 11	
12	Investments—other securities See Part IV, line 11		
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	F	15 204 262	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,324,269 16	
17	Accounts payable and accrued expenses	346,283 17	
18	Grants payable	74 606	
19	Deferred revenue	74,696 19	
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors,	}	
1	trustees, key employees, highest compensated employees, and		
22	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	24	
25			
}	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	25	
26	F	420,979 26	
20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	420,373 20	200,55
	complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	15,010,001 27	16,143,37
28	Temporarily restricted net assets	3,410,307 28	
29	Permanently restricted net assets	482,982 29	
23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	402,302 23	405,25
{	complete lines 30 through 34.	(
30	Capital stock or trust principal, or current funds	30	,[
1	Paid-in or capital surplus, or land, building, or equipment fund	31	
31	Retained earnings, endowment, accumulated income, or other funds	37	
32		18,903,290 33	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
33	Total herbiting and not appete found belonges	19,324,269 34	
34	Total trabilities and net assets/fund balances		Form 990 (2

Form 9	90 (2016) Admiral Nimitz Foundation	74-1492692			Pag	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in	this Part XI				
1 T	otal revenue (must equal Part VIII, column (A), line 12)	<u>.</u>	11	5,7:		
2 T	otal expenses (must equal Part IX, column (A), line 25)		2	6,9		
3 F	levenue less expenses. Subtract line 2 from line 1		3	-1,2		
4 1	let assets or fund balances at beginning of year (must equal Part X, line 33, co	lumn (A))	4	18,9		
5 1	let unrealized gains (losses) on investments	·	5	3:	19,	<u> 295</u>
6 [conated services and use of facilities		6			
7 1	vestment expenses	•	7			
8 F	rior period adjustments		8			
9 (Other changes in net assets or fund balances (explain in/Schedule O)		9			3
10 1	let assets or fund balances at end of year. Combine lines 3 through 9 (must ed	ual Part X, line				
	3. column (B))		10	17,9	89,	<u>333</u>
Part	XII Financial Statements and Reporting					,
	Check if Schedule O contains a response or note to any line in	n this Parl XII				
					Yes	No
1 A	ccounting method used to prepare the Form 990 🔃 Cash 🛛 🗓 Accru	ial				
11	the organization changed its method of accounting from a prior year or check	ed "Other," explain in		!		
S	chedule O			}		
2a V	Vere the organization's financial statements compiled or reviewed by an indepi	endent accountant?		2a		X
tt.	"Yes," check a box below to indicate whether the financial statements for the	year were compiled or		, ,		1
r	eviewed on a separate basis, consolidated basis, or both			}		
Ĺ	Separate basis Consolidated basis Both consolidated and	t separate basis		1		
b V	Vere the organization's financial statements audited by an independent accour	ntant?		2b	_X	
H	"Yes," check a box below to indicate whether the financial statements for the	year were audited on a		į '	1	
5	eparate basis, consolidated basis, or both			1		
2	Separate basis Consolidated basis Both consolidated and	d separate basis		1		
c i	"Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight				
•	of the audit, review, or compilation of its financial statements and selection of a	n independent accountant?		2c	X	
H	the organization changed either its oversight process or selection process du	ring the tax year, explain in				i
9	chedule O			}		
3a A	s a result of a federal award, was the organization required to undergo an aud	it or audits as set forth in			i	
t	ne Single Audil Act and OMB Circular A-133?			3a		X
b 11	"Yes," did the organization undergo the required audit or audits? If the organization	ation did not undergo the				
	equired audit or audits, explain why in Schedule O and describe any steps take	en to undergo such audits		3ь	اا	
				For	m 990	(2015)

NIMITZ 07/26/2017 3 18 PM

SCHEDULE A . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

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

OM8 No 1545-0047

2016

Open to Public Inspection

lame of the	organization	8 dm 2 1 972 2	4- Manadakiaa			j	74-149			
			tz Foundation			this mark \ Car				
Part I			Status (All organizations				: Instruction	18		
, Č		•	e it is (For lines 1 through 12, cl	•						
1 H		·	ciation of churches described in			(A)(I).				
2			A)(ii). (Attach Schedule E (Form			:. \				
3			e organization described in sec				Enler the ho	enital'e name		
" L.	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									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
ت ،	section 170(b)(1)(A)(iv) (Complete Part II)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X										
8			70(b)(1)(A)(vi). (Complete Part	ii)						
9	·=		cribed in section 170(b)(1)(A)(ii		d in conji	inction with a land	d-grant college	e		
			f agriculture (see instructions) (
10 🔲	An organizati	on that normally receives (1)	more than 33 1/3% of its supp	ort from c	ontributio	ns, membership f	ees, and gros	S		
	•		pt functions—subject to certain	-						
		•	d unrelated business taxable into 1975. See section 509(a)(2).	-		·	inesses			
11	•	-	exclusively to test for public safe							
12	_	-	exclusively for the benefit of, to p				ut the purpose	es		
ا <u>_</u>	•		ations described in section 509							
	Check the box	x in lines 12a through 12d th	at describes the type of support	ing organi	zation an	d complete lines	12e, 12f, and	12g		
а		.,	rated, supervised, or controlled		• .)		
			er to regularly appoint or elect a		of the dire	ectors or trustees	of the			
b	r -1		omplete Part IV, Sections A a pervised or controlled in connec		te euonos	ed oroanizations	e) by barring			
b			ing organization vested in the s			•		1		
		ion(s) You must complete								
c			upporting organization operated ructions). You must complete				integrated wil	h,		
d	E** 1		. A supporting organization ope				d organization	n(s)		
-			organization generally must sai				_			
	tednitew	ent (see instructions). You m	nust complete Part IV, Section	ns A and	D, and P	art V				
0			eived a written determination fro			a Type I, Type II,	Type III			
f		ity integrated, or Type III from other of supported organization	-functionally integrated supporti	ng organi	zation			(
<u>'</u>		ollowing information about th						<u> </u>		
	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Amount of	monetary	(vi) Amount of		
	ganization	,,	(described on lines 1~10	Itsted in you	nt governing	support		other support (see		
			abova (see instructions))		ment ^o	iństructii	ons)	instructions)		
				Yos	No					
(A)	ı									
(B)]						
				 						
(C)										
(D)										
(E)				 	 	 	 			
				 	 					
Totai										
	owork Reductio	n Act Notice, see the Instructi	one for Form 990 or 990-EZ			·	Schedule	A (Form 990 or 990-EZ) 2016		

Admiral Nimitz Foundation

74-1492692

Page 2

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedul Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Sec	tion A. Public Support	ians to quanty	under the tests	ilsted below, pi	ease compicte	raitin	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
		(-/ 20/1	(0) 2010	(0) 20.	(4) 2010		7.7.1949.
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,157,675	3,553,207	3,238,639	11,327,689	3,083,792	26,361,002
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,157,675	3,553,207	3,238,639	11,327,689	3,083,792	26,361,002
5	The portion of total contributions by each person (other than a 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	·					26,361,002
	tion B. Total Support	' <u>-</u>					20/20-/
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	5,157,675	3,553,207	3,238,639	11,327,689	3,083,792	26,361,002
8	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources	183,307	384,680	360,331	299,084	363,567	1,590,969
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1.	1,816	1,817
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	89,246	120,113	169,228	144,934	339,293	862,814
11	Total support. Add lines 7 through 10	<u> </u>		1			28,816,602
12	Gross receipts from related activities, etc. (501 .		12	5,983,826
13	First five years If the Form 990 is for the		second, third, four	th, or lifth tax year	as a section 501(c)(3)	▶ [~]
Sec	organization, check this box and stop here tion C. Computation of Public St		ane				
14	Public support percentage for 2016 (line 6,			<u>(0)</u>		14	91 48%
15	Public support percentage from 2015 Sche	, ,	•	(1))		15	92 35%
16a		•		3. and line 14 is 33	1/3% or more, che	<u> </u>	32 33 7
	box and stop here. The organization quali				17570 01 111010, 011	JOK (III)	► (X ₁
ь	33 1/3% support test—2015. If the organi		• •		is 33 1/3% or mor	e check	. 1-2-1
_	this box and stop here. The organization of						▶ :
17a	10%-facts-and-circumstances test201	•			or 16b, and line 1	4 15	
	10% or more, and if the organization meets Part VI how the organization meets the "fac	the "facts-and-circ	cumstances" test, o	check this box and s	stop here. Explain	in	
	organization				, , , , , , ,		▶ •
ь	10%-facts-and-circumstances test-201	5. If the organization	on did not check a	box on line 13, 16a	, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-ar	id-circumstances"	test, check this box	and stop here.		
	Explain in Part VI how the organization me	ets the "facts-and-o	ircumstances" tesi	The organization	qualifies as a publ	icty	
	supported organization			-			▶ []
18	Private foundation. If the organization did instructions	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, checl	k this box and see		- ▶ []
							0 000 671 7046

		iral Nimi				-1492692	Page 3
Pa	art III. Support Schedule for O	rganizations D	escribed in S	ection 509(a)(2)		
	(Complete only if you che	cked the box or	n line 10 of Par	t I or if the orga	anization failed	to qualify under	Part II.
	If the organization fails to	qualify under th	e tests listed b	elow, piease c	omplete Part II	<u> </u>	
Sec	tion A. Public Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013_	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			····		· 	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years If the Form 990 is for the		, second, third, fou	irth, or fifth tax yea	r as a section 501(c)(3)	. :
500	organization, check this box and stop her stion C. Computation of Public S		tage				
				- (0)		145	D/
15	Public support percentage for 2016 (line 8	• • •	•	n (1))		15	<u>%.</u> %
16	Public support percentage from 2015 Sch					16	76_
	tion D. Computation of Investment income percentage for 2018 (I			column (f))		17	%
17 18	Investment income percentage for 2016 (investment income percentage from 2015			Column (1))		18	<u>%</u>
19a				14 and line 15 is	more than 33 1/39		·
158	17 is not more than 33 1/3%, check this be						▶ !
b							.
	line 18 is not more than 33 1/3%, check the						• .
20	Private foundation if the organization di						▶ .

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)

			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	1 1		ı
	class or purpose, describe the designation. If historic and continuing relationship, explain	11		
2	Did the organization have any supported organization that does not have an IRS determination of status	1 1		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1 1	1	
	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		
ь	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	3ъ		
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_		<u> </u>
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		l
ь	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	1		1
	despite being controlled or supervised by or in connection with its supported organizations	46		_
c	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1 1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1 :		
	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	1 1		}
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	1 1		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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	1 1		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	1 1		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	} {	1	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1 1		
	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	1 1	1	
	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	1 1		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		
¢	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.	9c		
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	1 1		

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b | Schedule A (Form 990 or 990-EZ) 2016

Schedul	e A (Form 990 or 990-EZ) 2016 Admiral Nimitz Foundation	74-1492692		Page 5
Part	IV Supporting Organizations (continued)		· · · · · · · · · · · · · · · · · · ·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	[
a	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		
	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		
Section	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	1		
	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	}		1
	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 camed out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization	2		L
Section	on C. Type II Supporting Organizations		V	N'-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	['		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Į		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Footi	the supported organization(s)		L	
Secu	on D. All Type III Supporting Organizations		Yes	No
4	Did the experience arounds to each of the connected around to be the first day of the fifth month of the		163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	10.		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	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	Ì	ļ
-		 	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (li) serving on the governing body of a supported organization? If "No," explain in Part VI had		ŀ	ł
	the organization maintained a close and continuous working relationship with the supported organization(s)	" 2	1	
-	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's		1	ł
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ł	ì
	supported organizations played in this regard	3	1	}
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 (s	ee instructions)		
a	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			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government of	entity (see instructions)		
2 A	Activities Test. Answer (a) and (b) below		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ļ	ļ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		}	
	those supported organizations and explain how these activities directly furthered their exempt purposes.	1	1	1
	how the organization was responsive to those supported organizations, and how the organization determined		1	1
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	ł	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	ł
	reasons for the organization's position that its supported organization(s) would have engaged in these	}	1	1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}	}	ł
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Oid the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ch		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	36	<u> </u>	
DAA		Schedule A (Form 9		-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Admiral Nimitz Foundation		74-1492	692 Page 6
Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting (Organizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 19	70 (explain in Part VI) Se	9
instructions. All other Type III non-functionally integrated supporting organizations	must comple	te Sections A through E	
Section A - Adjusted Net Income		(A) Pnor 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			i
collection of gross income or for management, conservation, or	1 1		
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)			
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 1s, 1b, and 1c)	10		
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)	4		
5 Net value of non-exempt-use assets (subtract line 4 from tine 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			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	· · · · · · · · · · · · · · · · · · ·	<u> </u>
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integral	ted Type III s	upporting organization (s	ee
instructions)	• •		
nigo dononej		Schedule	A (Form 990 or 990-EZ) 20

Schedu Par	le A (Form 990 or 990-EZ) 2016 Admiral Nimitz Fo t V. Type III Non-Functionally integrated 509(a)(3)		74-1492	692 Page 7
Sect	ion D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purposes			
•	organizations, in excess of income from activity	s of supported		
3	Administrative expenses paid to accomplish exempt purposes of supp	oded organizations		
4		Onted Organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
<u>-6</u> _	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(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			
	Section 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			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
a				
ь				
_c	From 2013 .			
d	From 2014			
ө	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
1				
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
-	Section D, line 7 \$	j		
a	Applied to underdistributions of prior years	 		
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	 		
5	Remaining underdistributions for years prior to 2016, if	 	<u> </u>	
3	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	1		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
8	Breakdown of line 7			
8				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016	 		
			Schedule	A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Admiral Nimitz Foundation

74-1492692

Page 8

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.)

Part II, Line 10 - Other Income Detail

Fundraising

NIMITZ 07/26/2017 3 18 PM

SCHEDULE D (Form 990)

Department of the Treasury Infernal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2016 Open to Public Inspection

e of the orga	neitexina		Employer identification number
dmira	al Nimitz Foundation		74-1492692
art I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I	nds or Other Similar Funds or Form 990, Part IV, line 6	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
Total ni	umber at end of year		
Aggreg	ate value of contributions to (during year)		
Aggreg	ate value of grants from (during year)		
Aggreg	ate value at end of year		
Did the	organization inform all donors and donor advisors in writing that	the assets held in donor advised	
funds a	re the organization's property, subject to the organization's exclu	isive legal control?	Yes []
Did the	organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
only for	charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose	
conferr	ng impermissible private benefit?		Yes
art II	Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
Purpos	e(s) of conservation easements held by the organization (check		
	servation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area
\$ 	stection of natural habitat	Preservation of a certified histor	
} ~~(servation of open space		
	ete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	ervation
	ent on the last day of the tax year		Held at the End of the Tax Y
Total ni	umber of conservation easements		2a
Total a	creage restricted by conservation easements		2b
Numbe	r of conservation easements on a certified historic structure inclu	ided in (a)	2c
d Numbe	r of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
historic	structure listed in the National Register		2d
Numbe	r of conservation easements modified, transferred, released, ext	inguished, or terminated by the organiza	tion during the
tax yea	r >		
Numbe	r of states where property subject to conservation easement is to	ocated >	
Does th	ne organization have a written policy regarding the periodic moni	toring, inspection, handling of	
violatio	ns, and enforcement of the conservation easements it holds?		Yes
Staff ar	nd volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
•			
Amoun	t of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easer	ments during the year
▶ \$			
Does e	ach conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)(i	
and se	ction 170(h)(4)(B)(ii)?		Yes
In Part	XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statemen	nt, and
	e sheet, and include, if applicable, the text of the footnote to the o	organization's financial statements that d	lescribes the
	ation's accounting for conservation easements		
art III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I		r Similar Assets.
a If the or	rganization elected as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and i	balance sheet
works	of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of
public s	service, provide, in Part XIII, the text of the footnote to its financia	al statements that describes these items	
b If the o	rganization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	ince sheet
works o	of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of
public :	service, provide the following amounts relating to these items		
(i) Re	venue included on Form 990, Part VIII, line 1		▶ \$
(ii) As	sets included in Form 990, Part X		▶ \$
If the o	rganization received or held works of art, historical treasures, or	other similar assets for financial gain, pri	ovide the
is time o		reletion to those stome	
	ng amounts required to be reported under SFAS 116 (ASC 958)	relating to mese items	
followin	ng amounts required to be reported under SFAS 116 (ASC 958) ue included on Form 990, Part VIII, line 1	relating to these items	> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sched	tule D (Form 990) 2016 Admiral	Nimitz Foun	dation		74-1492692		Page 2
soliction stems (check at linet apply) a	Par	t III Organizations Maintainin	ng Collections of	Art, Historical Tr	easures, o	r Other Similar	Assets ((continued)
b	3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	check any of the follow	wing that are a	significant use of its	,	
Preservation for future generations Part XIII	a	Public exhibition	d 🔲 1	Loan or exchange prog	rams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization slocity or econes donations of air, historical treasures, or other similar assess to be soft to see funds rather than to be maintained as part of the organization's collection? Fart IV Escrow and Custodial Arrangements. Complete of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 2. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X in 2. Is If Yes a splain the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance C Beginning balance I Beginning balance I Beginning balance I Beginning balance C Beginning balance I Beginning balance I Beginning balance I Beginning balance C Beginning balance I Beginning	ь	Scholarly research	e [] •	Other				
Solution to receive donations of art, instructed treasures, or other similar is bestles to be sold to area funds rather than to be maintained as part of the organization's collection? Fart IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21 Is its the organization an agent, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. If Yes I No If "Yes" is registed the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance C Beginning balance C Beginning balance I Ending balance	,							
Solution to large year, dot the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to race founds rather than to be maintained as part of the organization's collection? Part IV			collections and explain	how they further the or	ganization's e	xempt purpose in Pa	rt	
Part IV Excrew and Custodial Arrangements. Complete from personal to 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, incised, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, incised, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, incised, custodian or other intermediary for contributions or other assets not included on Form 990, Part X!!! and complete the following table C Beginning balance c Beginning balance c Beginning dy later arrangement in Part X!!! and complete the following table c Bridging balance d Additions during the year e Distributions during the year Ending balance 1 Ending balance 2a Did the organization incide an amount on Form 990, Part X, line 21, for escrew or custodial account liability? b If Yes, Explain the arrangement in Part X!!! Check here if the explanation has been provided on Part X!! Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance 1a Beginning of year balance 1b Contributions 3 , 664, 993 1, 107, 149 47, 579 311, 189 472, 763 b Contributions 3 , 664, 993 1, 107, 149 47, 579 311, 189 472, 763 c Net investment earnings, gains, and losses 6 , 17, 440 -173, 138 360, 466 842, 116 375, 261 d Grains or scholariships 1								
Escrow and Custodial Arrangements. 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21 (or escrow or custodia) account in ability Yes No No No No No No No N						ular		п ., г
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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? C Beginning balance c Beginning balance d Addisons during the year 1 Ending behance 2a Did the organization thus an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2b If "Yes," arplain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. 1 Endowment Funds. 1 Endowment Funds. 1 Endowment Funds. 1 Endowment Funds. 1 Endowment Funds. 2 Did the organization answered "Yes" on Form 990, Part IV, line 10 1 Beginning of year balance 2 Did the organization answered "Yes" on Form 990, Part IV, line 10 2 Did the investment earnings, gains, and losses 3 (64,093) 1,107,149 47,579 311,189 472,763 4 Grants or scholarships 5 Contributions 3 (64,093) 1,107,149 47,579 311,189 472,763 4 Grants or scholarships 5 Chief weepfanditures for facilities and programs 175,000 149,445 155,006 2,777 2,128 9 End of year balance 10,286,077 6,197,536 5,472,181 5,272,765 4,176,074 9 End of year balance 10,286,077 6,197,536 5,472,181 5,272,765 4,176,074 9 End of year balance 10,286,077 6,197,536 5,472,181 5,272,765 4,176,074 10 Unrelated organization and the possession of the organization that are held and administered for the organization by organization by the organization subset of the organization subset of the organization subset of the organization subset of the organization subset of the organization by (1) unrelated organizations 1 Land, Buildings, and Equipment. 2 Described organizations 4 Described part AVIII the menaded uses of the organization's endowment lunds 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 1 Land, Buildings, and Equipment. 1 Complete if the organization answered "Yes				rt of the organization's	collection?			1) Yes ; No
990, Part X, line 21 1a Is the organization an agent, inside, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance 1a Beginning of year balance 1b Contributions 1c Contributions 3,664,093 1,107,149 47,579 311,189 472,763 1b Contributions 671,440 -173,138 360,406 842,116 375,261 d Grants or scholarships e Other expenditures for facilities and programs 175,000 149,445 155,006 2,777 2,128 f Administrative expenses 71,994 59,211 53,562 53,837 25,741 g End of year balance 179,994 59,211 53,562 53,837 25,741 g End of year balance 2 Provide the estimated percentage of the current year end balance (ine 1g, column (ai)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarity restricted endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent endowment ▶ % b Permanent	rai		•	on Form 000 Par	t IV line O	or reported on a	mount a	n Form
No No No No No No No No		990, Part X, line 21				·		
C Beginning balance			dian or other intermedia	ary for contributions or	other assets n	ot		[7] W. [7] W.
Complete Complete		-				•	•	Yes [No
C Beginning balance 1c 1d	v	ir res, explain the attangement in Part XII	i and complete the foli	owing table				Amount
Additions during the year 10 10 10 10 10 10 10 1	_	Reginning halance				1		
Postributions during the year Fending balance Postributions during the year Fending balance Postributions during the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Fending balance Postributions Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10		· ·		•				
Ending balance 1			•	•	•			
Description Part V Endowment Funds. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10		• •	•				$\overline{}$	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10	2a	Did the organization include an amount on f	Form 990, Part X, line :	21, for escrow or custo	dia) account lia	ability?		Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10	ь	If "Yes," explain the arrangement in Part XII	Check here if the exp	lanation has been pro-	vided on Part	XIII		
1	Par							
1a Beginning of year balance 6,197,536 5,472,181 5,272,765 4,176,074 3,355,919 b Contributions 3,664,093 1,107,149 47,579 311,189 472,763 c Net investment earnings, gains, and losses 671,440 −173,138 360,406 842,116 375,261 d Grants or scholarships 771,494 59,211 53,562 53,837 25,741 g End of year balance 771,994 59,211 53,562 53,837 25,741 g End of year balance 771,994 59,211 53,562 53,837 25,741 g End of year balance 10,286,077 6,197,536 5,472,181 5,272,765 4,176,074 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment c Temporarity restricted endowment c The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations (III) related organizations (III) related organizations b If 'Yes' on line 3(a), are the related organizations sendowment funds and Equipment. Complete if the organization's endowment funds and Equipment (1) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Co		Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 10)		
b Contributions 3,664,093 1,107,149 47,579 311,189 472,763 c Net investment earnings, gains, and losses 671,440 -173,138 360,406 842,116 375,261 d Grants or scholarships 671,440 -173,138 360,406 842,116 375,261 d Grants or scholarships 71,940 149,445 155,006 2,777 2,128 f Administrative expenses 71,994 59,211 53,562 53,837 25,741 g End of year balance 71,994 59,211 53,562 53,837 25,775 54,174 g End of year balance 71,994 59,211 53,562 53,837 25,775 54,174 g End of year balance 71,994 59,211 53,562 53,837 25,775 54,174 g End of year balance 71,994 59,211 53,562 53,837 25,775 54,174 54,175 54			(a) Current year	(b) Prior year	(c) Two years	back (d) Three yo	ars back	(e) Four years back
Complete in the earnings, gains, and losses 671,440	1a	Beginning of year balance						
Composition Composition		ł	3,664,093	1,107,149	4	7,579 3	11,189	472,763
d Grants or scholarships e Other expenditures for facilities and programs 175,000 149,445 155,006 2,777 2,128 f Administrative expenses 71,994 59,211 53,562 53,837 25,741 g End of year balance 10,286,077 6,197,536 5,472,181 5,272,765 4,176,074 2 Provide the astimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % the percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations 5 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 Describe on part XIII the intended uses of the organization of propenty (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (c) Intends (d) Book value (d)		~ ~						
e Other expenditures for facilities and programs			671,440	-173,138	360	0,406 8	42,116	375,261
Programs 175,000 149,445 155,006 2,777 2,128 Administrative expenses 71,994 59,211 53,562 53,837 25,741 End of year balance 10,286,077 6,197,536 5,472,181 5,272,765 4,176,074 Provide the astimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % % Permanent endowment % %		· ·	· · · · · · · · · · · · · · · · · · ·					
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a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Describion of property (a) Cost or other basis (c) Accumulated depreciation depreciation 1a Land 891, 483 891, 483 6 Buildings C Leasehold improvements d Equipment 498, 613 214, 527 284, 086 e Other 65, 044 20, 537 20, 537 65, 044	-	•				-1-0-1 - 01-	<u>/</u> 1	
b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b (i''ves' on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Describe of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Blook value (investment) 1a Land 891, 483 b Buildings (2,271, 642 259, 508 2,012, 134) c Leasehold improvements d Equipment 498, 613 214, 527 284, 086 e Other 65, 044 20, 537 20, 537 65, 044		• –	*	(mio 19, column (d)) 11	C. G G S			
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Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organ	c	Temporarily restricted endowment ▶	%					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Complete if		The percentages on lines 2a, 2b, and 2c sh	ould equal 100%					
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(ii) related organizations 3a(ii) X		organization by						
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Part VI Land, Buildings, and Equipment.		· ·						3a(II) X
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								36
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 other basis (c) Account ated depreciation (d) Block value				rment funds				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value	Par			on Form 200 Day	4 N.J. lima 44	la Cas Farm 00	0 Bo≠ V	luno 10
(investment) (other) depreciation 1a Land 891,483 891,483 b Buildings 2,271,642 259,508 2,012,134 c Leasehold improvements d Equipment 498,613 214,527 284,086 e Other 65,044 20,537 20,537 65,044							J. Pail A	
1a Land 891,483 891,483 b Buildings 2,271,642 259,508 2,012,134 c Leasehold improvements 498,613 214,527 284,086 a Other 65,044 20,537 20,537 65,044		basis profession of property	1 ''	1 11			Ì	(0) (00)(141100
b Buildings 2,271,642 259,508 2,012,134 c Leasehold improvements 498,613 214,527 284,086 e Other 65,044 20,537 20,537 65,044	1a	Land						891.483
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e Other 65,044 20,537 20,537 65,044		·		4!	98,613	214,5	27	284,086
			65					
	Total	Add lines 1a through 1e (Column (d) must						3,252,747

	Complete if the organization answered "Yes" (a) Description of security or category	(b) Book vatue		od of valuation
	(including name of security)		Cost or end-c	f-year market value
Financial	derivatives			
•	eld equity interests			
Other .			 	
(A) .			 	
(B)			- 	
(C)			 	
(D)			 	
(E)		<u></u>		
(F)		<u></u>		
(G)	•		 	
(H)			· 	
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related.		<u> </u>	
rait VIII	Complete if the organization answered "Yes"	on Form 990 Part IV Ju	a 11c See Form 900	Dart Y June 13
	(a) Description of investment	(b) Book value		od of valuation
	(a) Cesciption of Pressurent	(b) Dook 48:06	1	of-year market value
1)		- 		
2)		- 		
3)				
4)			 	
5)			 	
6)			 	
7)			 	
ن	 			
(8)			 	
(8) (9)				
(9)	in (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13) ▶ Other Assets.			
(9) otal. <i>(Colum</i>		on Form 990, Part IV, III	ne 11d See Form 996), Part X, line 15.
9) otal. (Colum	Other Assets.	on Form 990, Part IV, III	ne 11d See Form 990	D, Part X, line 15.
9) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, In	ne 11d See Form 99	
(9) otal. <i>(Colum</i>	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 99d	
(1) Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
(1) (2)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
9) otal. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
9) otal. (Colum Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d See Form 990	
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal (Column	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col (B) line 15)	on Form 990, Part IV, III	ne 11d See Form 990	
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.			(b) Book value
9) otal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column	Other Assets. Complete if the organization answered "Yes" (a) Pescription on (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes"			(b) Book value
9) otal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.			(b) Book value
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9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Percription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25	on Form 990, Part IV, In		(b) Book value
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, In		(b) Book value
tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (1) Federal (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, In		(b) Book value
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9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X 1) Federal 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, In		(b) Book value
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X 1) Federa 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, In		(b) Book value
9) otal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal (Colum Part X 1) Federa 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, In		(b) Book value
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X (1) Federa (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) Pescription in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, In		(b) Book value
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Sche	dule D (Form 990) 2016 Admiral Nimitz Foundation		74-149269	<u> </u>	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	evenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements			1	6,049,489
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net unrealized gains (losses) on investments	2a	319,295		
b	Donated services and use of facilities	2b		1	
¢	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII)	2d		ŀ	
0	Add lines 2a through 2d			2e	319,295
3	Subtract line 2e from line 1			3	5,730,194
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		j	•
а	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 12)			5	5,730,194
Pa	art XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per R	eturn	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements			1	6,963,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		·		
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	26			
c	Other losses	2c		1	
đ	Other (Describe in Part XIII)	2d		}	
e	Add lines 2a through 2d			2e_	
3	Subtract line 2e from line 1		[3	6,963,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
ь	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, line 18)			5	6,963,449
_Pa	ert XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2016 Admiral Nimitz Foundation 74-1492692

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 890, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990 EZ, line 6a

Attach to Form 990 or Form 990-EZ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs goviform990 OMB No 1545-0047 2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

74-1492692 Admiral Nimitz Foundation Part I Fundraising Activities, Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants Internet and email solicitations Phone solicitations __ Special fundraising events d ___ in-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iil) Did fund or biso rougemA (v) (vi) Amount paid to raiser have (or retained by) (i) Name and address of individual tivi Gross receipts (or retained by) custody or (ii) Activity from activity or artity (fundraiser) fundraiser listed in organization control of co) (i) Fund Raising Strategies, Yes No 1 1420 Spring Hill Rd #450 61,488 McLean VA 22102 770,225 Solicitati 831,713 2 10 Total 831,713 61,488 770,225

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Alaska, Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Dist of Columbia, Delaware, Florida, Georgia, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, Wyoming

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

	gross receipts	greater than \$5,000			
		(a) Event #1	(b) Event #2	(c) Other events	
		Fundraisers		None	(d) Total events (add col (a) through
ø)	{	(even: type)	(avent type)	(total number)	col (c))
Revenue	1 Gross receipts	488,914			488,914
	2 Less Contributions	149,621			149,621
	3 Gross income (line 1 minus line 2)	339,293			339,293
	4 Cash prizes				
	5 Noncash prizes	20,019			20,019
ses	6 Rent/facility costs	32,538			32,538
Direct Expenses	7 Food and beverages	55,138			55,138
Direc	8 Entertainment	8,375	<u></u>		8,375
	9 Other direct expenses	33,552			33,552
	10 Direct expense summary	y Add lines 4 through 9 in column (d)	_		149,622
		ubtract line 10 from line 3, column (d)		<u> </u>	189,671
P	Part III Gaming. Con	nplete if the organization answere	ed "Yes" on Form 9	90, Part IV, line 19, or reporte	ed more

than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other caming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No Þ 7 Direct expense summary Add lines 2 through 5 in column (d)

9	Enter the state(s) in which the or	ganization conducts gaming	activities
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8 Net gaming income summary Subtract line 7 from line 1, column (d)

Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

[]	Yes		Na
\Box	163	الما	110

b If "Yes," explain

 \triangleright

a is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain

NIMIT	Z 07/26/2017 3 18 PM		
Sche	edule G (Form 990 or 990-EZ) 2016 Admiral Nimitz Foundation	74-149269	2 Page 3
11	Does the organization conduct gaming activities with nonmembers?	_	Yes No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		- 1 :
	formed to administer charitable gaming?		Yes ; No
13	Indicate the percentage of gaming activity conducted in	المدا	•
a b	The organization's facility An outside facility	13a 13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	[130]	
	Name ▶		
	Address ▶ .		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party		
	Name ▶		
	Address►		
16	Gaming manager information		
	Name ▶ _		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Ti Yes . No
Þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information			
	See instructions		
		•	
	•		
	·		
	••		

Schedule G (Form 990 or 990-EZ) 2016

Schedule I (Form 990) (2016) **2** □ Open to Public OMB No 1545-0047 2016 Inspection (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 74-1492692 noncash assistance (B) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal other) Information about Schedule I (Form 990) and its instructions is at www.irs gov/form990. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. 17,745 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 lable (c) IRC section (if applicable) 86-1123065 General Information on Grants and Assistance (P) EIN Admiral Nimitz Foundation Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? TX 78209 (a) Name and address of organization or government (1) Operation Comfort 4900 Broadway Department of the Treasury Internal Royenue Service NIMITZ 07/26/2017 3 18 PM Name of the organization San Antonio SCHEDULE (Form 990) Part ∷ Part 3 9 E 3 10 **€** 9

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Page 2 (e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals, Complete if the organization answered "Yes" on Form 990, Part IV, line 22 noncash assistance (d) Amount of 74-1492692 (c) Amount of cash grant Schedule (Form 990] (2016) Admiral Nimitz Foundation Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Admiral Nimitz Foundation gives 10% of the income from the annual Golf

fundraiser to a non-profit benefitting wounded service members.

Recommendations are requested from the San Antonio Military Medical Center.

The CEO and Golf committee choose from the submitted recommendations.

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service
Name of the organization

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

2016

s.gov/form990. Open to Public Inspection

Admiral Nimitz Foundation

74-1492692

Form 990 - Organization's Mission

To provide the resources and support to preserve, interpret and advance the education about World War II in the Pacific and to manage the National Museum of the Pacific War under an agreement with the Texas Historical Commission.

Form 990, Part III, Line 4d - All Other Accomplishment
Grant to Operation Comfort in San Antonio, TX
Grant is in support of wounded US service persons.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Process for review - After preparation by the Controller and CEO, the

complete return is provided to the Board of Directors before filing. After

filing the return is posted on the Foundation website.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
In accordance with Admiral Nimitz Foundations' Conflict of Interest Policy,
all Directors are required to immediately identify any conflict of interest
they may become aware of. Additionally, all Directors are required to sign
annual questionnaire on any conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The compensation of the CEO is reviewed annually by the Executive Committe;

this process includes a review of not-for-profit benchmark data for CEO
salaries. Any change in compensation is recommended to the full Board for

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

Page 2

Name of the organization

Admiral Nimitz Foundation

Employer identification number

74-1492692

approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The CEO determines salaries for all employees. These salaries are approved
by the full Board when it approves the annual budget.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization provides governing documents, conflicts of interest policy, and financial statements to the public upon request.