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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2016 Open to Public

		Tide Service					ut Form 99	and its insti	uctions is at	www.irs	.gov/ion	11990.			14.	19herriz	///
<u>A_</u>	For the	<u>e 2016 c</u>	alendar yea		<u>year begini</u>	ning		, and en	ding				-				
В	Check if a	ipplicable	C Name of org	ganization									D Em	ployer ıd	entificatio	on number	
\Box	Address c	change			LONE	TREE	INC.						1				
$\overline{\sqcap}$	Name cha	2020	Doing busin	ess as									85	-028	8525	1	
닏	Name cha	ange			O box if mail is	s not delivered	to street addr	ess)			Room/su	ite		ephone ni		200	
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	Amended	return	F Name and a	ddress of pri	ncıpal officer						1						X No
	Applicatio	on pending	Char	lene	Worre:	11					H(a) 1	s this a gi	roup returr	n for subo	rdinates? [Yes	X No
			PO B	ox 71	.3						H(b) A	re all su	bordinate	s include	d٥ [Yes	No
			Capi	tan			NM	88316)	If "No	," attach	alıst (se	e instructio	ons)	
	Tay over	mpt status		(c)(3)	501(c) (\ 4 (nsert no)	4947(a)(1)	or 52	7	┪						
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*****		organization	X Corpor	ation	Trust As	ssociation	Other >				rear or torm	ation	1900		State of I	legal domicil	<u>e</u>
	art I		ımmary														
))	1 1	•	escribe the o	•	n's mission	or most s	ignıficant a	ctivities:									
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- 5	١	OL L 41-						tions or dispo			0/10=3170		4				
ွှဲမြိ	2	Check th	iis box ►	ir the org	ganization d	iscontinue	d its opera	tions or dispo	sea or Intare	matt 4		net as	ssets. 1	- 1	10		
್ಕಳ	3		of voting me			-			la l			72	⊢		10		
es	4 1	Number	of independe	ent voting	members o	of the gove	rning body	(Part VI, line	(B) SF	P 0 6	2017	ől	L		10		
₹.₹	5	Total nur	mber of indiv	riduals em	ployed in c	alendar ye	ar 2016 (P	art V, line 2a) MODI	י עע	2017	(v)		5	84		
_ 5	6	Total nur	nber of volui	nteers (es	timate if ne	cessary)								6	0		
Activities & Governance	7a	Total unr	elated busin	ess rever	nue from Pa	ert VIII. col	umn (C), lir	ne 12	L_OG	DEN	I. UT	i		7a			0
Ž	h		lated busine							· · · · · · · · · · · · · · · · · · ·			-	7b			0
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_	8	Contribut	tions and gra	ants (Part	VIII. line 1h	3)				Ī		5	8,4	70		181,	,482
Revenue	9 Program service revenue (Part VIII, line 2g)										0,3	$\overline{}$	1	,212			
Ver	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)											67			,070	
æ	1 44		•				•	nd 11a\		ı			1,4				39
			venue (Part '						- 40)	}		21	$\frac{1}{0,9}$		1	,389	
_								olumn (A), lır	le 12)			, , ,	.0,9	33 -		, 303	, , 03
	1		ınd sımilar ar					3)		}				}-			<u>o</u>
	14	Benefits	paid to or fo	r membei	's (Part IX, o	column (A)	, line 4)			ļ				-			0
S	15	Salaries,	, other comp	ensation,	employee b	benefits (P	art IX, colu	mn (A), lines	5–10)	ļ		62	25,8	53		<u>634</u>	,934
penses	16a	Profession	onal fundrais	sing fees (Part IX, col	lumn (A), li	ne 11e)]							0
		Total fun	ndraising exp	enses (Pa	art IX, colun	nn (D), line	25) 🕨		2,199					1			:
ŭ	1		penses (Par							[60	8,7	58		640	,788
			penses Add					A), line 25)		1			34,6		1	,275	
			e less expens					, ,,,,		ļ			6,3				,981
7	8 13	TCVCIIGC	ress experi	3C3 OUDI	act into 10	HOIN IIIIC	<u></u>				Beginn		urrent Ye		Er	nd of Year	
sis	E 20	Total ass	sets (Part X,	line 16)						1			16,2			,604	
988	21		bilities (Part	•	١					1			14,3				,456
Net Assets or	5		•			21 from l	no 20			1	 ,		1,8			,415	
	<u> </u>		ets or fund b		Subtract inte	21 1101111	ne zu				<u>-</u>	3,30	<u>, , , , , , , , , , , , , , , , , , , </u>	14		, 113	,023
	Part II		ignature I													 _	
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Ma	y the II	RS discu	ss this returi	n with the	preparer sh	nown abov	e? (see ins	tructions)								X Yes	No

Form 990 (2	016) LONE TREE INC.	85-0285251	Page 2
Part III	Statement of Program Service Accomplishments		
4 - D	Check if Schedule O contains a response or note to an	y line in this Part III	X
	describe the organization's mission: Schedule O		•
	e organization undertake any significant program services during the year	ar which were not listed on the	
•	Form 990 or 990-EZ? s," describe these new services on Schedule O		Yes X No
3 Did th	e organization cease conducting, or make significant changes in how it of es?	conducts, any program	Yes X No
	s," describe these changes on Schedule O.		
	tibe the organization's program service accomplishments for each of its tisses. Section 501(c)(3) and 501(c)(4) organizations are required to report		
the to	tal expenses, and revenue, if any, for each program service reported		
This to to to to to the post of the post o	Tree Ranch is a camp developed and program centers around outdoor act he campers using the activity as an s are centered around challenges ch d on Biblical principles and conceps course, children are taught valuated can take back with them to school er and life goals. Children are take problems, conflict resolution, an uraged to grow in their relationshi achievment code also includes othe conflict resolution. (Expenses \$ 415,492 including grants of the conflict resolution and ers at Fort Lone Tree are given the the outdoors. Bible studies are taked and the campfire each evening. Children are lop new skills. As campers return lable to them that introduce them there are given the opportunity to se stian faith. As campers progress the develop leadership skills. Campers to problems, set and plan goals, all there is a christian base of the campers from 12 to 18 can grow specific to the campers from 12 to 18 can grow specific to the campers from 12 to 18 can grow specific the camp	designed for 13-18 year ivities. Bible lessons object lesson. Evening ildren face each day witts. Through the use of ble principles and life and help them prepare fought how to communicate, d work as a team. Child p with God and with each r program expenditures. Of \$ (Revenue \$ designed for 8-12 year of the comportunity to enjoy Gought during each activities able to try new activities are given more responsibility and tear they are given more responsibility and tear to there and live out hey are given more responsibility and tear to the sand live out hey are given more responsibility and tear to the sand live out hey are given more responsibility and tear they are given more responsible.	are taught chapel h solutions our high lessons that r their set goals, ren are other. Id campers. d's creation y and around ties and ms are mwork. their nsibility nicate, tive. Many age. ont camp through
	hip, fellowship, Bible study, and h rides a personalized experience for		. The camp
	r program services (Describe in Schedule O.) enses \$ 7,423 including grants of \$) (Revenue \$	```
	program service expenses ► 1,100,311	/ (Novelide +	

85-0285251 Form 990 (2016) LONE TREE INC. Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes." complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 1<u>1a</u> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

X 11c X 11d X 11e X 11f 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X

19

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	{		
	employees? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Ì	[
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	{	ĺ '	
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	Ì		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		6	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		/	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X_	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		_	
	Schedule L, Part IV	28b	X	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1	}	}
	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	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	•	ł	
	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,	Į.		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ļ	,,,
	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,	1		
	or IV, and Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├	X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	\		ŀ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		}	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	├	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	1	ł
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	┼	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	n (2016

, ₩a	Type Statements Regarding Other IRS Filings and Tax Compliance Chook if Schodulo O contains a response or note to one line in this Bort V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	7.		
	reportable gaming (gambling) winnings to prize winners?	1c		}
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7.		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 84		Í	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		, () , ()	, ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			}
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country		,	-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	65		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			11
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		,	
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	!		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		,	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)		•	ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax exempt interest received as ported during the year.	12a	 - -	
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified perpendit health incurrence incures.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
а	Note. See the instructions for additional information the organization must report on Schedule O	138	ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which		I	
	the organization is licensed to issue qualified health plans		_	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	or a "i	No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See			rs.				
	Check if Schedule O contains a response or note to any line in this Part VI			_X_				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	- 1	10	1				
	If there are material differences in voting rights among members of the governing body, or			1				
	if the governing body delegated broad authority to an executive committee or similar	Į	-	,				
	committee, explain in Schedule O			1				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	I						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 1	,	,				
	any other officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-		ļ				
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	1	,					
а	The governing body?	8a	<u> </u>	<u></u>				
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co.	de.)						
			Yes	_				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	ļ,	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, a						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	<u> </u>				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			Ì				
	describe in Schedule O how this was done	12c	X	<u> </u>				
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ī					
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>				
b	Other officers or key employees of the organization	15b	X	ļ				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	•	•					
	with a taxable entity during the year?	16a	<u> </u>	<u>X</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	1 1				
	organization's exempt status with respect to such arrangements?	16b		┸.				
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NM							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)							
	available for public inspection. Indicate how you made these available. Check all that apply.							
•	Own website X Another's website X Upon request X Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and							
	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶							
C	harlene Worrell 203 Smokey Bear Blvd							
C	apitan NM 88316 575	-35	4_:	3322				

Part VII	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) Name and Title	(B) Average		related organization compensa (C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	k, unle	ess pe	rson ı	s both	an	compensation from	compensation from related	amount of other
	(list any hours for	1				r/trust		the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	divid	nstitut	Officer	ey en	ighes mploy	orme	(W-2/1099-MISC)		organization and related
	below dotted line)	ual tri	ional		Key employee	e com	7			organizations
	inicy	Individual trustee or director	Institutional trustee		8	Highest compensated employee				
(1)Charlene Worrell	•					-				
	45.00				ļ	1				
Presdient/CEO	0.00	X	_	X	<u> </u>			44,100	0	0
(2) Steve McClain		1				ł				
	5.00	1	l	 		}				
Vice President/Chair	0.00	X	<u> </u>	X		├	_	0	0	0
(3) Troy Williamson	5.00	1		ļ				}		
Assistant Chair	0.00	x		X	ŀ	ł	l	ol	0	0
(4) Christina Wilson		<u> </u>	\vdash	^		╁╌	 	 		<u> </u>
(4) 0111111011111111111111111111111111111	5.00	1	ļ	}	}	1		}		
Treasurer	0.00	X		x		ļ		ol	0	o
(5) Trey Greer				Ι-	f^-					
_	5.00	}	1		1	}				
Director	0.00	X	_	<u> </u>	L	_		0	0	0
(6)Brian Stokes			}	1						
	5.00		}		1	}				
Director	0.00	X	├	├	 	-	<u> </u>	0	0	0
(7) Mike Timmons	F 00		ļ	ŀ	ļ		}			
Director	5.00 0.00	$ \mathbf{x} $	}		}		1	0	0	0
(8) James Hobbs	0.00	┲	 	+-	-	-	-	<u> </u>		
(o) cance nobbe	5.00	}	1	}			}]		
Director	0.00	X	ļ		ļ		}	o	0	0
(9) Tony L Najar				1	1		T			
	5.00	}		}		}	ļ			
Director	0.00	X	<u> </u>	<u> </u>]	_	<u>L</u> .	0	0	_0
(10) Kim Taylor					[
	5.00	}])					
Director	0.00	X	 	╁	<u> </u>	↓	├	0	0	0
(11)			1	1	}			})
	}	}			1	}		}		
	L	Į.	ı	1	1	1	1	1	1	1

Par	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle ficer a	Pos check ess pe nd a c	rson	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amoun othe compens		of ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		[irganiza and rela irganiza	ted	
													- "	_
												<u> </u>		
												·		
												-		
1b	Sub-total			٠	ــــــ	Ь	۰	•	44,100					
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion .	Α			>	44,100					
2	Total number of individuals (in reportable compensation from				tho	se lis	ted :	abov					Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,	" complete Sche	dule	J fo	r suc	ch in	dıvid	ual				3	Tes	X
4	For any individual listed on lin organization and related organization and related organization	nızatıons greateı	thai	n \$1.	50,0	00?	If "Ye	es," (complete Schedule J for su	ıch		4		x
5	Did any person listed on line of for services rendered to the or									r ındıvıdual 		5_		x
	on B. Independent Contracto			-4			4 4		be at an about an air and an ana	4h \$400,000 -5				
1	Complete this table for your fi compensation from the organ	ization Report of							dar year ending with or wit	hin the organization's tax y	/ear		<u> </u>	
	Name and	(A) d business address						+	Descri	(B) ption of services		Co	(C) mpensa	tion
						_		_						
								\downarrow						
								-						
								-				· - —		
2	Total number of independent received more than \$100,000								ose listed above) who	0				

1,389,703

1,208,221

0

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b. 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 44,100 44,100 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 433,639 409,633 24,006 7 Other salaries and wages Pension plan accruals and contributions (include 55,479 42,634 12,845 section 401(k) and 403(b) employer contributions) 66,136 43,124 23,012 Other employee benefits 35,580 29,766 5,814 10 Payroll taxes Fees for services (non-employees): 11 Management Legal ь Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,510 378 1,132 12 Advertising and promotion 39,235 6,581 32,654 13 Office expenses Information technology 14 15 Royalties 89,230 79,838 9,392 16 Occupancy 1,231 924 307 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,993 2,745 248 Conferences, conventions, and meetings 19 2,452 2,452 20 21 Payments to affiliates 111,124 4,200 106,924 22 Depreciation, depletion, and amortization 65,475 68,063 2,588 23 Insurance Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 143,336 143,114 222 Food 70,564 69,931 633 Repairs 29,812 29,812 Livestock expense 16,924 16,924 Program costs 64,314 50,056 12,059 e All other expenses 1,275,722 1,100,311 173,212 2,199 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 183,681 81,823 Cash-non-interest bearing 707,806 618,331 2 2 Savings and temporary cash investments Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 organizations (see instructions) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use **2,632** 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or 3,357,235 10a other basis. Complete Part VI of Schedule D 1,622,110 1,904,125 10b 1,453,110 10c b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,516,229 2,604,279 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 912 Accounts payable and accrued expenses 17 17 18 18 Grants payable 51,120 26,257 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 120,000 107,698 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 42,355 54,501 25 of Schedule D 214,387 188,456 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,244,835 2,358,816 27 27 Unrestricted net assets 57,007 57,007 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,301,842 2,415,823 33 33 Total net assets or fund balances 2,604,279 2,516,229 Total liabilities and net assets/fund balances

Form	990 (2016) LONE TREE INC.	85-0285251			Pa	<u>ge 12</u>
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in	this Part XI				\Box L
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,3	89,	703
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,2	75,	722
3	Revenue less expenses Subtract line 2 from line 1		3	1	13,	981
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colu	mn (A))	4	2,3	01,	842
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equ	al Part X, line	{ }			
	33, column (B))		10	2,4	15,	823
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other		''' 4	, ,	1
	If the organization changed its method of accounting from a prior year or checked	"Other," explain in			,	1
	Schedule O.					:
2a	Were the organization's financial statements compiled or reviewed by an indepen	dent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	ar were compiled or		[22.7]		~
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and s	eparate basis		11		
b	Were the organization's financial statements audited by an independent accounta	nt?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year	ar were audited on a		F		
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and s	eparate basis		/	· .	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight		1		1
	of the audit, review, or compilation of its financial statements and selection of an	independent accountant?		2c		
	If the organization changed either its oversight process or selection process during	g the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in			}	
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization	tion did not undergo the			{	1
	required audit or audits, explain why in Schedule O and describe any steps taken	to undergo such audits		3b	l	{

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

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

Public Charity Status and Public Support

OMB No 1545-0047 2016

> Open to Public "Inspection

Department of the Treasury Internal Revenue Service

▶ 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. Name of the organization

Employer identification number 85-0285251

			TONE IKEE IN	<u>. </u>			85-028	<u> </u>				
P	art i	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.				
Γhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 12, c	heck only	one box.)					
1	\Box	A church, con	vention of churches, or asso	ociation of churches described i	n section	170(b)(1)(A)(i).					
2	\sqcap	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ))						
3				e organization described in sec			ii).					
4		•	•	in conjunction with a hospital d			•	ospital's name,				
		city, and state	•	,				,				
5		•		f a college or university owned	or operate	ed by a go	overnmental unit described in					
		•	b)(1)(A)(iv). (Complete Part	•	•	, ,						
6		•		overnmental unit described in se	ection 17	0(b)(1)(A)(v).					
7		-	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro	m a gove	rnmental	unit or from the general public					
8				70(b)(1)(A)(vi). (Complete Part	II.)							
9	\vdash	-			•	ed in coni	unction with a land-grant collec	ie				
_	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.											
10	X) more than 33 1/3% of its supp				ss				
				pt functions—subject to certain								
		• •	•	d unrelated business taxable in	•		•					
	[-]		•), 1975. See section 509(a)(2).			•					
11	\vdash	•	•	exclusively to test for public safe	•							
12		•	•	exclusively for the benefit of, to partions described in section 509								
				at describes the type of suppor								
	a	 1	_	erated, supervised, or controlled			•	•				
	_			ver to regularly appoint or elect				•				
		supportin	g organization. You must co	omplete Part IV, Sections A a	nd B.							
	b	Type II. A	A supporting organization sup	pervised or controlled in connec	tion with	ts suppo	rted organization(s), by having					
			- · · · · · · · · · · · · · · · · · · ·	ting organization vested in the s	same pers	ons that	control or manage the support	ed				
		organizat	ion(s). You must complete	Part IV, Sections A and C.								
	С			upporting organization operated tructions) You must complete				ıth,				
	d			. A supporting organization ope				` ·				
			• •	organization generally must sa	-	_	·	ess				
		_ `	•	nust complete Part IV, Section		-						
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III					
	f		nber of supported organization		5 5							
	g	Provide the fo	ollowing information about th	e supported organization(s)								
_	(ı) Narr	ne of supported	(u) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
		ganization		(described on lines 1–10	listed in you	ır governing	support (see	other support (see				
				above (see instructions))		nent?	instructions)	instructions)				
					Yes	No						
(A	a)				ł							
					 							
(B)))		}]				
			 		}	<u> </u>	 					
(C	,) 											
(C)) 											
(E	:)											
			;	.,	/							

Schedule A (Form 990 or 990-EZ) 2016 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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ion A. Public Support		_					
dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
membership fees received. (Do not	·		·				
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
			·				
Total. Add lines 1 through 3							
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					3		
shown on line 11, column (f)	, , , , , , , , , , , , , , , , , , ,	()	1 / 1 / 1				
Public support. Subtract line 5 from line 4							
dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
Amounts from line 4					<u> </u>		
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					I		
Net income from unrelated business activities, whether or not the business is regularly carried on							
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
Total support. Add lines 7 through 10	2		`	1 11 1	1		
Gross receipts from related activities, etc	(see instructions)					12	
First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	I(c)(3)		
organization, check this box and stop her	e						
tion C. Computation of Public St	upport Percen	tage					
Public support percentage for 2016 (line 6	i, column (f) dıvıde	d by line 11, colum	nn (f))			14	%
						15	%
33 1/3% support test—2016. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this		
box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				▶ _
• • • • • • • • • • • • • • • • • • • •				15 is 33 1/3% or m	ore, check		
							▶ [_
•				•			
organization				, , ,	•		▶ [
_				•			
•	eets the "facts-and	l-circumstances" to	est. The organizati	on qualifies as a p	ublicly		, –
supported organization							▶ [_
Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 16	5b, 17a, or 17b, ch	eck this box and s	ee		▶ [
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop her tion C. Computation of Public St. Public support percentage for 2016 (line 6) Public support percentage from 2015 Sch. 33 1/3% support test—2016. If the organization test—2015. If the organization this box and stop here. The organization qual 31/3% support test—2015. If the organization 10%-facts-and-circumstances test—2010% or more, and if the organization meets and if the organization meets the "facts organization or organization meets the "facts organization or organization meets the "facts organization organization meets the "facts organization organization organization meets the "facts organization organization organization meets the "facts organization orga	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's firs organization, check this box and stop here tion C. Computation of Public Support Percen Public support percentage from 2015 Schedule A, Part II, lin 33 1/3% support test—2016. If the organization did not che box and stop here. The organization qualifies as a publicly 33 1/3% support test—2016. If the organization did not che this box and stop here. The organization qualifies as a publicly 31 1/3% support test—2015. If the organization did not che this box and stop here, The organization meets the "facts-and-circumstances test—2016. If the organization organization in Part VI how the organization meets the "facts-and-circumstances test—2015. If the organization organization organization. Private foundation. If the organization meets the "facts-and-circumstances test—2015. If the organization private foundation. If the organization did not check a box	dar year (or fiscal year beginning in) Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, forganization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2016 (line 6, column (f) divided by line 11, column public support percentage from 2015 Schedule A, Part II, line 14 33 1/3% support test—2016. If the organization did not check a box on line 13 1/3% support test—2015. If the organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test part VI how the organization meets the "facts-and-circumstances" test Part VI how the organization meets the "facts-and-circumstances" test paper test organization. If the organization meets the "facts-and-circumstances" test paper test pundation. If the organization did not check a box on line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test paper test organization. Private foundation. If the organization meets the "	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Iton B. Total Support add ryear (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, symments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part II.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax ye organization, check this box and stop here. The organization qualifies as a publicity supported organization 33 1/3% support test—2015. If the organization did not check ab ox on line 13, and line 10%-facts-and-circumstances test—2016. If the organization did not check abox on line 13, 110% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Part IV how the organization meets the "facts-and-circumstances" test, check this box and Part IV how the organization meets the "facts-and-circumstances" test, check this box and Part IV how the organization meets the "facts-and-circumstances" test, check this box and Part IV how the organization meets the "facts-and-circumstances" test, check this box and part IV how the organization meets the "facts-and-circumstances" test, check this Lexibian in Part IV how t	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines I through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) michued on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Ion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Cross income from increat, dividends, frayments received on securities learns, representatives and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on the business is regularly carried on the business is requisity carried on the business is requisity carried on Public Support Percentage Under Income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, whether or not the business is requisity carried on Public Support Percentage Public support percentage from 2015 Schedule A, Part II, line 14 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or mits box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, and line 15 is 33 1/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and st	Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levide for the organization without charge organization org	Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants") Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization without charge organization without on the organization without on the organization without on the organization without organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organiz

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

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

Sec	tion A. Public Support	quality at the time					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	212,097	249,145	114,970	58,470	181,482	816,164
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	997,701	1,075,517	1,748,716	1,252,525	1,212,966	6,287,425
3	Gross receipts from activities that are not an unrelated trade or business under section 513	42,000					42,000
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	1,251,798	1,324,662	1,863,686	1,310,995	1,394,448	7,145,589
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	14,385					14,385
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		(_			
С	Add lines 7a and 7b	14,385					14,385
8	Public support. (Subtract line 7c from		1				
500	line 6) tion B. Total Support	<u> </u>	<u> </u>	<u> </u>	لىسى ئىقىسى سىسى		7,131,204
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,251,798	1,324,662	1,863,686	1,310,995	1,394,448	7,145,589
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,232,730	2,321,001	2,000,000	270237333	2,55 1, 110	.,,220,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	1,251,798	1,324,662	1,863,686	1,310,995	1,394,448	7,145,589
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her					<u> </u>	.
Sec	ction C. Computation of Public St	upport Percent	age				
15	Public support percentage for 2016 (line 8		•	ın (f))		15	99.80%
16_	Public support percentage from 2015 Sch						99.62 %
	ction D. Computation of Investme						
17	Investment income percentage for 2016 (I		=	, column (t))		17	%
18	Investment income percentage from 2015			14 and line 15 is	more than 22 1/2	18 18	<u>%</u>
19a	17 is not more than 33 1/3%, check this b	ox and stop here .	The organization	qualifies as a public	cly supported orga	anization	▼ X
b	33 1/3% support tests—2015. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di	-	•		=	•	
40	ate ioungation. Il the organization of	a not oneon a box (,, iiio 17, 13a, 01	TOD, CHECK HIS DO	and see monde		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Y	s	No
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		r 990-	FZ) 201

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part Y Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	ZJI Pag
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			e
instructions. All other Type III non-functionally integrated supporting organization	s must compl	ete Sections A through E.	
Section A - Adjusted Net Income	}	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3_		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		,	
maintenance of property held for production of income (see instructions)	6	1	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		,	, , , , ,
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			5
factors (explain in detail in Part VI)	'		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		, ,	Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	, ,	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	7	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integ	rated Type III	supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

Part VI See instructions

Breakdown of line 7.

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

and 4c

8

Excess distributions carryover to 2017. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2016

LONE TREE INC.

85-0285251

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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.)

DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal 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

Name	of the organization		Employer	identification number	
L	ONE TREE INC.		85-0	285251	
	Organizations Maintaining Donor Advised Function Complete if the organization answered "Yes" on				
	Complete ii the organization answered Tes on	(a) Donor advised funds		b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing th	the assets held in donor advised			
J	funds are the organization's property, subject to the organization's exc			Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in				
·	only for charitable purposes and not for the benefit of the donor or do				
	conferring impermissible private benefit?	nor davisor, or for any outer purpose		Yes	No
P	art II Conservation Easements.				
y- +	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant lan	d area	
	Protection of natural habitat	Preservation of a certified historic	structure	е	
	Preservation of open space		•		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conser	vation		
	easement on the last day of the tax year.		<u> </u>	Held at the End of the Tax	Year
а	Total number of conservation easements		_2a	<u> </u>	
þ	Total acreage restricted by conservation easements		_2b_	<u></u>	
C	Number of conservation easements on a certified historic structure in	cluded ın (a)	2c	<u> </u>	
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a			
	historic structure listed in the National Register		_2d	<u> </u>	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organizat	ion durin	g the	
	tax year ▶				
4	Number of states where property subject to conservation easement is	s located ▶			
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of			?
	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	asement	s during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	iolations, and enforcing conservation easem	ients dur	ring the year	
	>\$	the			
8	Does each conservation easement reported on line 2(d) above satisfy	y the requirements of section 170(n)(4)(B)(I)	l	□ vaa □	l Na
_	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation eases balance sheet, and include, if applicable, the text of the footnote to the	•		the	
	organization's accounting for conservation easements	le organization s illiancial statements that di	escribes	(iie	
P	art III Organizations Maintaining Collections of Art	t. Historical Treasures, or Other S	Similar	Assets.	
•	Complete if the organization answered "Yes" on				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	, not to report in its revenue statement and b	palance s	sheet	
	works of art, historical treasures, or other similar assets held for publi				
	public service, provide, in Part XIII, the text of the footnote to its finan	ncial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	, to report in its revenue statement and bala	nce shee	et	
	works of art, historical treasures, or other similar assets held for public	ic exhibition, education, or research in furthe	erance o	f	
	public service, provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		•	> \$	
	(ii) Assets included in Form 990, Part X		•	> \$	
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, pro	vide the		
	following amounts required to be reported under SFAS 116 (ASC 956	8) relating to these items.			
а	Revenue included on Form 990, Part VIII, line 1		•	> \$	
b	Assets included in Form 990, Part X		,	▶ \$	

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 (b) Cost or other basis (d) Book value (c) Accumulated (other) (investment) depreciation 234,649 234,649 1a Land **b** Buildings c Leasehold improvements d Equipment 3,122,586 1,453,110 1,669,476 e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,904,125

Part VII	Investments—Other Securities. Complete if the organization answered "Ve	e" on Form 000 Dod 11/ Im	ne 11h See Form 000 Part V line 12
	Complete if the organization answered "Ye (a) Description of security or category	(b) Book value	(c) Method of valuation
•	(including name of security)	(2) DOOK VALUE	Cost or end-of-year market value
) Financial d	_ 		
•	eld equity interests		
) Other	• •		
(A)			
(B)			
(C)			T
(D)			
(E)			T
(F)			7
(G)			1
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) 🕨		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			· ·
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶		Line Committee C
Part IX	Other Assets.		
	Complete if the organization answered "Ye	es" on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15
	(a) Descript	tion	(b) Book value
(1)			
(2)		·	
(3)		·	
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)	- 		
	n (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities.	# F	. 44 . 446 0
	Complete if the organization answered "Ye	es" on Form 990, Part IV, li	ne 11e or 11t. See Form 990, Part X,
	line 25.		
<u> .</u>	(a) Description of liability	(b) Book value	-
	income taxes		1
	ion plan payable	54,50	븩^
(3)			-
(4)			⊣
(5)			
(5) (6)			
(5) (6)			
(7)		54,50	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

c Add lines 4a and 4b

che	dule D (Form 990) 2016 LONE TREE INC.	85	-0285251	_ Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,389,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,389,703
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	F-74	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	 	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,389,703
Pa	Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	· -
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements		1	1,275,722
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,275,722
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		

Part XIII Supplemental Information.

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

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

1,275,722

85-0285251

Page 5

Schedule D (Form 990) 2016 LONE TREE INC.
Part XIII Supplemental Information (continued)

7090 09/01/2017 1 11 PM

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public

Internal Nevertue Service	7 Miles Marie about contents 2 (1 cm coc ci coc ==) and 10 metalic metalic ==	umpection:
Name of the organization		Employer identification number
L C	ONE TREE INC.	85-0285251
Part Excess B	enefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) or	ganizations only)

	LONE TREE INC.				85-0	<u> 2852</u>	51							
Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, o (b) Relationship between disqualified person and organization (a) Name of disqualified person (b) Relationship between disqualified person and organization Enter the amount of tax incurred by the organization managers or disqualified persons during the under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization													
	Complete if the organization answere					-	or Form	1990-EZ, Part V, I	ine 40			(4)	Correct	
1	(a) Name of disqualified person	(b) Relatio			ı pers	son and		(c) Description of tra	nsaction)		Yes		No.
<u> </u>													\dashv	
(2)														
(3)														
(4)										_		<u> </u>		
(5)												<u> </u>		
(6)												Щ.		
under s	section 4958				son	s during t	he yea	r	► \$ ► \$					
Part II					line	38a or Fo	orm 990	Part IV line 26	or if th					
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		(b) Relationship	(c) Purpose of	(d) Lo or fro	m the			(f) Balance due	(g) In c	lefault?		oproved pard or nittee?		ritten ement?
						_		1	Yes	No	Yes	No	Yes	No
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Part III	Grants or Assistance Benef	tina Intoro	stad Parsa				▶ \$		<u>E</u> ,		<u> </u>		<u> </u>	
1. 41.6.111	Complete if the organization answere				e 27									
	(a) Name of interested person	1 ' '	iship between intere		(c) A	Amount of ass	istance	(d) Type of assistance		(e)	Purpos	se of ass	sistance	
(1)					L									
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(7) (8) (9)

art IV	Form 990 or 990-EZ)	postions laurely	ng Interested December		85-028525			age
att îA	Complete if the or	nsactions involvi roanization answered "\	ng Interested Persons. Yes" on Form 990, Part IV, line 20	8a. 28b. or 28c				
•	(a) Name of interes		(b) Relationship between	(c) Amount of	(d) Description of trai	nsaction	(e) S	harır
	.,	•	interested person and the organization	transaction			of rever	T
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Sports	Adventure,	Inc.	CEO owned ent.		Equip rent,	rep rue.	┡	├^
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art V	Supplemental							
	Provide additional	I information for respon	ses to questions on Schedule L (see instructions)				
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 **2016**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

LONE TREE INC.

85-0285251

Amended Return Explanation

COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS OVERSTATED AND ON THE INCORRECT OFFICER LINE ON THE ORIGINAL RETURN.

Form 990 - Organization's Mission

Lone Tree is a Christian Based Camp that uses the outdoors and high adventure to teach every day biblical principles and encourage campers in their Christian walk. Basic life skills are taught to campers along with problem solving, team work, communication and goal setting, all from a biblical perspective. Service projects are scheduled to give children a chance to serve others. Over 6,500 people attended camp in 2012.

Form 990, Part III, Line 4d - All Other Accomplishment

Lone Tree Missions is a program designed to give high school age children a chance to serve others less fortunate than themselves. The current program offered is on the Alamo Navajo Indian Reservation. Projects include replacing leaking roofs, repair stucco walls, replace broken windows and yard clean-up. The children contribute the money needed to buy the materials and the children do the actual work under the supervision of several Lone Tree staff. The children live in simple quarters, sleeping on mattresses on the floor, and work together to prepare their own meals and clean-up. These projects are an incredible way to get children to serve others while realizing how much we have all been blessed with and often take for granted.

85-0285251 LONE TREE INC.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The president of the organization reviews the 990 prior to filing the form and provides a copy of the 990 to other board members.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At a fall board meeting, board members are asked to complete a conflict of interest statement which asks for disclosure of any current or pending conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The entire compensation package is set and approved by the board of directors, and is recorded in the board minutes on an annual basis.

Form 990, Part VI, Line 15b - Compensation Process for Officers The Board approves all salaries.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation Copies of all corporate documents are available to the public at the corporate office in Capitan, NM.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available are available to the public at the corporate office in Capitan, NM.