

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



42

Form **990-PF** Department of the Treasury Internal Revenue Service

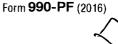
# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

FUI	carei	idal year 2016 or lax year beginning		, and en	uing		
Na	ne of	foundation				A Employer identification	number
M	T	WHEELER C.A.R.E. PROGRA	M			88-0195091	
		nd street (or P O box number if mail is not delivered to street			Room/suite	B Telephone number	
P	.0	. BOX 151000				(775) 289-	8981
		own, state or province, country, and ZIP or foreign p	ostal code		•	C If exemption application is pe	
		, NV 89315					
		all that apply Initial return	Initial return of a fo	rmer public ch	arity	D 1 Foreign organizations	, check here
		Final return	Amended return				
		Address change	Name change			2 Foreign organizations med check here and attach cor	eting the 85% test, inputation
H (	heck	type of organization: X Section 501(c)(3) ex		-		  E    If private foundation stat	us was terminated
	] Se		Other taxable private founda	ition		under section 507(b)(1)	
I Fa			ing method. X Cash	Accru	al	F If the foundation is in a 6	•
(fi	om i	Part II, col (c), line 16)	ther (specify)			under section 507(b)(1)	
	\$	31,772. (Part I, colu	ımn (d) must be on cash b	oasis)			
Pá	ırt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a) )	expenses per books	incor	ne	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	3,232.			N/A	
	2	Check If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					<del></del>
	b	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale of assets not on line 10					
Ĕ	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			<u> </u>		,
ш	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
	10a	and allowances					
	l	Less Cost of goods sold			~		
		Gross profit or (loss)					
	11	Other Income	2 020		100	CC	
	12	Total Add lines 1 through 11	3,232.	À			
	13	Compensation of officers, directors, trustees, etc	0.		T/ 01:	700	7 0.
	14	Other employee salaries and wages			O.S.	" 4 2012 701	
ses	15	Pension plans, employee benefits		•	$\mathbf{C}_{G_{\ell}}$	19/	
nse	1	Legal fees	750		275	N. UT S	275
xpe		Accounting fees STMT 1	750.		375.	7	375.
e E	17	Other professional fees Interest					<del></del>
ati∢	18	Taxes					
str	19	Depreciation and depletion					
Operating and Administrative Expens	20	Occupancy -					
Adn	21	Travel, conferences, and meetings					
ğ	22	Printing and publications					
<u> </u>	23	Other expenses STMT 2	50.		0.		50.
atin	l	Total operating and administrative			•		23•
Sers		expenses. Add lines 13 through 23	800.		375.		425.
Ö	25	Contributions, gifts, grants paid	1,710.				425. 2,633.
	26	Total expenses and disbursements					
		Add lines 24 and 25	2,510.		375.		3,058.
	27	Subtract line 26 from line 12:			<del> </del>		
		Excess of revenue over expenses and disbursements	722.			_	
		Net investment income (if negative, enter -0-)			0.		
_	C	Adjusted net income (if negative, enter -0-)				N/A	
				· ·			



88-0195091

Page 2

Form **990-PF** (2016)

MT WHEELER C.A.R.E. PROGRAM

Form 990-PF (2016)

		R C.A.R.E. es for Tax on Ir				·	8	88-0 <u>19</u>	5091	Page 3
(a) List and desc	ribe the kind(	s) of property sold (e.g ommon stock, 200 sh	., real estate,	. mcome	( <b>b)</b> H	low acquired Purchase - Donation		acquired day, yr.)	(d) Dat (mo., d	
1a				-		Benation				
b NO	NE									
_C					]					
_ <u>d</u>		<del></del>			-					
_ e	<del></del>				┸					
(e) Gross sales price		reciation allowed r allowable)		st or other basis expense of sale			(h) (e) plu	Gain or (loss) is (f) minus (	g)	
_ <b>a</b>		<del></del> .			$\rightarrow$	<del> </del>				
<u>b</u>					-					
d d					+					
e					$\dashv$					
Complete only for assets showing	ng gain in coli	ımn (h) and owned by	the foundation	on 12/31/69	+		1) Gains (	Col. (h) gain i	minus	
(i) F.M.V. as of 12/31/69		djusted basis of 12/31/69		cess of col. (1) col. (j), if any			ol. (k), but	not less than (from col. (f	-0-) or	
_a										
<u>b</u>										
<u>C</u>										
<u>d</u>										
е	L									
2 Capital gain net income or (net ca	apıtal loss)	⟨ If gain, also enter     ⟨ If (loss), enter -0			}	2				
<ol> <li>Net short-term capital gain or (los If gain, also enter in Part I, line 8,</li> </ol>	•	ın sections 1222(5) ar	nd (6);		}					
If (loss), enter -0- in Part I, line 8  Part V Qualification U	Indor Soc	tion 4040(a) for	Poduood	Tay on Not	l lpvc	3 ctmont In	00m0			
<u> </u>							Collie	<del></del>		
(For optional use by domestic private	e toundations	subject to the section	4940(a) tax on	net investment ir	ncome.	.)				
If section 4940(d)(2) applies, leave t	his part blank.									
Was the foundation liable for the sec	tion 4942 tax	on the distributable am	nount of any ve	ear in the hase ne	riod?				Yes	X No
If "Yes," the foundation does not qua				•	i iou				100	
1 Enter the appropriate amount in					entries.				-	
(a) Base period years		(b)			(c)			Distrib	(d) ution ratio	
Calendar year (or tax year beginni	ng ın)	Adjusted qualifying dis	tributions	Net value of no	onchari	<del></del>		(col. (b) divi	ided by col	
2015			1,863.			29,83				<u>62452</u>
2014			5,147.			16,22				<u>17148</u>
2013			4,425.			16,90				61772
2012		· · · · · · · · · · · · · · · · · · ·	5,126.			18,44				$\frac{77907}{2000}$
2011		·	7,807.			<u>15,66</u>	<u> </u>	<del></del>	. 4	<u>98499</u>
2 Total of line 1, column (d)					_		2		1.4	<u> 1777</u> 8
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	r of yea	ırs	3		.2	83556
4 Enter the net value of noncharitat	ole-use assets	for 2016 from Part X,	line 5				4		29	,908.
5 Multiply line 4 by line 3							5		8	,481.
6 Enter 1% of net investment incon	ne (1% of Par	t I, line 27b)					6			0.
7 Add lines 5 and 6							7		8	,481.
8 Enter qualifying distributions from	n Part XII, line	: 4					8 _		3	,058.
If line 8 is equal to or greater than See the Part VI instructions.	ı lıne 7, check	the box in Part VI, line	t 1b, and comp	lete that part usin	ng a 1%	6 tax rate.				
******								С	orm QQA_	<b>PF</b> (2016

	990-PF (2016) MT WHEELER C.A.R.E. PROGRAM	(-) 4040((-) 4040(-)			0195			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940		, or 4	948	- see i	nstru	CTIO	15)
	Exempt operating foundations described in section 4940(d)(2), check here   and ent							
	Date of ruling or determination letter: (attach copy of letter if nece				1			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	<b>)</b>	1			_	0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	of Part I, line 12, col. (b). 🤳						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ers enter <b>-</b> 0-)		2				0.
3	Add lines 1 and 2			3_				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners enter -0-)		4_				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
	Credits/Payments;							
	2016 estimated tax payments and 2015 overpayment credited to 2016	6a						
	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	6d						
	Total credits and payments. Add lines 6a through 6d	<u>uu                                    </u>	-	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attact	had		8			_	<del>.</del>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	licu		9	<del>                                     </del>			0.
				10	<del>                                     </del>		_	<u> </u>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Defined.		11	<del> </del>			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ rt VII-A   Statements Regarding Activities	Refund	ea 🚩	11_	<u> </u>			
_			<u> </u>			т	Voc	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ition or gig it participate or in	tervene	In		-	163	
_	any political campaign?					1a	-	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	•				1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials	publish	ed or				
	distributed by the foundation in connection with the activities							
¢	Did the foundation file Form 1120-POL for this year?					10		X
q	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y							
	(1) On the foundation. > \$ 0 . (2) On foundation managers.	<b>▶</b> \$	<u>0.</u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ure tax imposed on foundatio	n				ļ ļ	
	managers. ▶ \$0 .						İ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	S?				2		X
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in:	strument, articles of incorpo	ration, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	S				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	?				4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her:						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with t	he state	law				
	remain in the governing instrument?					6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	nlete Part II col (c) and I	Part XV	,		7	X	_
•	bid the foundation have at least \$5,000 in assets at any time during the year in these, confi	piete i ait ii, coi (c), una i	CIT XV			<u> </u>		
۵.	Enter the states to which the foundation reports or with which it is requested /see instruction	c) <b>&gt;</b>						
οā	Enter the states to which the foundation reports or with which it is registered (see instruction: NV , UT	J					}	Ì
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	ornov Conoral (or decignate)						Ì
0		orney deneral (or designate)				0.	x	
^	of each state as required by General Instruction G? If "No," attach explanation	tion 4049(3)(9) == 4049(3)(5)	for sal-	ndc-		<u>8b</u>	_^_	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 2016, and to be the company of the section		ior cale	nuar		_		1 27
40	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co					9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	e listing their names and addresse	s		F:	10 rm 90(	D DE	
					⊢0	1111 <b>33</b> 1	リーピト	(2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

orm 990-PF (2016) MT WHEELER C.A.R.E. PRO	OGRAM		<u>88-0195</u>	<u>091</u>	Page 6
Part VII-B   Statements Regarding Activities for Whic	h Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (see	ction 4945(e))?	Ye	s 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955)	5); or to carry on, directly or indir			]	
any voter registration drive?			es 🔀 No 📗	ĺ	
(3) Provide a grant to an individual for travel, study, or other similar purpo		Ye	es X No		- 1
(4) Provide a grant to an organization other than a charitable, etc., organiz	ation described in section		`	)	
4945(d)(4)(A)? (see instructions)		Ye	es 🗶 No	İ	
(5) Provide for any purpose other than religious, charitable, scientific, liter	ary, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No	Ì	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	•	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see in	•		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance che				1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				-	
expenditure responsibility for the grant?		I/A L Ye	es 📖 No 📗		
If "Yes," attach the statement required by Regulations section 53 4	, ,			}	
6a Did the foundation, during the year, receive any funds, directly or indirectly	, to pay premiums on	<u></u>	. <b>V</b>		
a personal benefit contract?	a naraanal hanefd	Ye	es 🗓 No	C.	v
b Did the foundation, during the year, pay premiums, directly or indirectly, or If "Yes" to 6b, file Form 8870	i a personai denetit contract?		-	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited t	ay abaltar transaction?		es X No		
<ul> <li>If "Yes," did the foundation receive any proceeds or have any net income at</li> </ul>		TR	N/A	7b	
Part VIII Information About Officers, Directors, Tru		nagers Highly		7.0	
Paid Employees, and Contractors	istees, i oundation wit	magers, riigin	•		
List all officers, directors, trustees, foundation managers and th	eir compensation.		<del></del>		
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	. (4	e) Expense count, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plan- and deferred compensation	' ac	count, other allowances
KEVIN ROBISON		CRETARY			
P.O. BOX 151000					
ELY, NV 89315	4.00	0.	0		0.
VILMA SANFORD	TREASURER				
P.O. BOX 151000					
ELY, NV 89315	4.00	0.	0		0.
DESIREE ROBISON	DIRECTOR				
P.O. BOX 151000					
ELY, NV 89315	4.00	0.	0	•	0.
<del></del>					
· · · · · · · · · · · · · · · · · · ·					
		<u> </u>			
2 Compensation of five highest-paid employees (other than those		enter "NONE."	(d) Contributions to	т.	-\ Evpapaa
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ac ac	e) Expense count, other
	devoted to position		compensation	a	illowances
NONE					
	<del></del>	ļ			
	_				
<del></del>		<del> </del>		+-	
		<del>                                     </del>		+	
	_				
		-		+	
				1	
Total number of other employees paid over \$50,000					0
Carrier of color completeld paid UVD WCC,UUU					U

	<u> 19509</u>	91 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	<u>(c</u>	c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Ex	penses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1		
		2 050
SEE STATEMENT 3		3,058.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	A	mount
1 N/A		
1 21/11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	Form	990-PF (2016)

P	Art X -Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	30,363.
b	Average of monthly cash balances	1b	30,363.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	30,363.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	30,363.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u>455.</u>
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,908.
6	Minimum investment return Enter 5% of line 5	6	1,495.
Р	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	1,495.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,495.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,495.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,495.
	art XII Qualifying Distributions (see instructions)	· -	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0.050
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,058.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,0 <u>58.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	<u>0.</u> 3,058.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6_	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

Part XIII. Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,495.
2 Undistributed income, if any, as of the end of 2016				1/1/200
a Enter amount for 2015 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2016.		0.		
a From 2011 7,024				
b From 2012 4, 204				
c From 2013 3,580				
d From 2014 4,336				
e From 2015 371				
f Total of lines 3a through e	19,515.			
4 Qualifying distributions for 2016 from	23/3231		····	
Part XII, line 4: ► \$3,058	•	İ		
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				1,495.
e Remaining amount distributed out of corpus	1,563.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,078.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.	·· · · · · · · · · · · · · · · · · · ·	
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions  e Undistributed income for 2015. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	7,024.			
9 Excess distributions carryover to 2017.	, = = =			
Subtract lines 7 and 8 from line 6a	14,054.			
10 Analysis of line 9:				
a Excess from 2012 4, 204				
<b>b</b> Excess from 2013 3,580.				
c Excess from 2014 4,336				
<b>d</b> Excess from 2015 371				
e Excess from 2016 1,563				

	LER C.A.R.E		I.A. guestion (1)		195091 Page 10
Part XIV   Private Operating F		·-·	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			. ▶ ∟	1	10 (01) (5)
<b>b</b> Check box to indicate whether the found	'	ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	4120045	Prior 3 years	(4) 0040	(a) Total
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
( )			<del> </del>		_
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				-	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5.000 or n	nore in assets
at any time during t				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation					
a List any managers of the foundation wh	=	than 20% of the total con	tributions received by th	a foundation before the c	lose of any tay
year (but only if they have contributed n	nore than \$5.000). (See s	section 507(d)(2).)	indutions received by in	ic roundation bolore inc t	1000 or any tax
NONE	* , , , , , , , , , , , , , , , , , , ,	( // / /			
	o own 100/ or more of th	o stock of a corporation	for an equally large per	tion of the ownership of a	nartnerehin or
b List any managers of the foundation wh other entity) of which the foundation ha			to an equally large pur	non or the ownership of a	ι μαι ιπει οπήμ σι
	5 a 1070 of groater interes	ou.			
NONE					
2 Information Regarding Contribut					
				not accept unsolicited re	
the foundation makes gifts, grants, etc.	<del> </del>				
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addr	essed:	
SEE STATEMENT 4					
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on award	e cuch ac hy goographia	al argae, charitable fields	kinds of institutions of	r other factors	<del>_</del>
d Any restrictions or limitations on awards	s, such as by geographic	ai ai tas, chai nable nelus	, พิเศนอ ปา เทอนเนนเบทร์, ปา	Other	

**▶** 3b

Total

Part XVI-A Analysis of Income-Producing Activities

	s amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program	n service revenue:	(a) Business code	<b>(b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income
				10000		
		1 1		<del>-                                    </del>		
		1 1	<del></del>			<del> </del>
		1 1				
f _						
g Fees	and contracts from government agencies					
Membe	rship dues and assessments					
Interest	on savings and temporary cash					
ınvestm	ents					<del></del>
	ds and interest from securities	-				
	tal income or (loss) from real estate:					
	t-financed property					
	debt-financed property					
	tal income or (loss) from personal					
propert						
	evestment income					
	(loss) from sales of assets other					
than inv			<del></del>	+		
	ome or (loss) from special events irofit or (loss) from sales of inventory			<del>-                                    </del>		
Other re				-		
				<del>                                     </del>		<u> </u>
h		- }				
		I				
c				<del>-</del>		
d						
c d e			0		0.	
c d e Subtota			C			(
c d e Subtota	ıl. Add columns (b), (d), and (e)		C			(
c d e Subtota Total A	il. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Abeet in line 13 instructions to verify calculations.)				13	
cd	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities	to the Acco	mplishment of l	Exemp	t Purposes	
cd e Subtotal Total ee works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
cd	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities	to the Acco	emplishment of l	Exemp	t Purposes	
cd e Subtotal Total ee works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
cd e Subtotal Total ee works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	(
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A ee works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d Subtota Total A e works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d e Subtota Total A ee works	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	
c d e Subtota	II. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Theet in line 13 instructions to verify calculations.)  VI-B Relationship of Activities  Explain below how each activity for which income	to the Acco	emplishment of l	Exemp	t Purposes	

## 6) MT WHEELER C.A.R.E. PROGRAM 88-0195091 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

	rganization directly or indirectly				-		tion 501(c) of		Yes	No
	(other than section 501(c)(3) or	-			litical organi	zations?			1	
	from the reporting foundation t	io a noncharitable	e exempt org	janization of:						
(1) Cash								1a(1)	X	
(2) Other								1a(2)		<u>X</u>
<b>b</b> Other tran										47
	s of assets to a noncharitable ex							1b(1)		<u>X</u>
	hases of assets from a nonchar		anization					1b(2)		X
. ,	al of facilities, equipment, or oth	er assets						1b(3)	v	<u>X</u>
• •	bursement arrangements							1b(4)	X	
	s or loan guarantees	ahın ar fundralar	a anlinitation					1b(5)		<u>X</u>
	ormance of services or members of facilities, equipment, mailing li	•	-					1b(6)	х	
	wer to any of the above is "Yes,"				) chould alu	rave chart the fair i	market value of the a			
	es given by the reporting founda								,	
	d) the value of the goods, other			a icaa man mi	market valu	c in any transaction	TOT Sharing arrangen	iloni, silow iii		
(a) Line no	(b) Amount involved			exempt organiz	ation	(d) Description	n of transfers, transaction	ns, and sharing arra	ngeme	nts
	2,633.MT				<del></del>	<del></del>	ATEMENT 5	<u> </u>		
A1 C B4	1,878.MT									
B4		WHEELER								
			<u> </u>						_	
									-	
2a Is the fou	ndation directly or indirectly affi	liated with, or rela	ated to, one	or more tax-exe	mpt organiz	ations described		_		
ın section	501(c) of the Code (other than	section 501(c)(3	)) or in secti	on 527?				X Yes		] No
b If "Yes," co	omplete the following schedule.									
	(a) Name of organizat	<u> </u>		(b) Type of org			(c) Description of rel	ationship		
MT WHEE	LER POWER, INC	3		501(C)(	12)	SEE STAT	rement 6			
									_	
						- <u>-</u>				
Under	penalties of perjury, I declare that I helper it is true correct, and complete	ave examined this re	eturn, including	accompanying so	hedules and s	statements, and to the	best of my knowledge	May the IRS d	scuss t	his
Sign   and b	elief, it is true, correct, and complete	Secial attori or prepa	arei (ouiei uiaii			GENER	AL Knowledge	return with the shown below (	prepare see inst	er tr)?
Here	lardy Cw	Lll_		4-2	<u>8-17</u>	MANAGI	ER/CEO	_ X Yes		No
Sıgı	nature of officer or trustee			(Cate		Title		_ <del></del>		
	Print/Type preparer's name	) P	repare 's sig	gnature\		Date	ا تعما	PTIN		
<b>n</b>		ŀ	IMU	N LOCK			self- employed			
Paid	MATT R. WILLI	[S_M	ATT R	, WILLI	8 (	04/20/17		P00419		
Preparer	Firm's name BOLING	ER, SEG	ARS, (	GILBERT	AND 1	MOSS LLP	Firm's EIN ► 75	5-08820:	37	
Use Only										
	Firm's address ▶ 8215	NASHVIL	LE AVI	ENUE	-					
	LUBBO	OCK, TX	79423				Phone no. (80	<u> 16)747-</u>	380	6
								Form <b>990</b>	-PF	(2016)

FORM 990-PF	ACCOUNTI	NG FEES	Si	STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES			
ACCOUNTING FEES	750.	375.		375.			
TO FORM 990-PF, PG 1, LN 16B	750.	375.		375.			
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 2			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
STATE FILING FEES	50.	0.		50.			
TO FORM 990-PF, PG 1, LN 23	50.	0.		50.			
FORM 990-PF SUMMARY OF	DIRECT CHA	RITABLE ACTIVI	TIES ST	TATEMENT 3			

#### ACTIVITY ONE

PROVIDE ENERGY PAYMENT ASSISTANCE TO NEEDY INDIVIDUALS THROUGH SOLICITED CONTRIBUTIONS FROM MT WHEELER POWERS' BILLING STATMENTS, NEWSLETTERS AS WELL AS UNCLAIMED CAPITAL CREDITS. DURING 2016 EIGHT FAMILIES RECEIVED ASSISTANCE WITH THEIR ENERGY BILLS.

TO FORM 990-PF, PART IX-A, LINE 1 3,058.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WHITE PINE COUNTY SOCIAL SERVICES 995 CAMPTON ELY, NV 89301

TELEPHONE NUMBER

(775) 289-3271

### FORM AND CONTENT OF APPLICATIONS

APPLICATION FORM IS AVAILABLE AT THE WELFARE OFFICE. THE WELFARE OFFICE USES ITS CRITERIA FOR ASSESSING ASSISTANCE NEEDS AND THEN CONTACTS THE MT WHEELER C.A.R.E. PROGRAM.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

\$400 MAXIMUM PER NEEDY ENTITY OR FAMILY UNIT WITHIN A TWO YEAR PERIOD.

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)

STATEMENT 5

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MT WHEELER POWER, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

PAYMENT TO UTILITY COOPERATIVE ON BEHALF OF NEEDY INDIVIDUALS. THE FOUNDATION WAS ESTABLISHED TO PROVIDE ASSISTANCE WITH ENERGY BILLS OF NEEDY FAMILIES.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MT WHEELER POWER, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

COOP. STAFF MAINTAINS RECORDS FOR THE PROGRAM AT NO COST TO THE PROGRAM.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MT WHEELER POWER, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE COOPERATIVE REIMBURSES THE FOUNDATION FOR ACCOUNTING FEES INCURRED TO PREPARE THE FORM 990-PF.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT

NAME OF AFFILIATED OR RELATED ORGANIZATION

MT WHEELER POWER, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

DIRECTORS OF C.A.R.E. ARE ALSO EMPLOYEES OR DIRECTORS OF THE COOPERATIVE.