

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AF	or the	2017 calend	ar year, or tax year beginning	01/01	, 2017, and	a enaing		12/31	, 20	
Вс	heck if ap	plicable	C Name of organization				D Empl	oyer ide	entification numb	ег
Address change Name change			Volunteers Inspiring & Encouraging Pos	sitive Attitude Resilie	nce & Servi	ce dba VIE		4(6-1364701	
									ımber	
_	nıtıal retur		18844 East Mexico Drive					30	3-594-9918	
=	-inal returi Amended i	n/terminated	City or town, state or province, country, and ZIF	or foreign postal code		03	F Grou			
=	Application		Aurora, CO 80017					ber 🕨		
_		ing Method:		•		Н	Check I	▶ □ ₁	f the organizatio	n is not
	Vebsite	-			-				ach Schedule B	
			eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 494	47(a)(1) or		•)-EZ, or 990-PF)	
			: Corporation Trust				<u> </u>			<u>'</u>
			To be line 9 to determine gross receipts. If	gross receipts are \$200	Other <u>np</u>	o exempt u	nger ta:	x coae	501(C)3	
			w) are \$500,000 or more, file Form 990 inste	-	J,000 OI IIIQI	e, or ir total	asseis	•		
_			<u> </u>		Dolonos	/ - - - - - - - - -		\$	f== D==4 I\	
14	art I		ue, Expenses, and Changes in Ne			•			•	
			the organization used Schedule O to				• •			. 🗸
	1		ons, gifts, grants, and similar amounts					1		<u>155,431</u>
	2	_	ervice revenue including government f					2		0
p.	3	Membersh	nip dues and assessments				:	3	_	0
Q	4	Investment						4		306
\$	5 5a	Gross amo	ount from sale of assets other than inve	entory	5a		0			
2	b	Less: cost	or other basis and sales expenses .		5b		0			
(f c	Gain or (lo	ss) from sale of assets other than inver	ntory (Subtract line 5	ib from line	5a)		5c		<u>{_0</u>
ĸ	🤊 6	Gaming ar	nd fundraising events							-
3	⊳ a	Gross inc	ome from gaming (attach Schedule	e G if greater tha	n					
ac.	E	\$15,000)	· · · · · · · · · · · · · · · · · · ·		6a		0			
Revenue r	, b	Gross inco	ome from fundraising events (not includ	dina \$	n of co	ontribution	s			
<u>ə</u> `			raising events reported on line 1) (atta	·			_			
E.	<u>[</u>		ch gross income and contributions exc		6ь		0			
خ) 2 2 0		-	•	6c					
C	d		direct expenses from gaming and fundraising events 6c ncome or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c)						6d		•
	70	•	es of inventory, less returns and allowa	nooc	70	, , .		00		0
	7a				7a 7b		0			
	b		· ·	· · · · · · · · · · · · · · · · · · ·			0	7-		_
	ւ		fit or (loss) from sales of inventory (Sub		-			7c		0
	8		,					8		0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar				. 🕨	9		155,737
	10	Grants and	d similar amounts paid (list in Schedule	∍O) , .	<u> </u>		•	10		<u>127,831</u>
	11	Benefits pa	aid to or for members		RECF	IVED	.]	11		0
Expenses	12						ا اد	12	·	0
Š	13		nal fees and other payments to indeper		. W.V ^	E '2010 '	S	13		0
ğ	14		y, rent, utilities, and maintenance .	ر سير ا	MAY 1	U .ZU.10 .	[X]	14		0
Ш	15		ublications, postage, and shipping .				그릇!	15		10
	16		enses (describe in Schedule O)		9 00	N. LIT	. .	16		20
	17_	Total expe	enses. Add lines 10 through 16	<u> </u>		· · · · ·	 -▶	17		127,861
97	18		(deficit) for the year (Subtract line 17 fr					18		27,876
Net Assets	19	Net assets	s or fund balances at beginning of ye	ar (from line 27, col	umn (A)) (n	nust agree	with			
ASS			ar figure reported on prior year's return			_		19		43,200
et /	20	Other char	nges in net assets or fund balances (ex	kplain in Schedule O')			20		2,078
ž	21		s or fund balances at end of year. Com	•				21		73,154
_	<u></u> -		A . A . A . A . A . A . A . A . A . A .	are an area of the terrough			· -		000 E	_

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2017)





Pai	till Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this f	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[43,200	22	73,154
23	Land and buildings		[_		23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			43,200		73,154
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			43,200	27	73,154
Par						Expenses
	Check if the organization used Schedule				(Re	equired for section
	t is the organization's primary exempt purpose?			 _	٠,	1(c)(3) and 501 (c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest presented services provided	ogram services, , the number of	_	ganizations, optional for ners)
28	Educational donations were made to help offset the o		~			
	promote continuing education for underprivileged. W			***********		
	about 35, but the benefit extends beyond just the stu		,	~~~~~~~~~~~~~~~~~~		
00	(Grants \$ 95,411) If this amount				28	a 0
29	Sports donations were given to support fitness progr					
	football and martial arts. We estimate the number of		be about 60 but, agair	, the benefit		
	extends beyond just the player to the coach, team an (Grants \$ 19,541) If this amount		ento abook hara		29	
30					29	<u> </u>
30	Charitable donations were given to support social pre- enrichment of the poor and underprivileged. We esti					
	again, the benefit extends to the congregations and o					
	(Grants \$ 12,879) If this amount				30	a n
31	Other program services (describe in Schedule O)		into, ondok noro :	· · · · ·		<u> </u>
		includes foreign gra	ints, check here	▶ □	31	a n
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	
Par	List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not comp		nstru	uctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			pensated-see the in	nstru	uctions for Part IV)
				pensated—see the in Part IV	ee (e	uctions for Part IV)
Par	Check if the organization used Schedule	O to respond to as (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e	Estimated amount of
Par	Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e	Estimated amount of
Par	Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e	Estimated amount of
Par	Check if the organization used Schedule (a) Name and title Hornung, co-President	O to respond to as (b) Average hours per week	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e	Estimated amount of
Par Mike Pam	Check if the organization used Schedule (a) Name and title Hornung, co-President	O to respond to at (b) Average hours per week devoted to position	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e	e) Estimated amount of other compensation
Par Mike Pam	Check if the organization used Schedule (a) Name and title Hornung, co-President Hornung, co-President	O to respond to at (b) Average hours per week devoted to position	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e	e) Estimated amount of other compensation
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Mike Pam	Check of the organization used Schedule (a) Name and title Hornung, co-President Hornung, co-President dray Gholston, co-Vice President	O to respond to at (b) Average hours per week devoted to position	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the in Part IV	0 0	e) Estimated amount of other compensation
Mike Pam Leon Jenn	Check of the organization used Schedule (a) Name and title Hornung, co-President Hornung, co-President dray Gholston, co-Vice President	O to respond to at (b) Average hours per week devoted to position 1 1	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated — see the in Part IV	0 0	e) Estimated amount of other compensation 0
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Mike Pam Leon Jenn Tim I	Check if the organization used Schedule (a) Name and title Hornung, co-President Hornung, co-President dray Gholston, co-Vice President y Gholston, co-Vice President Hamill, co-Treasurer	O to respond to at (b) Average hours per week devoted to position 1 1 1	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated — see the in Part IV	0 0	e) Estimated amount of other compensation 0 0
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a	<u> </u>	_
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1	Ì :	
Ь	Gross receipts, included on line 9, for public use of club facilities	}]	1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		-
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ co			
42a	3		4-991	8
b	Located at ► 18844 East Mexico Drive, Aurora, CO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No ✓
	If "Yes," enter the name of the foreign country: ▶			İ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	<u>L_</u>	_✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □
44 =	Did the executation matching and dependent final design the control of the contro		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	Ī
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 	
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		-	V
	Form 990-EZ (see instructions)	45b	i	· •

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46	Did the organization engage, directly or it to candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political complete Schedule C	campaign activities on	behalf of or	in oppositi	ion 46	Yes	No
Part		s only is must answer que	estions 47–49b and	52, and co			or line	es
							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a till	section 501(h) electio					1
48	Is the organization a school as described i							1
49a	Did the organization make any transfers t						_	✓
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	er than offic	ers, directo	. 49b ers, truste e, enter "N	es, an	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimate other con		
None						_		
								<u> </u>
f	Total number of other employees paid ov		. ▶0		l			
51 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractors	who each	received	more	: thar
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensati	ion	
None								
							_	
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>)		
52	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se		nizations m		a ▶ Yes		No
Under p	enalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other that	return, including accompan	lying schedules and stateme	ents, and to the has any knowled	best of my kne			
O:	Joutamil			5	5.518			
Sign Here	Signature of officer			Date	9			
11616	Tori Hamill, co-Treasurer Type or print name and title							

Preparer's signature

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

▶ ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-OO47 20**17**

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number Volunteers Inspiring & Encouraging Positive Attitude Resilience & Service dba VIEPARS 46-1364701 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university. An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D. and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Door	9
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Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part IIJ/)	
	ion A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) /2017	(f) Total
1	Gifts, grants, contributions, and		İ				
	membership fees received. (Do not include any "unusual grants.")						1
2	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf					1	
3	The value of services or facilities			-			
•	furnished by a governmental unit to the			Ì	/	}	
	organization without charge		ļ	ļ			
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions by						
	each person (other than a				ŀ		
	governmental unit or publicly			/			
	supported organization) included on	1					
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>		/		 	
	ion B. Total Support	L	L		<u>l</u>	L	L
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014 //	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			.,			
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	<u> </u>					
9	Net income from unrelated business] /]			
	activities, whether or not the business is regularly carried on	,	/				
10	Other income. Do not include gain or						
10	loss from the sale of capital assets	//					
	(Explain in Part VI.)		l		l		
11	Total support. Add lines 7 through 10	/			·		
12	Gross receipts from related activities, etc	. (see/instructi	ons)			12	
13	First five years. If the Form 990 is for the	/ -	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · · > 🗆
	ion C. Computation of Public Support Public support percentage for 2017 (line)			1 (0)			
14 15	Public support percentage for 2017 (important percentage from 2016 Sci		•	r, column (i))		15	% %
16a	331/3% support test—2017. If the organ				 nd line 14 is 3:		
	box and stop here. The organization qua			•		•	
b	331/3% support test-2016. If the organi			-			_
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		> 🗀
17a	10%-facts-and-circumstancés test-2	017. If the org	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organ	zation qualifie	s as a publicly	supported
	organization						🕨 🗀
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization of						
	Explain in Part VI how the organization r supported organization	neers the Iac	us-and-circum		me organizat	ion quaimes as	a publicly
18	Private foundation. If the organization di	d not check a			a. or 17h. chec	k this box and	see
	instructions . /						

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")				11		11
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			_		_	
	unrelated trade or business under section 513		800	117,339	120,484	155431	394,054
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				i		
6	Total. Add lines 1 through 5		800	117,339	120,495	155,431	N 394,065
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			ļ			1
	persons that exceed the greater of \$5,000		l l				
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			İ			J
S4:	on B. Total Support	<u> </u>	<u></u>				
	dar year (or fiscal year beginning in)	(a) 2012	(h) 2014	(a) 2015	(d) 2016	(-) 2017	/f) Total
Galen 9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a	Gross income from interest, dividends,		800	117,339	120,495	155,431	394,065
IVa	payments received on securities loans, rents,		}				
	royalties, and income from similar sources .			99	128	306	533
b	Unrelated business taxable income (less					300	
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		0	99	128	306	533
11	Net income from unrelated business						
	activities not included in line 10b, whether		ļ į	ļ			
	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.)		800	117,438	120,623	155737	394,598
14	First five years. If the Form 990 is for the	ne organization	n's first, second			ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	· · · · ·	<u> </u>	<u> </u>	> 🗸
Secti	on C. Computation of Public Suppor	<u>_</u>					
15	Public support percentage for 2017 (line		•			15	<u>%</u>
16	Public support percentage from 2016 Sci			<u></u>		16	%
	on D. Computation of Investment In				(5)		
17	Investment income percentage for 2017 (* * * *	17	%
18	Investment income percentage from 2016 331/3% support tests—2017. If the organ				 nd line 15 ie m	18	% and line
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	i ere. The organi	zation qualifies	as a publicly s	upported organ	ization 🕨 🔲
20	Private foundation. If the organization di	a not check a	box on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 📙

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	

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type i or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part	V Supporting Organizations (continued)					
_			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?	}				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a				
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11b 11c	<u> </u>			
	on B. Type I Supporting Organizations	116	L			
0000	on b. Type t supporting organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
		1_				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	_		-		
Section	on C. Type II Supporting Organizations	2_				
<u>oecui</u>	on o. Type it Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	163	110		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	_1				
Section	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	arganization's governing documents in effect on the date of natification, to the extent not provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1				
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s)					
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2				
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	_3				
Section	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.					
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.					
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ons).		
, ₂	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined					
	that these activities constituted substantially all of its activities	2a				
b _,	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	۵.				
2	-	2b	ļ			
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each) a	Н			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jani	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying							
instructions. All other Type III non-functionally integrated supporting organizations must complete 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						
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)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year).							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	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				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III supporti	ng organization (see				

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	orted					
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4_	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6_	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.			<u> </u>			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2017 from Section C, line 6			<u> </u>			
10_	Line 8 amount divided by line 9 amount						
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
C	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
ī	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c						
_8	Breakdown of line 7:						
a	Excess from 2013						
<u>b</u>	Excess from 2014						
C							
d	·::						
е	Excess from 2017						

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization Volunteers Inspiring & Encouraging Positive Attitude Resilience & Service dba VIEPARS 46-1364701 Form 990-EZ, Part I, Line 10 - \$127,831.40 donations made: \$12,879.18 charitable; \$19,541.43 sports; \$95,410.79 educational Form 990-EZ, Part I, Line 16 Other Expenses: \$10 Secretary of State charity renewal; \$10 State of Colorado periodic report Form 990-EZ, Part I, Line 20 Other Changes in Net Assets: (\$8,372) season tickets donated to us from Colorado Rockies were donated to schools, youth sports teams or families to allow them to attend the baseball games - non cash donation; \$10,449.67 donation checks not cashed by our bank at the end of 123117 = \$2,077.67 net