#### EXTENDED TO NOVEMBER 15, 2017

## Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

X Yes

Form 990 (2016)

		of the Treasury anue Service	Do not enter social security numbers on this form as it		Open to Public
_			Information about Form 990 and its instructions is at war year, or tax year beginning and endir		Inspection
8	Check if	C Name o	ar year, or tax year beginning and endir forganization	D Employer identifica	tion number
г	Addre	nee l	HOUNDAMION & NOVEMBER CORRESPONDED		
F	chang Name chang	MVAT	FOUNDATION, A NONPROFIT CORPORATION		
H	lchang linitial	<del></del>	usiness as and street (or P.O. box if mail is not delivered to street address) Room	27-02	22812
H	Ireturn Final	Number	/suite E Telephone number		
L	return termir		6 VENTURA BLVD. SUITE 218	818-2	<u>13-1090</u>
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	560,874.
뉴	return Applic tion		MAN OAKS, CA 91423	H(a) Is this a group retu	
	tion pendi	n. m.	nd address of principal officer: JAMES COLBERT		Yes X No
	Taylov	1 1 2 0 3 0	VENTURA BLVD. SUITE 218, SHERMAN OA	<del></del>	
			X 501(c)(3)	<u> 527</u> If "No," attach a lis	
				H(c) Group exemption r	
	art I	Summary	A Comportation Association Ottle)	Year of formation: 2009 M S	itate of legal domicile; CA
	_		e the organization's mission or most similared and it. NULTER TO	IDDAMION METOCEN	
Activities & Governance	'	AWARENE	e the organization's mission or most significant activities: MVAT FO  SS AND FUNDS TO PROVIDE SUPPORT TO V	UNDATION MISSION	N IS RAISE
Ē	2	Check this bo	★ I if the organization discontinued its operations or disposed of	ETERANS OF THE (	J.S. ARMED
Š	3	Number of vot		, , , , , , , , , , , , , , , , , , ,	
ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	3 4	13
90 90	5	Total number of	of individuals employed in calendar year 2016 (Part V, line 2a)	5	13
ij	6	Total number of	of volunteers (estimate if necessary)	6	0 12
Ç	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12		0.
•	ь	Net unrelated I	business taxable income from Form 990-T, ine 34	7b	0.
				Prior Year	Current Year
Φ	8	Contributions :	and grants (Part VIII, line 1h)		420,921.
쥝			ce revenue (Part VIII, line 2g)		0.
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)	2.	553.
u.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,766.	8,560.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	404,491.	430,034.
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)	195,800.	172,156.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
e S	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a I	Professional fu	ndraising fees (Part IX, column (A), line 11e)	0.	0.
.X	þ.	Total fundraisir	ng expenses (Part IX, column (D), line 25)		er e
-	17 (	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	239,088.	256,722.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	434,888.	428,878.
<u></u> \( \sigma \)	19	Revenue less e	expenses. Subtract line 18 from line 12	-30,397.	1,156.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
Bag	20	Total assets (P		191,557.	192,713.
et/ Ind	21		(Part X, line 26)	0.	0.
	22 i	Signature	und balances. Subtract line 21 from line 20	191,557.	192,713.
		·			
trua	orreet correct	and complete	declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of my kn	owledge and belief, it is
11 005	0011001	, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sign	,	Signature	of officer	Date	
Here				Date	
			S COLBERT, MANAGING DIRECTOR		
		Print/Type prepa		Date Check	PTIN
Paid			arer's name Preparer's signature  IDELBLATT		
Prep	F		KLEIN, MANDELBLATT, BLACKLINE PARTNE		P01376743
Use (	Only	Firm's address	10850 WILSHIRE BLVD #350	RS,LLC Firm's EIN ▶ 8	0-0840178
			LOS ANGELES, CA 90024	Phone no. 310 -	470_8200
Мау	the IR	S discuss this	return with the preparer shown above? (see instructions)	Triange no. 3 T Q =	X Yes No
					- A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	990 (2016) MVAT FOUNDATION, A NONPROFIT CORPORATION 27-0222812 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO RAISE AWARENESS OF AND FUNDS FOR MILITARY AND VETERANS SUPPORT
	GROUPS. THE MILITARY AND VETERANS APPRECIATION TRUST FOUNDATION (MVAT)
	IS A 501(C)(3) CHARITABLE ORGANIZATION DEDICATED TO ASSISTING VETERANS
	AND SERVICE MEMBERS IN TRANSITION WITH PROFESSIONAL DEVELOPMENT AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 380,132. including grants of \$ 172,156.) (Revenue \$ 537,052.)
	GRANTS TO VETERAN SUPPORT ORGANIZATIONS.
	HEROES LINKED- IS A WEB ENABLED RESOURCE THAT GIVES VETERANS,
	TRANSITIONING SERVICE MEMBERS, AND THEIR SPOUSES ACESS TO PERSONAL, PHONE
	BASED PROFESSIONAL DEVELOPMENT MENTORING WITH PRIVATE SECTOR
	PROFESSIONALS. HEROES LINKED SERVES AS A TWO-WAY CONNECTION PLATFORM TO
	ALLOW AND MENTORS AND VETERAN MENTEE TO COMMUNICATE DIRECTLY.
	THE TO COMMUNICATE DIRECTLY.
	360 RECOVERY PROGRAM IS DEVELOPING A RESEARCH PROTOCOL TO EVALUATE THE
	FEETCACY OF A COMPINATION OF EDADTHIONAL MEGERNAL ADDRESS OF TAXABLE THE
	EFFICACY OF A COMBINATION OF TRADITIONAL WESTERN APPROACHES AND EASTERN
	MEDICINE WITH REGARDS TO POST TRAUMATIC STRESS DISORDERS.
41-	
4b	(Code:) (Expenses \$ Including grants of \$)        ) (Revenue \$)
4c	(Code:) (Expenses \$
	, , , , , , , , , , , , , , , , , , , ,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 380,132.
	Form <b>990</b> (2016)

## Form 990 (2016) MVAT FOUNDAT Part W Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ļ		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	[	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	''		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a		14a		Χ
þ	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			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
.,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4.7		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
. •	complete Schedule G, Part III	19	х	

Part IV Checklist of Required Schedules (continued)

		r .	Yes	No
20a	The state of the s	20a		X
þ		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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 \$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.
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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 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, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		:	· 
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.5
^^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			17
24	contributions? If "Yes," complete Schedule M	30		X
31				v
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
UL	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	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, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

## Form 990 (2016) MVAT FOUNDATION, A NONPROFIT CORPORATION 27-0222812 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		** •
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 15		
	filed for the calendar year ending with or within the year covered by this return 2a 0	· . · · ·		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		х
ь	If "Yes," enter the name of the foreign country:	8738	7,11	<del></del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		11.5	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
þ	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1 A	6.7.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	if "Yes," indicate the number of Forms 8282 filed during the year			
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>M</b> . M.		
	sponsoring organization have excess business holdings at any time during the year?	8		
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		X
10	Section 501(c)(7) organizations. Enter:			
а	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		. 1/3	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			$\mathbb{E}_{\mathbb{R}^{n+1}_{+}}(\mathbb{R}^{n}_{+})$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			/50 11/11
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	177		
Đ	Enter the amount of reserves the organization is required to maintain by the states in which the	.		
_	organization is licensed to issue qualified health plans 13b			
C 14-	Enter the amount of reserves on hand		· ·	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
Ŋ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b	000	(2016)
		- nrm	2777	20 L III L

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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 year1a 13	1.00	:	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		į.	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 13			× 12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Sp. 1	
	officer, director, trustee, or key employee?	2	х	
3	Old 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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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	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, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		100	15457
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	T	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		, ·	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		3 (1 th an 1 t	e <sup>j</sup> a a
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	ĺ	Х
b	Other officers or key employees of the organization	15b		X
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		į	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		140	Villa II
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		11.5	
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
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) a	 /ailabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request 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	financ	ial	
	statements available to the public during the tax year.	. r. run1 144		
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CARL MANDELBLATT CPA - (310) 470-8300			
	10850 WILSHIRE BLVD STE 350, LOS ANGELES, CA 90024	•		
32006	11-11-16	Carm	000 r	20161

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 W2 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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 hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DON SCHWARZ	5.00								_	_
CHAIRMAN	0.00	X	<u> </u>	X				0.	0.	0.
(2) ELLIOT DIX	5.00									
BOARD MEMBER	0.00	X	$\vdash$		ļ	ļ	<del> </del>	0.	0.	0.
(3) CORRINE GOODMAN	5.00									
BOARD MEMBER	0.00	X	├		<u> </u>	-		0.	0.	0.
(4) PHYLLIS GORBY	5.00	3,5							_	_
BOARD MEMBER	0.00 5.00	Λ						0.	0.	0.
(5) E. BELMONT HERRING	0.00	х				Ì			_	
BOARD MEMBER (6) YOLA HABIF JOHNSTON	5.00	^				ļ <u>.</u>	<u> </u>	0.	0.	0.
BOARD MEMBER	0.00	v						0.	0.	_
(7) TOM ROONEY	5.00	Δ	<b></b>			一		0.	U •	0.
BOARD MEMBER	0.00	x						0.	0.	0.
(8) LARRY SCHNADIG	5.00	==	<b> </b>			-				<u> </u>
BOARD MEMBER		x						0.	0.	0.
(9) ANDREW SCHWARZ	5.00				·	<del> </del>				
BOARD MEMBER		X						0.	0.	0.
(10) NICOLE SEGAL	5.00									
BOARD MEMBER	0.00	Х				-		0.	0.	0.
(11) RON STAUBER	5.00									
TREASURER/SECRETARY	0.00	X		X			<u> </u>	0.	0.	0.
(12) GEORGE WOOD	5.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(13) ROSE CORONA	5.00					,				
BOARD MEMBER	0.00	Х						0.	0.	0.
								i		
										•
						<u> </u>				
									•	
				-					<b></b>	
		;								
		;						<u> </u>		

632007 11-11-16

Form 990 (2016)

(A)  Name and title	(B) Average hours per week	(do box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	mpensation from the rganization and related ganizations
									:		
		<u> </u>								-	
					ļ					-	
									******		
1b Sub-total  c Total from continuation sheets to Part V							<b>&gt;</b>	0.	(	1.	0
d Total (add lines 1b and 1c)							10 re	0. eceived more than \$100	· ·	).	0
compensation from the organization										<del> </del>	Yes No
3 Did the organization list any tormer officer, line 1a? If "Yes," complete Schedule J for s				-		-		-		3	x
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	and	l oth	her compensation from			10 21 243
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv		·   4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	nplete Schedul	<u>e J f</u>	or s	uch .	pers	son .			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	X
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	-	-							•	nsatio	n from
(A) Name and business			INC					(B) Description of s		Comr	(C) censation
		TAC	\TAT	<u></u>							
											1.811
							_				
							-				
2 Total number of independent contractors (	including but n	not Br	mito	d to	tho	se li	tod:	Labove) who received n	ore than	(4	Being GR

		Check if Schedule O cont	ains a res	ponse	or note to any lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
23	l t	Membership dues	L	1b		1			1.11
A, (	_ c	Fundraising events		1c	287,632.				*.
声声		Related organizations		1d					
ă.E	1	Government grants (contribut		1e					
E S	f	All other contributions, gifts, gran	ts, and						
å å		similar amounts not included abo	ve	1f	133,289.				
달	و ا	Noncash contributions included in lines							
<u>රි ළි</u>	ŀ	Total. Add lines 1a-1f				420,921.	F 4 74 6 33		
					Business Code				
8	2 a	i							
ξg	l t	·							
S d	C								
₽ĕ	C	<u> </u>		<u>.</u>					
Program Service Revenue	e								
	f	All other program service reve							
	- 5						वे कर्तन्त्रक्षेत्र्यन्त्रुप्तान्त्रः		Tark is
	3	Investment income (including		-	-				
		other similar amounts)							
	4	Income from investment of ta	•						
	5	Royalties							
			(i) Re	eal	(ii) Personal				
	6 a								
	b	Less: rental expenses							
	C	: Rental income or (loss)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Net rental income or (loss)	1						** ** * * * * * * * * * * * * *
	7 a	Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory	23,8	<u> 322.</u>					
	þ	Less: cost or other basis				14.			
		and sales expenses	23,2	<u> 169.</u>			234 (4)		4. 1.
	С	Gain or (loss)		53.					
	d	Net gain or (loss)				553.	553.		
e	8 a	Gross income from fundraising		not					
Zen Zen		including \$ <u>287,6</u>							
Be .		contributions reported on line			00 221				
Other Revenu		Part IV, line 18	••••	a					
₹		Less: direct expenses			99,057.	0.706		THE PURPLE THE	0 706
		Net income or (loss) from fund	-			-8,726.		NATION OF THE COLO	-8,726.
	эа	Gross income from gaming ad			25 000				
		Part IV, line 19			25,800.	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			
		Less: direct expenses			8,514.	17 200	m., m		10 006
l		Net income or (loss) from gam	-	ies		17,286.			17,286.
	iu a	Gross sales of inventory, less					1.5		
	1.	and allowances	•••••	a					·
		Less: cost of goods sold						[	
ŀ	<u>c</u>	Net income or (loss) from sale				.7.	<u> </u>		
	11 -	Miscellaneous Revenu			Business Code	• • • • • • • • • • • • • • • • • • • •			
	11 a								
į	b								
ļ	ن د	All other revenue							
	u	Total. Add lines 11a-11d							
	12	Total revenue. See instructions.				430,034.	553.	0.	8,560.
-	r mel	TARREST OF THE PARTY OF THE PAR							· · · · · ·

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 Do not include amounts reported on lines 6b, (A) (B) Total expenses Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21. 172,156. 172,156. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 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 ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... Payroll taxes 10 Fees for services (non-employees): Management 142,100. 132,500. 9,600 Legal 5.214. 5,214. Accounting 5,650. 5,650 d 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 Sch O.) Advertising and promotion ..... 4,974 12 4,974. Office expenses 13 Information technology 24,191 14 22,478. 1,713. 15 Royalties Occupancy ..... 16 17 Travel \_\_\_\_\_ 14,672 12,432, 2.240. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,739. 3,739. 20 Interest Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization <u>17,574.</u> **17**,574 23 Insurance 6,309 6,309. 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.) OUTSIDE SERVICES 7,383. 7,383 CREDIT CARD PROCESSING 4,626. 4,626. MEALS AND ENTERTAINMENT 4,014. 1,843. 2,171 d SITE FEE 2,893. 2,893. All other expenses <u>13,383.</u> 4,329. 9,054 Total functional expenses. Add lines 1 through 24e 428,878. 25 380,132. 48,746. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

га	irt A	Balance Sneet	<u>.                                    </u>			
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	***************************************	130,716.	1	132,049.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensa			I WANTED TO THE STATE OF THE ST	
		Part II of Schedule L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under		444	
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
ş		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	[			
	Ì	basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		1	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets	60,841.	14	60,664.	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	191,557.	16	192,713.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Ñ	22	Loans and other payables to current and former			-	
≝		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L.			22	
Ξ.	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	/ables to related third			
		parties, and other liabilities not included on lines				
		0.1 11 8	,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
8	-	complete lines 27 through 29, and lines 33 and	· -			
Š	27	Unrestricted net assets			27	
<u>a</u>	28	Temporarily restricted net assets			28	
<u>.</u>	29				29	
Net Assets or Fund Balances	ĺ	Organizations that do not follow SFAS 117 (AS				
ö		and complete lines 30 through 34.	,,			The control of the Co
35 35	30	Capital stock or trust principal, or current funds	0.	30	0.	
ŝ	31	Paid-in or capital surplus, or land, building, or equ	uipment fund	0.	31	0.
1		Retained earnings, endowment, accumulated inc		191,557.	32	192,713.
ž	33	Total net assets or fund balances	y == =================================	191,557.	33	192,713.
	34	Total liabilities and net assets/fund balances	***************************************	191,557.	34	192,713.

Form **990** (2016)

$\overline{}$	n 990 (2016) MVAT FOUNDATION, A NONPROFIT CORPORATION 27-	0222812 Pa	age <b>12</b>
Pέ	rt XI Reconciliation of Net Assets		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part Vill, column (A), line 12)	430,0	34.
2	Total expenses (must equal Part IX, column (A), line 25)	428,8	
3	Revenue less expenses. Subtract line 2 from line 1		56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	191,5	
5	Net unrealized gains (losses) on investments		
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)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	192,7	713.
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: X Cash Accrual Other	8 44 7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		1
	separate basis, consolidated basis, or both:	·	1. 14
	Separate basis Consolidated basis Both consolidated and separate basis		1. 19
b	Were the organization's financial statements audited by an independent accountant?	2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
	consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Aud	<sub>iit</sub>	
	Act and OMB Circular A-133?	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		<del> </del>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		
		Form <b>990</b>	(2016)

632012 11-11-16

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

	MVA	T FOUNDATE	ON. A NON	PROFIT C	ORPOR	ΣΨΤΩΝΙ	2	7-0222812
Part I	Reason for Public	c Charity Statu:	(All organizations	must complete	this part.) 9	See instructions		1-0222012
The orga	nization is not a private fou	indation because it i	s: (For lines 1 throu	gh 12. check on	v one box	3		
1 🛄	A church, convention of	churches, or associa	ation of churches d	escribed in sect	ion 170(b)	., (4)(A)(i)		
2	A school described in se	ction 170(b)(1)(A)(ii	). (Attach Schedule	E (Form 990 or	.990-EZ\)	( 1)(2)(1):		
з 🗀	A hospital or a cooperati	ve hospital service o	rganization describ	ed in section 1	70/h\(1\(A\)	sin.		
4 🗔	A medical research organ	nization operated in	conjunction with a	hospital describ	ed in secti	on 170/51/11/A)/	iii\ ⊏ntor	the beesitel's nome
	city, and state:	•	,	. respirat Goodino	00 III <b>3000</b>	on motor man	ніј, спе	me nospitars name,
5 🔲	An organization operated	for the benefit of a	college or universit	v owned or one	rated by a	novernmental ur	it dogovih	and in
	section 170(b)(1)(A)(iv).	(Complete Part II.)		, om loa or opo	alou by a	governineritat ut	iit uescrit	ea m
6 🔲	A federal, state, or local of		nmental unit descr	ihed in section	170/63/43/	nea.		
7 🔲	An organization that norm	nally receives a sub-	stantial part of its e	ibec in section	Trotolt ile	IJ(V). Stanistan funcia sta		. ( )
	section 170(b)(1)(A)(vi).	(Complete Part II.)	realities part of its si	apport nonra ge	yveri ii nema	a control iron th	e generai	public described in
8 🔲	A community trust descri		hV4VAVait (Compl	oto Port II )				
9 🔲	An agricultural research	organization describ	og ngaggag. (Comple ed in spetion 1704	ete Fart II.) Makin opera	: الممك			
	An agricultural research or university or a non-land	f-grant college of an	riculture (see instru	ny nyayuxy opera	itea in conj	unction with a fa	and grant	college
	or university or a non-land university:	argianii college or ag	nculture (see instru	ctions). Enter th	e name, cr	ty, and state of t	he colleg	e or
10 X		nathuranaium (1) ma	Ab 00 4 /00/					
.0	•	omot functions	ore than 33 1/3% o	r its support from	n contribut	ions, membersh	ip f <del>ee</del> s, a	nd gross receipts from
	activities related to its ex-	empulunctions - sub	ect to certain exce	eptions, and (2) i	no more tha	an 33 1/3% of it	s support	from gross investment
	income and unrelated bu	siriess taxable incon	ne (less section 51)	tax) from busin	esses acq	uired by the org	anization	after June 30, 1975.
11 🗔	See section 509(a)(2). (C							
12 🗔	An organization organized	d and operated excit	usively to test for p	ublic safety. See	section 5	09(a)(4).		
1 AC	An organization organized	and operated exci	usively for the bene	fit of, to perform	the function	ons of, or to can	ry out the	purposes of one or
	more publicly supported	organizations descri	bed in section 509	(a)(1) or section	509(a)(2).	See section 50	<b>9(a)(3)</b> , C	heck the box in
	lines 12a through 12d tha	at describes the type	of supporting orga	anization and co	mplete line	s 12e, 12f, and	12g.	
a	J Type I. A supporting on	ganization operated	, supervised, or cor	ntrolled by its su	pported or	ganization(s), ty <sub>l</sub>	pically by	giving
	the supported organiza	tion(s) the power to	regularly appoint o	r elect a majority	of the dire	ctors or trustee:	s of the si	upporting
	organization. You must							
b		rganization supervis	ed or controlled in a	connection with	its support	ed organization	(s), by hav	ving
	control or management	of the supporting or	rganization vested i	in the same pers	ions that c	ontrol or manage	e the sup	ported
<u> </u>	organization(s). You mu							
с 🗀		tegrated. A support	ing organization op	erated in conne	ction with,	and functionally	integrate	d with,
<del></del>	ts supported organizati	ion(s) (see instructio	ns). <b>You must co</b> m	plete Part IV, S	ections A,	D, and €.		
d L	J Type III поп-functional	lly integrated. A sup	porting organization	on operated in co	onnection v	with its supporte	d organiz	ation(s)
	that is not functionally in	ntegrated. The orgar	nization generally m	ust satisfy a dis	tribution re	quirement and a	an attentiv	veness
	requirement (see instruc	ctions). <b>You must c</b> o	omplete Part IV, Se	ections A and D	, and Part	٧.		
е 🗀	J Check this box if the org	ganization received a	a written determina	tion from the IRS	Sthat it is a	Type I, Type II.	Type III	
	functionally integrated,	or Type III non-funct	ionally integrated s	upporting organ	ization.	21 2 31 12		
	er the number of supported	lorganizations						
g_Prov	vide the following information	on about the suppor	ted organization(s).				************	
(1	i) Name of supported	(ii) EIN	(iii) Type of organi		anization listed ilng document?	(v) Amount of m		(vi) Amount of other
	organization		(described on lines above (see instruc	, , , , ,	No	support (see insti	ructions)	support (see instructions)
							· ·	
				ŀ				
							ŀ	
						<del></del>		
				•			1	
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							<del></del>	
Total		The state of the s	144	tar tar	<del></del>			
				1. N.				

Schedule A (Form 990 or 990-EZ) 2016 MVAT FOUNDATION, A NONPROFIT CORPORATION 27-0222812 Page 2

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.) Section A. Public Support Calendar 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.") ...... 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 4 Total. Add lines 1 through 3 ...... 5 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

6 Public support. Subtract line 5 from line 4 Section B. Total Support

column (f)

amount shown on line 11.

Calendar year (or fiscal year beginning in) 📂	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4				(4) = 3 / 5	(0)1010	(i) rotes
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the		İ				
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)					ļ.	
11 Total support. Add lines 7 through 10		\$30 A A A		3 ·		
12 Gross receipts from related activities, e	tc. (see instruct	ions)	<u> </u>		12	
13 First five years, If the Form 990 is for t			rd, fourth, or fifth ta	x vear as a sectio		
Organization, check this box and etem t		,	-, -= , -, , , , , , , , , , , , , , , ,	,	1,00,000	, f

12	Gross receipts from related activities, etc. (see instructions)	12		
13	First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sectio			
	organization, check this box and stop here		(-)(-)	
Se	ction C. Computation of Public Support Percentage			·····
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	T	%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15		%
16a	a 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 n			
	stop here. The organization qualifies as a publicly supported organization		, one was as	 
ŧ	33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	orı	more, check this b	ох
	and stop here. The organization qualifies as a publicly supported organization			
17a	10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, a	and l	line 14 is 10% or m	nore
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pal	t VI	how the organizati	on
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<b>▶</b> [
b	10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 1	 17a,	and line 15 is 10%	• · · · · · · · · · · · · · · · ·
	more, and if the organization meets the "facts and circumstances" test, check this how and the increase the control of the con		5-11 <i>0</i> 1 0	

the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2016

## Schedule A (Form 990 or 990-EZ) 2016 MVAT FOUNDATION, A NONPROFIT CORPORATION 27-0222812 Page 3 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.)

Se	ction A. Public Support	zolow, picase com	piete rai( II,)				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			(2) 23.1	14) 2010	18/2010	(i) rotai
	membership fees received. (Do not					•	
	include any "unusual grants.")	337,640.	390.633.	632.727.	481 023	537,052.	2379075.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			V 22 / 12 / 1	101,023	337,032.	2373073.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	337,640.	390,633.	632,727.	481,023.	F27 0F0	0350055
	Amounts included on lines 1, 2, and	337,040.	390,033.	034,141.	401,023.	537,052.	2379075.
	3 received from disqualified persons	39,500.	62,552.				400 050
t	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	3373001	02,332.				102,052.
¢	Add lines 7a and 7b	39,500.	62,552.				100 050
	Public support (Suplract line 7c from line 6.)				4 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		102,052.
Sec	tion B. Total Support	<del> </del>	<u> ' [</u>			sample seasons in	2277023.
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(a) 2016	(D. T-++1)
	Amounts from line 6	337,640.	390,633.	632,727.	481,023.	(e) 2016 537, 052.	(f) Total 2379075.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		23070331	032,727.	401,025.	337,032.	2379075.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	337,640.	390,633.	632,727.	481.023.	537.052.	2379075.
174	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x vear as a section	501(c)(3) organiza	ation
	check this box and stop here	••••••••••••••••••••••••••••••••••••••					
Sec	tion C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2016 (lin	ne 8, column (f) div	ided by line 13, co	olumn (f))		15	95.71 %
<u> 16 </u>	Public support percentage from 2015	Schedule A, Part II	II. line 15			16	95.00 %
360	tion b. Computation of inves	tment income	Percentage			19.1	J J 1 0 0 /0
17	Investment income percentage for 201	I <b>6</b> (line 10c, cotum	n (f) divided by line	13, column (f))	]	17	.00 %
18	Investment income percentage from 2	<b>015</b> Schedule A, P	Part III, line 17		Ì	18	%
ıya :	33 1/3% support tests - 2016. If the o	organization did no	it check the box or	n line 14, and line	15 is more than 33	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box and	d stop here. The o	organization qualifi	es as a publicly su	apported organiza	tion	► X
b:	33 1/3% support tests - 2015. If the $\alpha$	organization did no	t check a box on li	ine 14 or line 19a,	and line 16 is mor	e than 33 1/3%, a	nd
	ine 18 is not more than 33 1/3%, chec	k this box and sto	<b>p here.</b> The organ	ization qualifies as	s a publicly suppo	rted omanization	▶ [
20	Private foundation, If the organization	did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see inst	ructions	<b>5</b>
32023	09-21-16					dule A (Form 990	

### Schedule A (Form 990 or 990 EZ) 2016 MVAT FOUNDATION, A NONPROFIT CORPORATION 27 - 0 2 2 2 8 1 2 Page 4

#### 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

- 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.
- 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.
- 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.
- 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.
- 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).
- 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).
- 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).
- 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.
- 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.)

	Yes	No
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Pa	edule A (Form 990 or 990 EZ) 2016 MVAT FOUNDATION, A NONPROFIT CORPORATION 27 - 0 : Int IV Supporting Organizations (continued)	22281	. Z P	age 5
			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)			İ
	below, the governing body of a supported organization?	_11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	A4 1 A 1	103	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1:	1.1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remain directors and the supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1.34%	\$-67
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u></u>
2	Did the organization operate for the benefit of any supported organization other than the supported			N. J.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1,000
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			13%
_	supervised, or controlled the supporting organization.	2		l
Sec	tion C. Type II 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	1. 7.25		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1 144		
	or management of the supporting organization was vested in the same persons that controlled or managed		N.	
	the supported organization(s).	- 1000		
Sec	tion D. All Type III Supporting Organizations	1 1_	l	Щ.
	The state of the s		1 [	
1	Did the organization provide to each of its supported organizations, but the test down the fall of the	<u> </u>	Yes	No
•	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	1000		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	11,5767		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	10°		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pert VI how	٠.	- 100 A	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		\$55E	
	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.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
C	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<u>).</u>	
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	1 1.4		. ::
	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	. 10		
	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			<del></del>
	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	33.3		
	activities but for the organization's involvement.			
		2b	<del></del>	
	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	7.7.7		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
32025	09-21-16 Schedule A /Form 0			

Sch Pa	edule A (Form 990 or 990-EZ) 2016 MVAT FOUNDATION, A NONE rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ROFI	IT CORPORATION2	7-0222812 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig Vig	on New OO (1070 /combain in t	2
•	other Type III non-functionally integrated supporting organizations must co	iy trust i omoloto	on Nov. 20, 1970 (explain in ) Spotians Athrough F	Part VI.) See instructions. Al
Sec	tion A - Adjusted Net Income	iii ibiete	(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	Ť		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Seci	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1.		1 4 4 7 00 4 4 4 5
	instructions for short tax year or assets held for part of year):	N. ir		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	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		
Sect	ion C - Distributable Amount	<del>-</del>		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	T-		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	nization (see
	instructions).	,vgi	) ho cabbottill olda	

Sche Pa	edule A (Form 990 or 990-EZ) 2016 MVAT FOUNDAT: rt V   Type III Non-Functionally Integrated 50	ION, A NONPROFI	T CORPORATION	7-0222812 Page 7
-	rt V Type III Non-Functionally Integrated 50	a(a)(a) Supporting Org	anizations (continued)	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		Current Year
2	Amounts paid to perform activity that directly furthers exen		·····	
_	organizations, in excess of income from activity	ibr barboses or supported		
3	Administrative expenses paid to accomplish exempt purpo	eee of euroported organization		
4	Amounts paid to acquire exempt-use assets	ses or supported organization	15	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	Δ	
	(provide details in Part VI). See instructions	and organization to responsive	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:		4 Per 1946 P	
a			CONTRACTOR OF THE STATE OF THE	
b			5 190000	
С	From 2013			Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>d</u>	From 2014			
е.	From 2015	<b>经验的</b> 的证据,1000年的		
_ f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	71.1		A LA WEST TO A
h	Applied to 2016 distributable amount		yaka dayasa c	
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017, Add lines 3j			
	and 4c			
8	Breakdown of line 7:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
<u>a</u>	The state of the s			
	Excess from 2013	10.000		
	Excess from 2014	433.70		1.44
q	Excess from 2015	••••		

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990 EZ) 2016 MVAT	FOUNDATION, A	NONPROFIT COR	PORATION27-0222812 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par	Provide the explanations re 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 13: Part IV. Section Filines	quired by Part II, line 10; Par la, 11b, and 11c; Part IV, Sed 1c, 2a, 2b, 3a, and 3b; Part I	t II, line 17a or 17b; Part III, line 12; ption B, lines 1 and 2; Part IV, Section C,
	(See instructions.)			
	-			
				····
		, ,,,,,		

### Schedule A

## Payments from Disqualified Persons Included on Part III, Line 7a

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
	39,500.	62,552.	0.	0.	0
					<del></del>
					<del></del> ,
					<del></del>
otal to Schedule A, art III, Line 7a	39,500.	62,552.			

#### SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MVAT FOUNDATION A NONPROFIT CORPORATION Employer identification number 27-0222812

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizati		·
	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization during the tax
	year >	out of go	in Lation doing the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	>	rainaing of volutions, and emorning consolva	non casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	assements during the year
	<b>▶</b> \$	and or mountain, and emorally contact values	asoments during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section $170(h)(4)$	'R\/i\
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and evinence state	ement and halance sheet and
-	include, if applicable, the text of the footnote to the organizat		
	conservation easements,	ion o insurolal otatomenta triat describes the o	gariizadon s accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form		7
- ta	If the organization elected, as permitted under SFAS 116 (AS	***************************************	and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		r public service, provide, arr arr xar,
b	If the organization elected, as permitted under SFAS 116 (AS		halance cheet works of ort historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	recently, or research in returner ander or public se	sivice, provide the following announts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b> •
2	If the organization received or held works of art, historical trea	serves or other similar assets for financial asin	
	the following amounts required to be reported under SFAS 1:	<del>-</del>	, provide
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> ¢
h	Assets included in Form 990, Part X		., <b>&gt;</b> \$
	For Paperwork Reduction Act Notice, see the Instructions		
_ , ,, ,	· · · · · · · · · · · · · · · · · · ·	TOLLOTTI SEO.	Schedule D (Form 990) 2016

632051 08-29-16

	edule D (Form 990) 2016 MVAT FC	UNDATION,	A NO	NPROF:	IT COR	<u>PORATI</u>	ON :	<u> 27-02</u>	2281	2 Pa	age <b>2</b>
Pa	rt III   Organizations Maintaining (	Collections of A	<u>rt, His</u>	torical Ti	reasures,	or Othe	r Simila	ar Asse	ts(contin	iued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following t	hat are a sig	ınificant ı	use of its	collection	ı item	s
	(check all that apply):										
а	Public exhibition	c	:	Loan or exc	change prog	grams					
b	Scholarly research	6		Other		-					
C	Preservation for future generations										
4	Provide a description of the organization's of	cllections and explai	in how t	hey further	the organiza	ation's exem	nat purpa	se in Pai	rt XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or o	ther similar	assets	- · · · · · ·			
_	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answerer	i "Yes" on l	Form 990	) Part IV	line 9 or		2 140
	reported an amount on Form 990, Pa	art X, line 21.		o ga naga	., ., ., ., ., ., ., ., ., ., ., ., ., .	. 100 0111	0	,, i cat iv,	. III 10 0, 01		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other:	essets not in	ncluded				
	on Form 990, Part X?			0011011000101	110 01 011101 1	200010 1101	loladea		Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	tahla:	••••••		************		_ 162		1140
		and complete the re	Jiio III ii ig	idolo,					Amount	<del></del>	
С	Beginning balance						4-		Amount		
d	Additions during the year	*****			· · · · · · · · · · · · · · · · · · ·	•••••	1c				
ے	Distributions during the year		•••••		•••••••••	••••••	1d				—
f	Ending belance		•••••		• • • • • • • • • • • • • • • • • • • •		1e				—
2a	Ending balance	form 600 Part V line							٦ ,,,		1
	If "Yes," explain the arrangement in Part XIII								_ Yes	-	No
Pa	rt V Endowment Funds. Complete	if the organization ar	<u>xpranauc</u>	"Voe" on E	orm DOO. Dr	n Pan XIII	· · · · · · · · · · · · · · · · · · ·		***************************************		<u> </u>
I	- Complete	(a) Current year		Prior year		ars back (		save basic	f.3 Faun		haal:
1a	Beginning of year balance	(a) Cuiterit year	(D) F	nor year	(c) Two ye	ars Dauk (C	a) milee y	ears Dack	(e) FOUR	years	раск
b	Contributions				1				-		
c	Net investment earnings, gains, and losses		1								
ď	Grants or scholarships										
e	Other expenditures for facilities				<u> </u>						
·											
f	and programs										
•	Administrative expenses										
g	End of year balance			······	1			······			
2	Provide the estimated percentage of the cur		e (line 1	g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
_	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	and administ	tered for the	e organiza	ation	-		
	by:									Yes	No
	(i) unrelated organizations	***************************************							3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on S	ichedule R?	·	*************			3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part I\	/, line 11a. §	See Form 99	90, Part X, li	ne 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	1 ''	umulate	d	(d) Book	value	;
		basis (investr	nent)	basis	(other)		eciation				
	Land					28,410°					
b	Buildings										
	Leasehold improvements										
	Equipment									***************************************	
	Other										
Γotal	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colun	on (B) line 1	(Oc.)						<u> </u>

Schedule D (Form 990) 2016

	(b) Book value		90, Part X, line 12,	nd-of-year market value
(a) Description of security or category (including name of security)  (1) Financial derivatives	(2) 20011 10100	(c) Monioc	or valuacion, cost or en	nd-or-year market value
(2) Closely-held equity interests				
(3) Other				.,
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			. , ,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		e 11c. See Form 9	90, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method	of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 9	90, Part X, line 15.	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	e 11d. See Form 9	90, Part X, line 15.	(b) Book value
		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D (1) (2)		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 9	90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription		90, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	escription			
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability	escription			
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	escription	≥ 11e or 11f. See F		
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	15.)	≥ 11e or 11f. See F		

Schedule D (Form 990) 2016 MVAT FOUNDATION, A NONI			Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, li			
1 Total revenue, gains, and other support per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants		<u> </u>	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	14-1		
a Investment expenses not included on Form 990, Part VIII, line 7b	F		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		40	
c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Part XII Reconciliation of Expenses per Audited Financial S			
Complete if the organization answered "Yes" on Form 990, Part IV,		iooo poi riotariii	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1.233	
a Donated services and use of facilities	2a		
b Prior year adjustments	l i		
c Other losses	····		
d Other (Describe in Part XIII.)		\$4.50	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
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,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
ALABAMAN III.	· · · · · · · · · · · · · · · · · · ·		
FORM 990 PAGE 11 PART X			
WEBSITE DESIGN COSTS HAVE BEEN CAPITALIZE	SD.		
		<del></del>	
11.11.11.11.11.11.11.11.11.11.11.11.11.			
		Calcadula D/Farm	

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.rs.gov/form990. Inspection Name of the organization Employer identification number MVAT FOUNDATION, A NONPROFIT CORPORATION 27-0222812 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ fiers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations g X Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing,

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 MVAT FOUNDATION, A NONPROFIT CORPORATION 27 - 0 2 2 2 8 1 2 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or 12 to 12 to 12 to 13 to 1

	1	ar remaining storic contributions and gr		· · · · · · · · · · · · · · · · · · ·		pis greater trian \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SONOMA WINE	GOLF	NONE	1 1 1
			DINNER	TOURNAMENT	110412	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ş			(overn type)	(overa type)	(total flumber)	
Revenue	1	Gross receipts	56,806.	33,525.		90,331.
	2	Less: Contributions	56,806.	33,525.		90,331.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	28,346.	20,177.		48,523.
_	8	Entertainment				
	9	Other direct expenses	19,459.	31,075.		FO F34
	_	Direct expense summary. Add lines 4 through				50,534.
					······	99,057.
Pa	rt I	Net income summary. Subtract line 10 from li  II Gaming. Complete if the organization	ne 3, column (a)	OCO Doct IV For 10 as		<u>-99,057.</u>
		\$15,000 on Form 990-EZ, Ine 6a.	answered 163 Official	1 930, Fartiv, line 19, 0	reported more than	
		TO GOOD ON TOWN OBOLES, MIC OZ.		4 3 Ovell 44 b - C - 4 - 4		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ.	_1_	Gross revenue			25,800.	25,800.
ses	2	Cash prizes			8,514.	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	□ No	□ No	X No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		<b>.</b>	8,514.
ĺ					,	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			17,286.
		er the state(s) in which the organization condu				
а	is th	ne organization licensed to conduct gaming ac	tivities in each of these	states?		Yes X No
b	If "N	No," explain:				
					,, , , , , , , , , , , , , , , , , , ,	
10a	Wer	re any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	year?	Yes X No
b	If "Y	es," explain:	···			
onne.	2 22	10.40				
いっていび	_ U5-	12-16			Schedule C (For	m 990 or 990-EZ) 2016

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 MVAT FOUNDATION, A NONPROFIT CORPORATION 27-	0222812 F	age 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes 🛚	K No
	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	. 13a	%
b	An outside facility	13b 1100.0	<u>)0 %</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name DON SCHWARZ		
	Address ► 13636 VENTURA BLVD NO. 218 - SHERMAN OAKS, CA 91423		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X	ΩNο
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name >		
	Address ▶		
	Gaming manager information:		
	The state of the s		
	Name ►		
	Gaming manager compensation > \$		
	Description of continue provided N N/A ODGANTIZATION TROP LIFE D ONTO DATE TO DESCRIPTION		
	Description of services provided ► N/A - ORGANIZATION JUST HELD ONE RAFFLE DU YEAR		
	YEAR		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
	is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Yes 🔯	∐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Par	organization's own exempt activities during the tax year > \$		
r.ai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9, 9b, 10b, 1	15b,
	100, 10, and 176, as applicable. Also provide any additional information. See instructions		<del></del>
32083	09-12-16 Schedule G (Form	m 990 or 990-EZ)	2016

Schedule G (Form 990 or 990 EZ)  Part IV Supplemental Info	MVAT FOUNDATION,	A NONPROFIT	CORPORATION27	-0222812 Page 4
Part IV Supplemental Info	rmation (continued)			
	, <u>, , , , , , , , , , , , , , , , , , </u>			
32084			Schedule (	G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Internal Revenue Service

Part

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990.

Open to Public 2016 Inspection

OMB No. 1545-0047

Employer identification number

2

27-0222812 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States A NONPROFIT CORPORATION criteria used to award the grants or assistance? Part | General Information on Grants and Assistance MVAT FOUNDATION, Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (f applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AUSA GREATER LOS ANGELES 627 S. MCCADDEN PLACD							
LOS ANGELES CA 90002	53-0193361	501(C) (3)	15,960.	0.			MISSION SUPPORT
CMOHF - CONGRESSIONAL MEDAL OF HONOR FOUNDATION - 1501 LEE							
HIGHWAY, SUITE 300 - ARLINGTON, VA 22209	25-1828488	501(C) (3)	30 000	Q			Haodalis Noissin
GARY SINISE FOUNDATION							
1901 AVENUE OF THE STARS NO.1050 LOS ANGELES, CA 90067	80-0587086	501(C) (3)	15,000,	o			MISSION SUPPORT
GREEN BERET FOUNDATION							
18756 STONE OAK PARKWAY, STE 200 SAN ANTONIO, TX 78258	27-1206961	501(C) (3)	15,000.	0			HACAGIS NOISSIM
GREEN VETS LA							
212 STAR OF INDIA LANE							
CARSON, CA 90746	45-5279070	501(C) (3)	10,000.	0.			MISSION SUPPORT
HABITAT FOR HUMANITY				••••			
17700 SOUTH FIGUEROA ST							
GARDENA, CA 90248	33-0416470 501(C) (3)	501(C) (3)	15,350,	0			MISSION SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government on	ganizations listed in the					<b>A</b>

35

Schedule I (Form 990) (2016)

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

Enter total number of other organizations listed in the line 1 table

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Page 1

POR in
A NONPROFIT COR
Continuation of Grants and Other Assistance t

(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JVS OF LA - JEWISH VOCATIONAL SERVICE - 6505 WILSHIRE BLVD # 200 - LOS ANGELES, CA 90048	95_1691012	S01(C) (3)	2,000.	0			MISSION SUPPORT
K9S FOR WARRIORS 260 FOUTH ROSCOE BLVD PONTE VEDRA BEACH, FL 32082	27-5219467	501(C) (3)	5,000,	0			MISSION SUPPORT
MAKEOVERS THAT MATTER FOUNDATION 7931 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90046	46-5044396	501(Ç) (3)	5,000.	.0			AISSION SUPPORT
NEW DIRECTIONS P.O. BOX 25536 LOS ANGELES, CA 90025	95-4242745	501(C) (3)	16,400,	Ó			AISSION SUPPORT
OPERATION REBOUND 9591 WAPLE ST SAN DIECO, CA 92151	33-0739596	501(C) (3)	5,000.	.0			MISSION SUPPORT
OUR MILITARY KIDS 6861 BLM ST 2A MCLEAN, VA 22101	56-2483648	501(C) (3)	5,000	.0			MISSION SUPPORT
SPECIAL OPERATIONS CARE FUND 999 PEACHTREE ST, STE 2300 ATLANTA, GA 30309	46-3326489	501(C) (3)	946.	0		>1	MISSION SUPPORT
THE MISSION CONTINUES LA 5427 1/2 SANTA MONICA BLVD LOS ANGELES, CA 90029	20-8742553	501(C) (3)	5,000,	O		2 2	MISSION SUPPORT MISSION SUPPORT
THE PATHWAY HOME P.O. BOX 3930 YOUNTVILLE, CA 94599	45-5350612	501(C) (3)	2000 5	0			MISSION SUPPORT Schedule I (Form 990)
680041							

Schedule   (Form 990) MVAT FOUNDATION, A NONPROFIT CORPORATION  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   Form 990) Box 113	NDATION, Assistance to G	MVAT FOUNDATION, A NONPROFIT CORPORATION Grants and Other Assistance to Governments and Organizations in the United	CORPORATI	ON States (Sch	Add ( Gorm 000) Da		27-022812 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOLDIERS PROJECT 4605 LANKERSHIM BLVD #202 NORTH HOLLYWOOD, CA 91602		501(C) (3)	5,000.	0			MISSION SUPPORT
VETERANS CAREER XCHANGE 17412 VENTURA BLVD ENCINO, CA 91316		501(C) (3)	5,000	°o			MISSION SUPPORT
VETERANS LEGAL INSTITUTE 2100 N. BROADWAY #209 SANTA ANA, CA 92706		501(C) (3)	5,000	0			MISSION SUPPORT
WOODEN BOATS FOR VETS 1001 BRIDGEWAY STREET BOX 108 SAUSALITO, CA 94965	46-4194065	501(C) (3)	3,500.	o			MISSION SUPPORT

Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 27-0222812 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance MVAT FOUNDATION, A NONPROFIT CORPORATION (c) Amount of cash grant 38 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) 632102 11-01-16 Part IV PartIII

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

Par	MVAT_FOUNDAT	rion, A	NONPROFI	T CORPORATION	27-02:	22812	<u> </u>
rai	TT   Types of Froperty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio		ıts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications		N. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5	Clothing and household goods		JAN BYYNASTAS				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or		1				
•	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other	<b></b>					
15	Real estate - Residential			<u> </u>			
16	Real estate - Commercial				·		
17			<del> </del>				
	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						-
22	Historical artifacts						
23	Scientific specimens		-				
24	Archeological artifacts			<u> </u>			
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 85	283, Part IV,	Donee Acknowled	gement 29			
					<del></del> -	Yes	No
30a	During the year, did the organization receive to	oy contribution	on any property rep	ported in Part I, lines 1 through	n 28, that it		
	must hold for at least three years from the da			•	ŀ		1000
	exempt purposes for the entire holding period	1?	.,,.,		3	0a	X
b	If "Yes," describe the arrangement in Part II.				ļ.;		1
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contributi	ons?	1	X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncash			
	contributions?					2a X	<u>L</u> .
b	if "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is checi	ked,		
	describe in Part II.					- P.	
НА	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M (Fo	rm 990)	(201

Schedule M (Form 990) (2016) MVAT FOUNDATION, A NONPROFIT CORPORATION 27-0222812 Page  Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
PART I
THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED IN COLUMN
(B) OF PART I.
LINE 32A
THE ORGANIZATION HELD A SILENT AUCTION AS PART OF ITS GOLF & TENNIS
TOURNAMENT AND WINE DINNER DURING 2016.
632142 08-23-16 Schedule M (Form 990) (2016

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MVAT FOUNDATION. A NONPROFIT CORPORATION

Employer identification number 27-0222812

11111 I OUNDITION, H HOMEROTET CONTORMITON 2, VZZZOTZ
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FORCES. THE MISSION IS ALSO TO GIVE GRANTS TO VETERAN SUPPORT
ORGANIZATION. THE GOAL IS TO BECOME A PREMIER ORGANIZATION THAT SHOWS
WHAT THE HUMAN SPIRIT CAN DO TO HELP, WHERE OTHER RESOURCES FALL SHORT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
POST-MILITARY VETERAN CAREER ASSISTANCE THROUGH ITS HEROES LINKED AND
360 RECOVERY PROGRAMS, AS WELL AS SUPPORTING CAREFULLY VETTED
CHARITIES, WHOSE PROGRAMS ASSIST VETERANS, AND THEIR FAMILIES.
FORM 990, PART VI, SECTION A, LINE 2:
FORM 990, PART VI, SECTION A, LINE 2
SOME OF THE MEMBERS OF THE BOARD OF DIRECTORS ARE RELATED TO OTHER MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND THEN THE DECISION IS MADE
WHETHER TO MAKE ANY OTHER CHANGES TO THE FORM OR UPDATES TO THE INFORMATION
PROVIDED. HE IS AUTHORIZED TO SIGN AND HAVE THE FORM SIGNED. BECAUSE THIS
IS A SMALL ORGANIZATION, THE COMPLETE BOARD OF DIRECTORS DOES NOT REVIEW
THE FORM. SEVERAL OFFICERS MAY ALSO REVIEW THE TAX RETURN.
FORM 990, PART VI, SECTION B, LINE 12:
FORM 990, PART VI, SECTION B, LINE 12C
CONFICT OF INTEREST POLICY: ANNUALLY EACH BOARD MEMBER WILL VERIFY ANY
CONFLICT OR CERTIFY THEY HAVE NO CONFLICT OF INTEREST WITH THE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  MVAT FOUNDATION, A NONPROFIT CORPORATION	Employer identification number 27-0222812
ORGANIZATION.	
PROCEDULE WITH RESPECT TO CONFICT OF INTERES POLICY: ONC	E A YEAR THE BOARD
FORM 990, PART VI, SECTION C, LINE 18:  MVAT FOUNDAATION, A NON PROFIT ORGANIZATION MAKES IT'S 99	0 FORM AND 1023
AVAILABLE UPON REQUEST TO EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:  MVAT FOUNDATION, A NON PROFIT ORGANIZATION MAKES IT'S GOV  (990 FORM) AVAILABLE TO PUBLIC UPON REQUEST.	ERNMENT DOCUMENTS

## 2016 DEPRECIATION AND AMORTIZATION REPORT

Ending Accumulated Depreciation	825.	7 281		-	1,000		-	4,400		798	3,500		1,667.	L C		917.		006	130.		243	136.		33,245.			
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Date Acquired	03/27/14	08/01/14			12/22/14			03/02/15		04/02/13	04/13/15		05/06/15	12/21/15		02/11/16	,	OT/OT/CO	05/10/16	00000	01/01/60	09/09/16		<u>: '</u>			
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(D) · Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2016 DEPRECIATION AND AMORTIZATION REPORT

FORM	99 M	990 PAGE 10							066							
S S	Asset No.	Description		Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
E <sub>g</sub>		ACQUISITIONS						17,670.	1. 1. 1. 1. 29		• •	17,670.	0 00	1		2,326.
1.34 <u>- 4</u> 1		ENDING BALANCE ENDING ACCUM DEPR	E .		X.			93,909.			•	93,909.	15,671.			33,245.
		ENDING BOOK VALUE	ш										60,664.			
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62811	628111 04-01-16	71-16					ש	(D) - Asset disposed	peso		*	ITC. Salvage, F	Bonus Commerc	<u>n</u> ,	Bevitalization Deduction	on GO Zone

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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## 4562

## Depreciation and Amortization (Including Information on Listed Property)

990

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.rs.gov/form4562.

Attachment Sequence No. 179 Identifying number

	t   Election To Expense Certain Pro						
	Maximum amount (see instructions)						500,000
2 T	otal cost of section 179 property p	placed in service (see	instructions)	· · · · · · · · · · · · · · · · · · ·	*	2	
4 F	hreshold cost of section 179 proper	erty before reduction	in limitation			3	2,010,000
	leduction in limitation. Subtract line						
6	ollar limitation for tax year. Subtract line 4 from (a) Description of		i				* 1777. January 17
<u> </u>	(cy possipila)	in biobaity	(b) Cost (busi	Iлess use only)	(c) Electe	d čast	
					<del></del>		
7 L	isted property. Enter the amount fr	om line 29		7			
	otal elected cost of section 179 pro		in column (c) lines 6 and				
9 T	entative deduction. Enter the small	ler of line 5 or line 8	in column (c), lines o and	· /		8	
10 0	arryover of disallowed deduction for	rom line 13 of your 20	715 Form 4562	***	*****************	9	
11 E	usiness income limitation. Enter the	e smaller of business	income (not less than ze	erot or line 5		10	
12 8	ection 179 expense deduction. Ad	d lines 9 and 10. but	don't enter more than lin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11	
13 (	arryover of disallowed deduction to	2017. Add lines 9 a	and 10, less line 12	▶ 13		12	
Note	Don't use Part II or Part III below t	for listed property. In	stead, use Part V.				<u> </u>
Pai	t II Special Depreciation Allo			de listed propert	v.)		
14 8	pecial depreciation allowance for q					.	
					-	14	
15 P	roperty subject to section 168(f)(1)	election				15	
	.,,,,	***********	•••••	,,,		.,,,	
16 C	ther depreciation (including ACRS)					40	
Par	ther depreciation (including ACRS)			·		16	
16 C	ther depreciation (including ACRS)			·		16	
Par	ther depreciation (including ACRS)  MACRS Depreciation (Do	n't include listed pro	perty.) (See instructions.) Section A			16_	
16 C Par 17 M	ther depreciation (including ACRS)  HII MACRS Depreciation (Do  ACRS deductions for assets place	n't include listed prop	perty.) (See instructions.)  Section A  ars beginning before 201	6		16_	
16 C Par 17 M	ther depreciation (including ACRS)  HII MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in	n't include listed properties in service in tax ye	perty.) (See instructions.)  Section A  ars beginning before 201	6 counts, check here		16	em
16 C Par 17 M	ther depreciation (including ACRS)  HII MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in	n't include listed properties in service in tax ye	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc	6 counts, check here		16	em (g) Depreciation deduction
16 C Par 17 M	ther depreciation (including ACRS)  HIII MACRS Depreciation (Do  ACRS deductions for assets place You are electing to group any assets placed in  Section B - Asset	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Sounts, check here Using the Gen (d) Recovery	eral Deprecia	16	em
16 C Par 17 M 18 H	ther depreciation (including ACRS)  HIII MACRS Depreciation (Doi  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asset  (a) Classification of property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Sounts, check here Using the Gen (d) Recovery	eral Deprecia	16	em
17 M	ther depreciation (including ACRS)  HIII MACRS Depreciation (Doi  ACRS deductions for assets place from a see electing to group any assets placed in Section B - Asset  (a) Classification of property  3-year property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Sounts, check here Using the Gen (d) Recovery	eral Deprecia	16	em
16 C Par 17 M 18 H	ther depreciation (including ACRS)  III MACRS Depreciation (Doi  ACRS deductions for assets place from are electing to group any assets placed in  Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Sounts, check here Using the Gen (d) Recovery	eral Deprecia	16	em
17 M 18 #	ther depreciation (including ACRS)  III MACRS Depreciation (Do  ACRS deductions for assets place from are electing to group any assets placed in  Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Sounts, check here Using the Gen (d) Recovery	eral Deprecia	16	em
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16 C Par 17 M 18 M 19a b c d e f	ther depreciation (including ACRS)  III MACRS Depreciation (Do  ACRS deductions for assets place You are electing to group any assets placed in  Section B - Asset  (a) Classification of property  3-year property  7-year property  10-year property  15-year property  20-year property  25-year property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  counts, check here Using the Gen  (d) Recovery period	eral Deprecia	17  ation Syst (f) Method	em
19a b c d e f	ther depreciation (including ACRS)  III MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asse  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  20-year property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6	eral Deprecia (e) Convention	17  ation Syst (f) Method  S/L S/L	em
17 M 18 M 19a b c d e f g	ther depreciation (including ACRS) till MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asse (a) Classification of property  3-year property  5-year property  10-year property  10-year property  20-year property  25-year property  Residential rental property	n't include listed properties in service in tax yes service during the tax year in the tax year in the tax year in the tax year in the tax year placed in Service (b) Month and year placed	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Dounts, check here Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.	eral Deprecia (e) Convention	16 17 17 17 4tion Syst (f) Method S/L S/L S/L	em
16 C Par 17 M 18 M 19a b c d e f	ther depreciation (including ACRS) till MACRS Depreciation (Do ACRS deductions for assets place you are electing to group any assets placed in Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year placed in service in service in service in service in service in the tax year placed in service in service	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	6  Counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	eral Deprecia (e) Convention	16 17 17 17 17 17 S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
17 M 18 M 19a b c d e f g	ther depreciation (including ACRS) till MACRS Depreciation (Do ACRS deductions for assets place you are electing to group any assets placed in Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year placed in service in service in service in service in service in the tax year placed in service in service	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment uss	6  Counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	eral Deprecia (e) Convention	16 17 17 17 17 17 S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
17 M 18 M 19a b c d e f g	ther depreciation (including ACRS) till MACRS Depreciation (Do ACRS deductions for assets place you are electing to group any assets placed in Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year placed in service in service in service in service in service in the tax year placed in service in service	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	6  Counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	eral Deprecia (e) Convention	16 17 17 17 17 17 S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
19a b c d e f g h	ther depreciation (including ACRS) till MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asset (a) Classification of property  3-year property  5-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year placed in service in service in service in service in service in the tax year placed in service in service	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	6  Counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	eral Deprecia (e) Convention	17  ation Syst (f) Method  S/L S/L S/L S/L S/L S/L sixtion Sys	em  (g) Depreciation deduction
19a b c d e f g h i	ther depreciation (including ACRS) till MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asset (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year placed in service in service in service in service in service in the tax year placed in service in service	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	6  Sounts, check here Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs,  sing the Altern	eral Deprecia (e) Convention	16   17	em  (g) Depreciation deduction
19a b c d e f g h i	ther depreciation (including ACRS) till MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asset (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	n't include listed properties of in service in tax yet service during the tax year lefts Placed in Service (b) Month and year placed in service // // // // // // // // // // // // //	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	6  Counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  sing the Altern  12 yrs.	eral Deprecia (e) Convention  MM  MM  MM  MM  MM  Ative Deprecia	16   17   17	em  (g) Depreciation deduction
17 M 18 H 19a b c d e f g h i	ther depreciation (including ACRS) till MACRS Depreciation (Do ACRS deductions for assets place rou are electing to group any assets placed in Section B - Asset (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets Class life  12-year  40-year	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year in the tax year in the tax year placed in service in service in service in service in the tax year placed in service in the tax year placed in service in the tax year in tax year in the t	perty.) (See instructions.)  Section A  ars beginning before 201  nto one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	eral Deprecia (e) Convention  MM  MM  MM  MM  MM  Ative Deprecia	16	em  (g) Depreciation deduction
Par 17 M 18 H 19a b c d e f g h	ther depreciation (including ACRS) till MACRS Depreciation (Do  ACRS deductions for assets place rou are electing to group any assets placed in  Section B - Asset (a) Classification of property  3-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  IV Summary (See instructions. sted property. Enter amount from lies	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year in the tax year placed in service in service in service in service in service in service in the tax year placed in service in service in the tax year placed in service in service in the tax year placed in service in the tax year placed in service in the tax year placed in service in the tax year placed in service in the tax year placed in service in the tax year placed in service in tax year placed in tax year placed i	perty.) (See instructions.)  Section A  ars beginning before 201  Into one or more general asset acc  During 2016 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2016 Tax Year U	6  counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  sing the Altern  12 yrs.  40 yrs.	eral Deprecia (e) Convention  MM  MM  MM  MM  MM  Ative Deprecia	16   17	em  (g) Depreciation deduction
19a b c d e f g h i Li Li 2 To Er	ther depreciation (including ACRS) till MACRS Depreciation (Do ACRS deductions for assets place rou are electing to group any assets placed in Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	n't include listed properties of in service in tax yet service during the tax year in the tax year in the tax year in the tax year in the tax year placed in service in service in service in service in the tax year placed in service in the tax year placed in service in the tax year in t	perty.) (See instructions.)  Section A  ars beginning before 201  Into one or more general asset acc  Puring 2016 Tax Year  (c) Basis for depredation (business/investment uss only - see instructions)  During 2016 Tax Year U	6  counts, check here  Using the Gen  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  sing the Altern  12 yrs.  40 yrs.	eral Deprecia (e) Convention  MM  MM  MM  MM  MM  Ative Deprecia	16   17   17   17   17   17   17   17	em  (g) Depreciation deduction

816252 12-21-16

Total. Add amounts in column (f). See the instructions for where to report

43 Amortization of costs that began before your 2016 tax year

17,574. Form 4562 (2016)

43

2,326

15,248.

SEE STATEMENT 1

FORM 4562	PA	ART VI - AMORTI	ZATION		STATEMENT 1
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
WEBSITE DESIGN AND DEVELOPMENT	02/11/16	5,000.	167	60м	017
WEBSITE DESIGN AND	03/16/16	3,000.	107	OOM	917.
DEVELOPMENT		6,000.	167	60M	900.
WEBSITE DESIGN AND DEVELOPMENT	05/10/16	975.	167	60M	130.
WEBSITE DESIGN AND	09/15/16	373.	107	OOM	130.
DEVELOPMENT	00100145	3,650.	167	60 <b>M</b>	243.
WEBSITE DESIGN AND DEVELOPMENT	09/09/16	2,045.	167	60M	136.
TOTAL TO FORM 4562, I	LINE 42				2,326.