Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

	For the		endar year, or tax year beginnin	g January 1	2016, and en	nding	Decen	nber 31	, 20 16	
		applicable:	C Name of organization Army Eme	<u> </u>	<u> </u>			D Employ	er identification	number
기			Doing business as	3 3					53-0196552	
-	Address	-		mail is not delivered to street addre	ss) Roon	n/suite		E Telephoi	<u></u>	
╡	Name ch	_	2530 Crystal Dr			13th F	loor		703 601-2768	3
╣	Initial ret		Otto and an analysis of the	untry, and ZIP or foreign postal coo						
=		rn/terminated	· ·	unay, and an or is eight posterior	-			G Gross re	eceipts \$	120,644,833
=	Amende		Arlington, VA 22202	LTG (P) Raymond V M	son		MigNo this o a			es 🗹 No
	Applicati	ion pending	F Name and address of principal offi 2530 Crystal Dr, 13th Flr, Arling	eten VA 22202	230.1				s included? T	
					ı)(1) or 52				a list. (see instruc	
<u>. </u>		mpt status:	501(c)(3) 501(c)) () ◀ (insert no.) ☐ 4947(a	<u>ıj(1) or </u>		H(c) Group			
<u>, </u>	Website		w.aerhq.org Corporation Trust Associated As	ciation ☐ Other ►	L Year of fo	rmation			of legal domicile	e: DC
N.	art	Summ		Jacon Culer -	E 1001 01 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·· <u>·</u> ····	1		
L		Driofly de	escribe the organization's mis	ssion or most significant ac	ivities: Pro	vide e	mergency	financial	assistance to	Active
đ)	1	or Potiro	d Army Soldiers and their depe	ndents as interest free loans	or grants ba	sed o	n financial	need. As	sistance to w	dow(ers
Governance	İ	or ornha	ns of deceased Soldiers in the	form of grants. Education As	sistance gra	ants to	depende	nt childre	n and spouse	 98.
Ę		Chackth	nis box ▶ ☐ if the organization	n discontinued its operation	s or dispos	ed of	more than	1 25% of	its net assets	S.
Š	2		of voting members of the gov]	22
	3		of independent voting memb							22
å	4							5		25
ij	5		mber of individuals employed				. ,	6		
Activities &	6		mber of volunteers (estimate					7a		946,600
<	1		related business revenue from					7b		922,865
_	<u> </u>	Net unre	elated business taxable incom	e from Form 990-1, line 34			Prior Y		Current	
	_	0 411	diana and made (Dark VIII) lim		8,646,062		9,261,999			
e	8		itions and grants (Part VIII, lin			. ⊢		199,499		291,350
Revenue	9		service revenue (Part VIII, lin			. ⊢	1	3,913,791		12,806,716
è	10	the state of the s						13,713,771	<u> </u>	12/000/11
	11					<u>,</u> –		2,759,352	*	22,360,065
	12		enue-add lines 8 through 11					7,189,697		14,835,475
	13		and similar amounts paid (Par			`		.,,		
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5			; ⊢		3,196,168		3,330,693	
es	15							0,170,70		
Expenses	16a		onal fundraising fees (Part IX,				(Heat Hills			
8	· <u></u> b		ndraising expenses (Part IX, c				200	11,597,813		10,032,537
_	111	Other ex	openses (Part IX, column (A), I	et equal Port IV column (A)	line 25)	. ⊢		31,983,678		28,198,705
	18		penses. Add lines 13–17 (mus e less expenses. Subtract line			` ├─		9,224,326		(5,838,640)
_	19	Revenue	s less expenses. Subtract line	TO HOTTIME 12		Be	ginning of C		·	
S		Tatalas	acts (Bart V. line 16)			 		23,275,104	· · · · · · · · · · · · · · · · · · ·	322,408,569
SSe	20		sets (Part X, line 16) bilities (Part X, line 26)		• • •	· -	<u>.</u>	1,261,51		1,911,449
Net Assets or	21 22		ets or fund balances. Subtrac	t line 21 from line 20			3:	22,013,58		320,497,120
	art II		ature Block	it the 21 hours and 20	<u> </u>					
			jury, I declare that I have examined th	is return, including accompanying	schedules and	statem	ents, and to	the best of	my knowledge	and belief, it is
tri	ue, correc	attes of perj ct, and comp	plete. Declaration of preparer (other th	nan officer) is based on all informati	on of which pre	eparer h	as any knov	vledge.	,	
		1	Aml In us	me	JI			117	109/2019	7
Si	gn	Sid	peture of officer				D	ate		
	ere		Joel	J. Levesque	Œ	nL	Treas	ures	•	
		Tyr	se or print name and title	1						
			ype preparer's name	Preparer's signature	.	Date	3	Check	if PTIN	
	aid	l l							nployed	
	repare	1	name •	<u>I</u>	*****		Fir	m's ElN ▶		
U	se On	עוי איי	address >					one no.		
3.4	av the I		ee this return with the prepare	er shown above? (see instru	ctions) .					Yes No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AER was incorporated as a private nonprofit organization in 1942 for the purpose of collecting and holding funds to
	relieve distress of members of the Army and their dependents. Upon merger with the Army Relief Society in July 1976,
	AER assumed the mission of providing financial assistance to widows(ers) and orphans of deceased Army personnel and
	assistance for education to dependent children.
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 \$ 7,334,874 including grants of \$ 5,022,073) (Revenue \$)
	Emergency Financial Assistance is provided to relieve distress, often involving the basic essentials of everyday
	living, either in the form of a no-interest loan, a grant, or combination depending on the applicant's personal situation.
	Amount of assistance provided is only limited by an individual's valid need. Loans may be written off at any
	time it is determined that continued repayment creates undue hardship. All assistance to widows(ers) and orphans is
	provided in the form of a grant. In 2016 AER issued 41,045 cases of assistance and disbursed \$60.9 million in
	emergency assistance. Included in this amount is \$1.8 in assistance provided in the form of a grant to widows(ers)
	and orphans (1,175 cases) . In addition, AER declared an additional \$3.1 million in outstanding loans as uncollectible due
	to hardship and or bankruptcy, non-response, or other reasons.
	,

4b	(Code:) (Expenses \$ 1,288,562 including grants of \$ 7,520,247) (Revenue \$)
	Scholarship Assistance is provided through two programs: the Spouse Educational Assistance Program for spouses of active duty
	and retired Soldiers and the MG James Ursano Scholarship Program for dependent children of active duty and retired Soldiers.
	Funds are limited and individual award amounts vary from year to year. In 2016, AER disbursed over \$6.1 million in scholarships to
	3,165 children and over \$1.3 million to 1,080 spouses located both in the United States and overseas. Recipients are eligible to apply
	and receive scholarships for up to 4 years of full time study at an accredited college or university.
	AED disburged an additional \$216,000 to family members of Army Soldiers or dependents killed or seriously wounded in
	AER disbursed an additional \$216,000 to family members of Army Soldiers or dependents killed or seriously wounded in the 9/11 attack at the Pentagon. These funds are comprised of donations received in an outpouring of support after the tragedy.
	the 9711 attack at the Perkagon. These funds are comprised of donations received in an outpouring of support after the tragecy.

4c	(Code:) (Expenses \$ 147,594 including grants of \$ 2,293,155) (Revenue \$)
	The Army Wounded Warrior (AW2) special access program was established in 2012 to assist those Soldiers who have suffered
	severe wounds, injuries or illnesses that results in their being medically retired from the Army. A key element of the program is to
	provide immediate financial relief during the transition between their Active Duty pay and Retirement pay as well as the start of their
	VA disability and other compensations. A significant number of these Soldiers retire to geographic areas without access to a
	military installation or have serious disabilities which restrict their mobility. AER established a special access cell at the HQ to allow
	AW2 Soldiers to submit their applications directly to a team established to process their applications. AER works closely with the
	Warrior Transition Command (WTC) to help these Soldiers with their immediate basic living expenses or emergency needs and
	establish for them long-term financial stability. In 2016 AER assisted 1,240 Soldiers through this valuable program by providing 869
	assistance grants totalling \$2,293,155 and an additional 371 no interest loans totalling \$ 1,010,122
	assistance grants totaling 46,675,135 and an additional 571 to intolest loans ording 4 1,516,142

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 23,606,504

Part	Checklist of Required Schedules			
	Total (1/20) and 40.47(a)(4) (athers there a private foundation)? If "Voc."		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	V	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_	~	
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		,
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		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		v
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	'	
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.	82.90 2.41		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	v	
	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	1	_
	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		~
	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		v
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	<i>'</i>	,
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	~
14 a	1 - A40 000 from marketing	14a	~	
ь	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	,	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV		~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	,	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
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	18		v
	n con complete conceans of the contract of the		- gar	/2016

art	Checklist of Required Schedules (continued)			
		-00	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
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	,	
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	~	
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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		1
ь	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		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		"
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ļ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		'
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	000	,	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	_	<u></u>
29 30	Did the organization receive more than \$25,000 in hori-cash contributions? If res, complete schedule William Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	-	<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30	<u>.</u>	V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	ļ	-
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	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		V
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		v
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		-
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	,	<u> </u>
			000	·

Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	, L.
40	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ē		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2	100000000000000000000000000000000000000		
þ	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)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	7	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4 a	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	V	Ì
b	If "Yes," enter the name of the foreign country: ▶ see schedule O			
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	100		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
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	6a	ļ	,
h	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		 •
b	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		H HE I	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			100
	and services provided to the payor?	7a	ļ	~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		ru i i
d	ii 163, iiididato iiid haliibot of t diffic cada iiida dariiig iida yara	7e		·
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	\vdash
g 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			
	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		No.
10	Section 501(c)(7) organizations. Enter:			diam'r
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
··a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.23	100
	against amounts due or received from them.)	4.2	0.00	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		610
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		100000
а	Note. See the instructions for additional information the organization must report on Schedule O.			
b	The state of the second state of the second state of the second state of the state of the second state of		1	
_	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	- 102		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
l.	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	1	1

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee inst	ructio	"No" ons. □
	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	5 6 7a	V	<u>v</u>
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	<i>y</i>	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ide.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	<u>,</u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v v	
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b 12c	v	
13 14 15	Did the organization have a written whistleblower policy?	13 14	V V	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<u> </u>	
16a	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		72 S.L.
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed see Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501 (c)(3)s	only)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re C Eldon Mullis 2530 Crystal Dr, 13th Floor, Arlington, VA 22202	cords	•	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				(0	C) ition					
(A)	(B)	(do n	ot ch			than o	one	(D)	(E)	(F)
Name and Title	Average hours per							Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any		Ι			1		from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)GEN Dennis J. Relmer USA Retired										
President, Board of Managers		~				l		-0-	-0-	-0-
(2)LTG Thomas P. Carney, USA Retired				Ţ						
Vice President for Admin,Board of Managers		~						-0-	-0-	-0-
(3)Mr. Francis Finelli										
Vice President for Finance, Board of Managers		~						-0	-0-	-0-
(4)GEN Daniel B. Allyn, USA										
Ex-Officio Member, Board of Managers		1						-0	-0-	-0-
(5)SMA Daniel A. Dailey, USA			T							
Ex-Officlo Member, Board of Managers		~	L.		_		L	-0	-0-	-0-
(6)Mrs. Hollyanne Milley									i	
Ex-Officio Member, Board of Managers		~						-0	-0-	-0-
(7)Mrs. Holly Dailey]								
Ex-Officio Member, Board of Managers		~	<u> </u>	ļ			<u> </u>	-0	-0-	-0-
(8)LTG Richard G. Trefry, USA Retired									1	
Member, Board of Managers		~	<u> </u>	<u> </u>			ļ <u> </u>	-0	-0-	-0-
(9)LTG David E. Quantock, USA]								
Member, Board of Managers		~						-0	-0-	-0-
(10)LTG Steven W. Boutelle, USA Retired									_ ;	
Member, Board of Managers		~			<u> </u>	ļ	1	-0	-0-	-0-
(11)MG Gina S Farrisee, USA Retired										_
Member, Board of Managers		V	<u> </u>		ļ	<u> </u>	ļ	-0	0-	-0-
(12)Mrs. Patricia Shinseki		┨.								_
Member, Board of Managers		\ <u>'</u>	-	1	ļ	ļ	\vdash	-0	-0-	-0-
(13)LTG James C. McConville, USA		١.								_
Member, Board of Managers		~	\vdash	-	-		+	-0	-0-	-0-
(14)LTG Kevin W. Mangum, USA		ار ا						1		-0-
Member, Board of Managers		V		1		.l		-0	-0-	-0-

Part V	Section A. Officers, Directors, Trus	lees, key E	inpio;	you		C)	iigiies		ompensated E	inproyects (ee		
	(A)	(8)	4.1	_4 _4		ition	41		(D)	(E)		(F)
	Name and title	Average					than one is both		Reportable	Reportable	İ	Estimated
		hours per week (list any				т —	or/trust	<u>,</u>	compensation	compensation for related	om	amount of other
		hours for	악하	Inst	Officer	Key employee	emg	Former	the	organizations		compensation
		related organizations	irec ec	g	Cer	9	oy est	Ħ	organization (W-2/1099-MISC)	(W-2/1099-MIS	iC)	from the organization
		below dotted	O E	onal		물	* 8		(11 2) 1000 (11100)			and related
		tine)	Individual trustee or director	Institutional trustee		8	pen					organizations
			ď	itee			Highest compensated employee					
(15)MG T	imothy P. McGuire, USA											
Member,	Board of Managers		1						-0-		-0-	-0-
(16)COL	Richard J. Nieberding, USA											
Member,	Board of Managers		~	<u>L</u>				<u>L</u> .	-0-		-0-	-0-
(17)CSM	Scott C. Schroeder, USA											_
Member,	Board of Managers		~	<u> </u>	ļ	<u> </u>			-0-		-0-	-0-
(18)LTG	Larry D Wyche, USA	ļ										_
	Board of Managers	<u> </u>	~			<u> </u>		_	-0-		-0-	-0-
	Varren E. Phipps, Jr., USA	ļ										
	Board of Managers		1	ļ			<u> </u>		-0-	ļ	-0-	-0-
	Elic Porter	ļ										0
	Board of Managers		·	-	<u> </u>	_	<u> </u>	├	-0-		-0-	-0-
	Dennis E. Defreese, USA	ļ	١.									-0-
	Board of Managers		~	 	1	-	-	├—	-0		-0-	-0-
	Robert F. Foley, USA Retired		. ا		١.,				224 242		-0-	52,245
Director	O FLI AND HIS A DAME AND A	1	'	╁	~	-	<u> </u>	├	234,263	1	-07	32,243
322000	C. Eldon Mullis USA Retired	-	-		1				165,814		-0-	44,352
Deputy [-	-	┼	-	-	103,614			77,002
37	Joel J. Levesque		1		"				114,055		-0-	26,287
	nancial Officer Andrew H. Cohen, USA Retired			┼	+	+	-	 	114,035	1	-	20104
3777	nancial Officer	+	-		V			ر ا	64,743		-0-	11,004
	Sub-total	1	<u>. </u>	.l	<u> </u>	Į.	 _	<u>↓</u>	578,875		-0-	133,888
	Total from continuation sheets to Part				•			•	753,377		-0-	223,646
	Total (add lines 1b and 1c)							•	1,332,252	+	-0-	357,534
	Total number of individuals (including bu							e) v	vho received m	ore than \$10	0,000	of
r	eportable compensation from the organ	ization >										
		<i>**</i>					1				+	Yes No
	Did the organization list any former o							em			sated	
	employee on line 1a? If "Yes," complete							•				3 🗸
4 F	For any individual listed on line 1a, is th	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation tro	m the	
	organization and related organizations	greater tr	ian o	150	,000	Jʻ	1 16	:S,	complete Scr	reduie J TOI	Sucri	4 🗸
	ndividual				Hion	· · fra	 m an		oralated organi	, , , ,	idual	
5 [for services rendered to the organization	or accrue c	como	insa lete	Sch	hed	m an ule J	y ui for	such person	zation of indi-	viduai	5
	B. Independent Contractors	1: 11 103,	σοιτήρ	7010			<u> </u>		caon porcon			<u> </u>
	Complete this table for your five highest	compensa	ted in	den	one	lont	conti	ract	tors that receiv	ed more than	\$100	000 of
1 (compensation from the organization. Re	port compe	ensati	on f	or t	he o	calend	jar	year ending wi	th or within th	e org	ganization's tax
	year.							_				
	(A) Name and business ad	dress							(B) Description of s	services		(C) Compensation
Gravitat	e Solutions, LLC, 625 N Washington St, S	te 310, Alex	andria	, VA	1			So	ftware Services			1,365,240
	n Trust Company of Connecticut, 300 Atlan							-	estment Manag			1,134,957
Synapte		-	<u>-</u>									788,360
	Point Consulting, 7413 Grace St, Springfi	eld, VA						Pri	oject Manageme	ent		374,301
Metrosta	ar							L				213,788
	Total number of independent contract							o t	hose listed ab	ove) who	***	10 (10 Table 1
!	received more than \$100,000 of compen-	sation from	the o	rgar	niza	tion			7		Herein -	4 14

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mpio:	yees			lighe	st C	ompensated E	mployees (continue	ed)
					•	C) :ition						-
	(A)	(B)	(do n	ot ch			e than o	one	(D)	(E)	.	(F)
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportab compensation		Estimated amount of
		week (list any				_		, -	from	related		other
		hours for related	ē. ₽	Institutional	Officer	Key employee	를	Former	the organization	organizatio (W-2/1099-M		compensation from the
		organizations	ect	Ę.	æ	ğ	oyer c	<u> </u>	(W-2/1099-MISC)	1 '		organization
		below dotted	9 5	na!		Š	m XX					and related
		line)	Individual trustee or director	trustee		ăš	Den					organizations
			Ψ	e			Highest compensated employee					
(15)Co	ntinued			 		├						
3.197.11			1									
(16)(26) Thomas Elliott	40+	_									<u> </u>
	ation Systems Supervisor	1	1				•		146,564			42,082
(17)(27) Melissa LaVallee	40+										
Assist	ant Treasurer						~		136,068			40,111
(18)(28) Jeffrey Geary	40+				Ī						
	ation/Server Engineer						~		131,320			37,586
(19)(29) SGM Donald Vincent, USA Retired	40+		ŀ								
	Management Supervisor	ļ					~		117,476			37,067
1) COL Guy Shields, USA Retired	40+										
	: Affairs Officer						~	~	115,299			31,376
J1)CSM Charles Durr, USA Retired	40+										05.404
	of Assistance	<u> </u>		┞	ļ <u>.</u>		~	-	106,650			35,424
(22)			1									
(23)												
						<u> </u>		<u> </u>				
(24)												
(25)				\vdash			t					
37.7/			1					1			ļ	
1b	Sub-total			•		. ,		>	753,377			223,646
c	Total from continuation sheets to Part	VII, Sectio	n A					▶				
đ	Total (add lines 1b and 1c)	. <u></u>						>				
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$1	00,000	of
		·										Yes No
3	Did the organization list any former of	fficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated	
	employee on line 1a? If "Yes," complete											3
4	For any individual listed on line 1a, is the	sum of re	porta	ble (con	npei	nsatio	n a	ind other comp	ensation fr	om the	later lesse est
	organization and related organizations	greater th	an \$	150,	000)? [f "Ye	s, "	complete Sch	edule J fo	r such	548 254
				•								4
5	Did any person listed on line 1a receive of for services rendered to the organization											5
Section	on B. Independent Contractors		,		-							
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	ın \$100,	000 of
	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the orga	anization's tax
	(A) Name and business add	frace							(B) Description of s	ervices		(C) Compensation
	Traile and business and							-				F
					-							
		, .				P	1				G. Selection	
2	Total number of independent contractor received more than \$100,000 of compens	ors (includit sation from :	ng bu the or	ut n gan	ot I izat	ıımıt ion	.ea to ►	o tr	iose listed abo	ove) who		

Form 9	90 (2016	5)						Page 9
Part	VIII	Statement of Reve						
		Check if Schedule O	contains a re	esponse or note t		s Part VIII	(C)	, , , , <u>,</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts tts	1a	Federated campaigns	1	a 4,753		春期 排出 阿贝拉		
s, Grants Amounts	b	Membership dues .	b					
	¢	Fundraising events .					aa nii bay	
Gifts, itar Ar	d	Related organizations	-	<u>d</u>				
S.	е	Government grants (con		8				
ario er S	f	All other contributions, gi				tering artists in		
Ę ફ		and similar amounts not incl						
Contributions, Gift and Other Similar	9	Noncash contributions includ			9,261,999			
	h	Total. Add lines 1a-11	· · · ·	Business Code	9,201,77	Harden of the second		
Ĕ	2a	Uncollectible Repayme	inte	90099	291,350	291,350		
ě	za b			- 70077	277,000			
8	c							
ēZ.	d							
Program Service Revenue	e							
gra	f	All other program sen	vice revenue.					
P	g	Total. Add lines 2a-2			291,350			
	3	Investment income						
		and other similar amo	· · · · · · · · · · · · · · · · · · ·		5,176,416	5	946,600	4,229,816
	4	Income from investment		_			*******	
	5	Royalties	(i) Real	(ii) Personal				
	60	Gross rents		(ii) i oracinal				
	6a b	Less: rental expenses					10.0055	edu realist f
	C	Rental income or (loss)			Control of the Contro			
	d	Net rental income or (loss)				\$ 01.606-00-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	1000mm (Approximation of the control
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	105,915,0	068				
	b	Less: cost or other basis						
		and sales expenses .	98,284,7					
	С	Gain or (loss)	7,630,3	300				
	d	Net gain or (loss) .		· •	7,630,300			
ā	0.	Gross income from fu	ındrajelna					Principal Caral
en E	l ba	events (not including \$	ilidiaisiig					
ě		of contributions reporte	ed on line 1c).		Academic of Cas		of distances.	ağıyını iliyenini
ļ.				а				
Other Revenue	b	Less: direct expenses	·	b		Bullio Armada		
•	C	Net income or (loss) f						
	9a	Gross income from ga	aming activities	5.		Park Color		
				а				
	b	Less: direct expenses		b				
	100	Net income or (loss) f Gross sales of in						
	10a	returns and allowance		a		the state of		
	ь	Less: cost of goods s		b				
	c	Net income or (loss) f	rom sales of i				68 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Miscellaneous R		Business Code				
	11a			•			ļ	
	b			-		1		
	C	A11			<u> </u>	 	 	-
	d	All other revenue .			 		le na le le le le le le le le le le le le le	- 197 water Hole S
	12 e	Total revenue See in			22,360,065	291,350	946,600	11,860,116

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 (**D**) Fundraising (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 14,696,460 14,696,460 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . 139.015 139,015 Benefits paid to or for members 4 Compensation of current officers, directors, 5 50,260 trustees, and key employees 273,654 388,849 712,763 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 155,102 1,699,632 1,209,847 334.683 Other salaries and wages Pension plan accruals and contributions (include 22,045 section 401(k) and 403(b) employer contributions) 49,301 239,410 168,064 338,714 133,256 45,738 517,708 9 Other employee benefits 46,049 13,894 101,237 161,180 Payroll taxes 10 Fees for services (non-employees): 11 Management 63,499 63,499 ь Legal 107.500 107,500 ¢ Accounting d Professional fundraising services. See Part IV, line 17 1,291,620 22,923 1,268,697 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 71,873 70,497 1,376 21.421 15,013 36,434 12 Advertising and promotion . . . 325,134 950,159 466,385 158,640 13 Office expenses 207,045 1,747,747 517,309 2,472,101 14 Information technology . . . 15 16 Occupancy . . . 5.628 5,628 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 1,166,272 912,359 76,635 177.278 Depreciation, depletion, and amortization . 22 66,113 66,113 23 24 Other expenses. Itemize expenses not covered 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.) 257,567 257,567 **AER Section Training** 3,121,675 3,121,675 **Provision for Uncollectible Loans** b 80,360 80,360 Collection Expense C 297,803 297,803 Provison for Income Taxes 20.781 23,152 43,933 All other expenses Sundry Office Expense 3,553,503 1,038,698 28,198,705 23,606,504 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here

In the following SOP 98-2 (ASC 958-720)

In the following SOP 98-2 (

	art X	Balance Sheet					
		Check if Schedule O contains a response or	note	to any line in this Pa		• •	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,761,291	1	5,489,467
	2	Savings and temporary cash investments			6,349,010	2	5,595,159
	3	Pledges and grants receivable, net			1,792,017	3	1,646,339
ļ	4	Accounts receivable, net			45,087,225	4	44,918,317
	5	Loans and other receivables from current and f trustees, key employees, and highest co Complete Part II of Schedule L				5	
ts	6	Loans and other receivables from other disqualified pers- 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun- organizations (see instructions). Complete Part II of Sche		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			298,263	9	175,734
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	10,097,236	andibliodesus extensionates re-re-refreiendig 1 sr 21/23 a 2/2222 2/222222222222222222		
	b	Less: accumulated depreciation	10b	3,509,245			6,587,991
	11	, , , ,			207,087,277		184,203,703
	12	Investments—other securities. See Part IV, line 1			49,343,207		69,580,996
	13	Investments-program-related. See Part IV, line				13	
	14	Intangible assets	445.050	14	4 210 042		
	15	Other assets. See Part IV, line 11	115,952		4,210,863		
	16	Total assets. Add lines 1 through 15 (must equa	323,275,104		322,408,569		
	17	Accounts payable and accrued expenses			1,194,057		1,404,809
	18	Grants payable			· · · · · · · · · · · · · · · · · · ·	18 19	
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities				21	
	21	Escrow or custodial account liability. Complete i				۷۱	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen					
Ę		disqualified persons. Complete Part II of Schedu		employees, and		22	
Ē	00	Secured mortgages and notes payable to unrela		ird partice		23	
_	23 24	Unsecured notes and loans payable to unrelated				24	
		Other liabilities (including federal income tax,					
	25	parties, and other liabilities not included on lines					
		of Schedule D			67,460	25	506,640
	26	Total liabilities. Add lines 17 through 25			1,261,517	26	1,911,449
_		Organizations that follow SFAS 117 (ASC 958					
ė		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets			309,790,569	27	308,229,323
3a	28	Temporarily restricted net assets			10,422,226	28	10,467,005
Ē	29	Permanently restricted net assets			1,800,792	29	1,800,792
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 99 complete lines 30 through 34.	58), cl	neck here ► ☐ and			
ts (30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Ž	32	Retained earnings, endowment, accumulated in				32	222 122 124
Ž	33	Total net assets or fund balances			322,013,587		320,497,120
	34	Total liabilities and net assets/fund balances .	• •		323,275,104	34	322,408,569 Form 990 (2016)
							Form 5/5/U (2016)

Page 1	12
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other 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?					
1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 2 (28,198, 3 (28,198, 3 (28,198, 4) Revenue less expenses. Subtract line 2 from line 1 3 (5,838, 4) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 322,013 5 Net unrealized gains (losses) on investments 5 4,322 6 Donated services and use of facilities 6 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 Net assets or fund balances explain in Schedule O) 9 10 Net assets or fund balances explain in Schedule O. 9 10 Net assets or fund balances or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 320,497 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 320,497 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 320,497 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 320,497 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 320,497 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 320,497 Part XII Financial Statements and Reporting Check if Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Depart X Depart	Part				
Total expenses (must equal Part IX, column (A), line 25) 2 (28,198; Revenue less expenses. Subtract line 2 from line 1 3 (5,838,4) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 322,013 Net unrealized gains (losses) on investments 5 5 4,322 Donated services and use of facilities 6 6 1				• •	<u> </u>
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3 Revenue less expenses. Subtract line 2 from line 3 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3 Revenue less expenses. Subtract line 2 from line 3 Revenue less expenses. Subtract line 3 fixed line 3 Revenue less expenses. Subtract line 3 fixed line 3 Revenue less expenses. Subtract line 3 fixed line 3 Revenue less expenses. Subtract line 3 fixed line 3 Revenue less expenses. Subtract line 3 fixed line 3 Revenue less expenses. Subtract line 3 fixed line 3	1				
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities To Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	2	Total expenses (made education of sense to year and sense to year and sense to the			<u> </u>
Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1			
The Univestment expenses of facilities 6 To Investment expenses 7 Reprior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B)) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B) 10 The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B) The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B) The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B) The assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B) The organization changed either the financial statements for the year were compiled or reviewed by an independent accountant? The separate basis occonolidated basis, or both: Separate basis occonolidated basis	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	32		<u> </u>
To Investment expenses	5			4,32	2,172
Prior period adjustments	6	Donated Services and use of radiaties			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	linestrieur exbenses			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments			
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	9	Other changes in her assers or rand barances (explain in concade o) :			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1337. b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:		33, column (B))	32	20,49	7,120
Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	XII Financial Statements and Reporting			
Accounting method used to prepare the Form 990: Accrual Accountant? Accrual Accountant? Accrual		Check if Schedule O contains a response or note to any line in this Part XII			
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?	•			Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash Cash Other		(inchi	
Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain in			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Schedule O.			(2100) See 301
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
 □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:			
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	Were the organization's financial statements audited by an independent accountant?	2b	'	
 ✓ 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		separate basis, consolidated basis, or both:			
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		i i i i i i i i i i i i i i i i i i i	
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain in		dan i	
the Single Audit Act and OMB Circular A-133?					ir ing
the Single Audit Act and OMB Circular A-133?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		.,	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		the Single Audit Act and OMB Circular A-133?	3a		•
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	b				
	~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
Form 990 (Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Army	y Emergency Relief					53-019	
Par							ns.
The c	organization is not a private foundat	ion because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
1	A church, convention of church	es, or association	on of churches descri	bed in se	ction 17	D(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 d	or 990-EZ	Z).)	
3	A hospital or a cooperative hos	pital service org	anization described in	section	170(b)(1)(A)(iii).	79 FL. H.
4	A medical research organization		njunction with a hosp	ital desci	ibed in s	ection 170(b)(1)(A)(III). Enter the
	hospital's name, city, and state	:					
5	☐ An organization operated for the section 170(b)(1)(A)(iv). (Comp	lete Part II.)					ai unit described in
6 7	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 						
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agri	culture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally re receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and unr ter June 30, 197	nctions—subject to co related business taxat 75. See section 509(a	ertain exc ole incom) (2). (Cor	eptions, e (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	1 33 /3% Of its
11	An organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).	
12	An organization organized and	operated exclus	ively for the benefit of	to perfo	rm the fu	inctions of, or to car	ry out the purposes
	of one or more publicly support Check the box in lines 12a throu	rted organization	ns described in sect i	on 509(a)(1) Or SE raanizativ	ection busits)(2). Set	e section 505(a)(5) e 12e 12f and 12d
а	Type I. A supporting organi the supported organization(zation operated	, supervised, or contr	ollea by r	is suppoi	ned organization(s), he directors or trusti	typically by giving
	supporting organization. Yo	u must comple	ete Part IV, Sections	A and B.			
b	 Type II. A supporting organ control or management of t organization(s). You must or 	he supporting o	rganization vested in	the same	with its s persons	that control or mana	on(s), by naving age the supported
c	Type III functionally integree its supported organization(s	r ated. A support s) (see instructio	ting organization oper ns). You must comp l	ated in co	onnection IV, Secti	n with, and functiona ons A, D, and E.	ally integrated with,
d	that is not functionally integ requirement (see instruction	rated. The organs). You must c	nization generally mus omplete Part IV, Sec	st satisfy tions A a	a distribu ınd D, ar	ition requirement an nd Part V.	d an attentiveness
е	Check this box if the organi functionally integrated, or T	zation received ype III non-func	a written determination tionally integrated sur	on from the porting of	ne IRS tha organizati	at it is a Type I, Type ion.	II, Type III
f	Enter the number of supported o Provide the following information						• •
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		·
(A)							
(B)							
(C)							
(D)		* ***					
(E)				-			
Tota	1		e propositiviti sa di pipi di S		g, wj. E		

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts. grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 10,945,323 12,221,254 9,490,420 8,646,062 9,261,999 50,565,058 levied 2 revenues the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 561,466 640.887 725,260 532 321 3,021,400 561,466 11,506,789 12,782,720 10,131,307 9,371,322 9,794,320 53,586,458 Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 (other than a each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 53,586,458 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 11,506,789 12,782,720 10.131.307 9.371.322 9,794,320 53,586,966 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 31,545,966 6,633,248 6,202,271 6,782,302 6,751,729 5,176,416 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 85,132,434 11 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-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

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

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1		j			
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					1	· · · ·
J	unrelated trade or business under section 513					}	
			· · · · · · · · · · · · · · · · · · ·				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			}			
	organization without charge		ļ				
6	Total. Add lines 1 through 5		_				
7a	Amounts included on lines 1, 2, and 3	1				1	
	received from disqualified persons .					-	
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			Control of the second			
	line 6.)				S. C. C.		
Secti	on B. Total Support				-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				[
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	-					and the second second
Secti	on C. Computation of Public Suppor	rt Percentag	je		***		
15	Public support percentage for 2016 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%_
16	Public support percentage from 2015 Scl	nedule A, Part	III, line 15 .		<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015	5 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2016. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is m	nore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organization	on . ▶ 🗀
b	331/3% support tests-2015. If the organiz	ation did not c	check a box on	line 14 or line	19a, and line 16	3 is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this	box and stop h	iere. The organ	ization qualifies	as a publicly s	supported organi	zation 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	tions 🕨 🗌

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.)

Secti	on A. All Supporting Organizations			
	And the supplications are a supplications listed by name in the averaginations according	108.23	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	erge se	Giber min
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		100 (100) 100 (100) 100 (100)
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		1000 1000 1000 1000 1000 1000 1000 100
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		

- 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.
- 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).
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	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		
Secti	on B. Type I Supporting Organizations			
	POLICE CONTRACTOR CONT	19071030011	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	155-HG1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			Engara
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ris e
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		NOW S	
Co oti	on D. All Type III Supporting Organizations	1		
36011	on D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	GENERAL II		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1100 (Feb.)
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	(1155A.A.T.	272 06
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		no.	T
	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	E 1112 E	1355841	
	significant voice in the organization's investment policies and in directing the use of the organization's	100		die.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1057	100
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	'ann ine	etruct	ione)
С				
2	Activities Test. Answer (a) and (b) below.	F.312.22.22.23.24	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la La companya de la companya de
	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	46.		di la
	that these activities constituted substantially all of its activities.	2a	menta sa Heri	- Control of the Cont
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1000 1201
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ji DJ.	1,42,
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
•		2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			41.24
a	trustees of each of the supported organizations? Provide details in Part VI.	3a	cressorii	-rpetroschi)
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		27.0	数度
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	100		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			i i primare primare. Per divina di Peresa
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	, and the second	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	(2000)24484614684207 (#1650)040 (#1657)	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y in	tegrated Type III supporting	organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.			<u>-</u>				
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive					
	(provide details in Part VI). See instructions.		· ·					
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	I	gu .	(in)				
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2016:							
a		and Chavonorous ender	each death ad an teachin	Some at the office spaces of the				
b				The second of the second was				
<u>C</u>	From 2013		The second secon					
d	From 2014							
e	From 2015	proventy bright lighter facests.						
f	Total of lines 3a through e							
	Applied to underdistributions of prior years	16496 20.3 St. 3 St. 26.2 St. 20.2 St.						
<u>h</u>	Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		es residentes de la companya de la c	42-4-4-11-0-02-08-2-2-2-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-1				
4	Distributions for 2016 from							
7	Section D, line 7:		The state of the s					
a	Applied to underdistributions of prior years		rancoming of the temperature with with a si-					
b	Applied to 2016 distributable amount		o in stephilografic distriction	The state of the s				
C	Remainder. Subtract lines 4a and 4b from 4.		lacide Panguijaci) name jije					
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.			fig.Camelignskeit				
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
T	Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:			velle un eine setenden.				
а			Broder (14) Edward (15) Block	programme of the second of the				
b	Excess from 2013	a Subject of Calebratic Alberta See	olik propinskih predokum present	a de col d'objettica (proception)				
С	Excess from 2014	logikakulukulukulukos						
<u>d</u>	Excess from 2015							
e	Excess from 2016							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
••••	
· • • • • • • • • • • • • • • • • • • •	
	

SCHEDULE D (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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Army i	Emergency Relief		53-0196552
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(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 h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Pari			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recrea		
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		t of the second second
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_	· · · · · · · · · · · · · · · · · · ·		1
3	Number of conservation easements modified, tran	isterred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		position bondling of
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic monitoring, in	· · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, naridling of violations, and enforcing	conservation easements during the year
_		bandling of violations, and enforcing	concorration agramants during the year
7	Amount of expenses incurred in monitoring, inspection ▶\$	ng, nandling of violations, and enforcing	Conservation easements during the year
•	Does each conservation easement reported on line	2/d) above satisfy the requirements of	f section 170/h\/A\/B\/i\
8			
	In Part XIII, describe how the organization reports		— • • • • • • • • • • • • • • • • • • •
9	balance sheet, and include, if applicable, the text	of the footnote to the organization's file	nancial statements that describes the
	organization's accounting for conservation easem		Translation of the Good State Goo
Part			r Other Similar Assets
rail	Complete if the organization answered		
12	If the organization elected, as permitted under SF		
ıa	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	at describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relati	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art	t, historical treasures, or other simila	r assets for financial gain, provide the
_	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		, ▶ \$

Par	t III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her records, che	ck any of the	following that are a	significant use of its
а	☐ Public exhibition		d 🗌 Loar	n or exchange	programs	
b	☐ Scholarly research		e 🗌 Othe	er		
C	☐ Preservation for future generation	s				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Provide a description of the organiza	tion's collections a	and explain how	they further th	ne organization's ex	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rathe					
Par	Escrow and Custodial Arr	angements.	· · · · · · · · · · · · · · · · · · ·			, <u> </u>
	Complete if the organization 990, Part X, line 21.	n answered "Yes	" on Form 990,	Part IV, line	9, or reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					not · 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the following t	able:		Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amou					tv2
b	If "Yes," explain the arrangement in F					
Par		art Alli. Oncok hon	o ii tilo explanatio	iii nas been p	TOVIGES OF T ALL ALL	
	Complete if the organization	answered "Yes"	on Form 990.	Part IV line	10	
		(a) Current year	(b) Prior year	(c) Two years		ick (e) Four years back
1a	Beginning of year balance	10,431,001			1,693 9,382,	
ь	Contributions				1/442/	10,100,000
C	Net investment earnings, gains, and					
•	losses	417,552	471,81	1 74	9,468 681,	592 275,593
d	Grants or scholarships	(288,108)		+	3,488) (212,2	<u> </u>
e	Other expenditures for facilities and	(266,100)	(300,403	1 (27	3,400) (212,2	20) (03,139,
·	programs			İ		
			,	,		
f	Administrative expenses	10,560,445	10,431,00	10.22	7,673 9,851,	593 10,361,256
g	•					10,361,250
2	Provide the estimated percentage of	ine current year en	u balance (line 1)	y, column (a))	neid as:	
a	Board designated or quasi-endowme	7.05%	70			
b						
С	Temporarily restricted endowment ►		200/			
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			st out bold o	ad administration of fac-	hla a
Sa	organization by:	e possession or th	e organization th	at are nelo al	nd administered for	
	= -					Yes No
	(i) unrelated organizations					. 3a(i) 🗸
	(ii) related organizations					. 3a(ii) ✓
_	If "Yes" on line 3a(ii), are the related of	_	•			. 3b
4	Describe in Part XIII the intended use		n's endowment r	unas.		
Part	VI Land, Buildings, and Equip Complete if the organization		on Form 990	Part IV line	11a See Form 900) Part V line 10
	Description of property					
		(a) Cost or oth		or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	•				
þ	Buildings ,	•				
C	Leasehold improvements , , ,	•				
d	Equipment			10,097,236	3,509,245	6,587,991
е	Other					·
Total	Add lines 1a through 1e. (Column (d) r	nust aqual Form 99	10. Part X. columi	o (R) line 10c) · · · · > 1	6.587.991

Part VII Investments - Other Securities	es.			
Complete if the organization as	nswered "Yes" on For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
(a) Description of security or categ (including name of security)	gory	(b) Book value	• • •	od of valuation: of-year market value
(1) Financial derivatives				. <u> </u>
(2) Closely-held equity interests	<i>.</i> [
(3) Other				
(A) Real Estate Fund		2,068,350Fa	air value in accord	ance with FASB ASC 820
(B) Private Equity Fund		13,448,617Fa	ir value in accord	ance with FASB ASC 820
(C) Hedge Fund		54,064,029Fa	ir value in accord	ance with FASB ASC 820
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		69,580,996	falls fall of the	
Part VIII Investments—Program Relat				
Complete if the organization ar	nswered "Yes" on Forr			
(a) Description of investment		(b) Book value		od of valuation: of-year market value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			Carrier Control (1995)	
Part IX Other Assets.				The second secon
Complete if the organization ar	newarad "Vae" on Forr	n 990 Part IV line	11d See Form	000 Part V line 15
Complete it the organization at	(a) Description	11 330, 1 411 17, 11116	ria. See i Silli	(b) Book value
(1) Receivable from the sale of investments	, , , , , , ,		•	4,210,86
(2)				11= 1 4 (4 4
(3)				
(4)		T-2000000000000000000000000000000000000		
(5)			·····	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)		▶	
Part X Other Liabilities.				
Complete if the organization ar	nswered "Yes" on Forr	n 990, Part IV, line '	11e or 11f. See	Form 990, Part X,
line 25.	4.5			
(a) Description of liability (1) Federal income taxes	(b) Book value	7 903		
(1) 1 capital illicollid raves	1 29	7,803	arra garaga (basasaksa)	

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	297,803	
(2) Payable for pending purchases of investments	208,837	多。220mg 中華 [25] 中国中国 287 766 (1995) [44] 中国 1995 (1996) [44] 中国 1995 (1996)
(3)		
(4)		
(5)		de la company de la company de la company de la company de la company de la company de la company de la company
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	506,640	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par			•	Return.	
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements		illie iza.	1	27,214,558
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				27,214,000
a	Net unrealized gains (losses) on investments	اموا	4,322,172		
b	Donated services and use of facilities	2a	·		
		2b	532,321		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	4,854,493
3	Subtract line 2e from line 1			3	- .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		La No	
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	22,360,065
Part				r Return	•
	Complete if the organization answered "Yes" on Form 990, I	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	28,731,025
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	532,321		
b	Prior year adjustments	2b	·	e timbre	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	• • •	}	3	532,321
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i			002,021
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b	1	i Elektri	
-	Add these distance distances		1	4-	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	28,198,705
	XIII Supplemental Information.	<i>a 10.)</i> .		3	20,170,703
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d At Dard	IV lines 1h and 2h	· Dart V/ lic	o 4: Bort V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	line 4: The restrictions on all endowments were placed by the donors when the			omation.	
	The restrictions of an endowners were placed by the donors when the		were established.		
t 0 404	E74 is Tomporarily Postricted for scholarshing (Deutages Victims Family 200)	(12 la la	h #5 #b #500		
≱ 0,0∪0,	,576 is Temporarily Restricted for scholarships (Pentagon Victims Fund). \$23,6	633 IS 10	be used for the \$500	annual Ca	sey award.
64 000	TOO to Demonstrate Development of the state				
\$1,800	,792 is Permanently Restricted with the income to be used for scholarships an	id and wi	dow assistance.		· • • • • • • • • • • • • • • • • • • •
Part X	line 2: ASC Topic 740 requires the evaluation of tax positions taken or expecte	ed to be	taken in the course o	f preparing	tax returns of
AER IO	determine whether the tax positions will "more-likely-than-not" be sustained t	by the ap	plicable tax authority	y. As a res	ult, tax positions
meetin	g the more-likely-than-not threshold would result in a current year expense or	the abse	nce of a benefit, as a	ppropriate	for the tax
ositio	n.				

	***************************************	*******			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part XII	l line 4b due to rounding				
	•				
					,

ichedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2016

②♥**1○**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization
Army Emergency Relief

Employer identification number 53-0196552

Part I General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ans	wered "Yes" on
	eligibility for the			ount of its grants and other criteria used to award the	
2 For grantmakers. Describe assistance outside the Unit		the organizati	on's procedures for moni	toring the use of its grant	s and other
3 Activities per Region. (The	following Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundralsing, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) East Asia and The Pacific	7	14	Fundraising		
(2) East Asia and The Pacific			Program	Financial grants	61,274
(3) Europe	15	50	Fundraising		
(4) Europe			Program	Financial grants	76,341
(5) Europe			Program	Scholarships	1,400
(6) Central America & Caribbean			Investments		37,227,147
(7) East Asia and The Pacific			Investments	19	24,577,249
(8) Europe			Investments		28,612,695
(9) Middle East & North Africa			Investments		506,311
(10) North America			Investments		3,683,966
(11) Russia and Neighboring States	i .		Investments		199,495
(12) South America			Investments		134,536
(13) South Asia		E-	Investments		788,718
(14) Sub-Saharan Africa			Investments		362,790
(15)					
(16)					
(17)					
Sub-totalTotal from continuation sheets to Part I				en en en en en en en en en en en en en e	
c Totals (add lines 3a and 3b)				Section of the sectio	96,231,922

Page 2

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

l (a) Name of organization	(f) IKS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		N/A						
6								
(5)								
		,					:	
6								
(0)								
	## (\$) ## (\$) ## (\$)	7						
(12)								
(9)								
9.		manufacture in the second seco						
2 Enter total nur	mber of recipien	t organizations liste	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as the country	eitigeto se bezinos	mon anional add wd a	t on positionous yet		

5 by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part III Grants an

מולווי כמון זכן מחלוויר	a space	is liceded.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Emergency Financial Grants	East Asia & Pacific	64	61,274 Check	Check			
(2)Emergency Financial Grants	Europe	11	76,341 Check	Check			
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							194
(14)							
(15)							
(16)							
(11)		and the	,				
(18)							
						Sch	Schedule F (Form 990) 2016

p	age	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)] Yes ☑ No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)] Yes ☑ No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)]Yes □ No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)] Yes ☑ No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)] Yes □ No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)] Yes 🗹 No	

Da	1	17

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, Line 2: Grants are made to	individuals based on financial need. Financial assistance grants are provided based of evidence of
current or impending debt liability.	Educational grants (scholarships) are paid to the school on behalf of the student and the school confirms
he students' enrollment.	
••	

·····	······································
• •	
***************************************	••••••

SCHEDULE (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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.

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Ŷ □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance √ Yes 53-0196552 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Army Emergency Relief Part Part II A/N(L) ত্র ල ₹ ত 9 ε 8 Schedule I (Form 990) (2016)

Cat. No. 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

9

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

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

Schedule I (Fc	Schedule I (Form 990) (2016)
Part III	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.

1 Scholarships 4,445 7,261,800 2 Emergency Financial Assistance Grants 5,141 7,020,302 3 4 5 6 6 7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
5,141	1 Scholarships	4,445	7,261,800			
5 6	2 Emergency Financial Assistance Grants	5,141	7,020,302			
5 5 6	3					
9	4					
9	S.					
	9					and the second s
	7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.		e the information re	equired in Part I, line	e 2; Part III, column	(b); and any other additi-	onal information.

a. Guidelines for issuing financial assistance in the form of a grant vice no-interest loan is provided in Army Regulation 930-4 and performance is monitored by statistical monitoring and random checks of assistance cases. Grant assistance is not issued without proper documentation. b. Educational Grants are issued upon proper documentation of enrollment in eligible coursework and normally paid directly to the school. Guidelines for issuing

scholarships are also found in Army Regulation 930-4

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Army Emergency Relief

Employer identification number

53-0196552

				Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to p	ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	Housing allowance or residence for personal use			
	☐ Travel for companions	Payments for business use of personal residence	300		理性
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees	53.72		
	☐ Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
	, -pg	To see that the reason as a main of a second of the second	a de la		
b	or reimbursement or provision of all of the ex	he organization follow a written policy regarding payment penses described above? If "No," complete Part III to		dugan hagan	APC.
	explain		1b	4472.224757.34	
_	Part of the state			i alèna	ere.
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2	-	
		,	£ 14		
3	Indicate which, if any, of the following the filing org	anization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all tl	hat apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of t	the CEO/Executive Director, but explain in Part III.	Ġ.	100	i da ii
	☐ Compensation committee	☐ Written employment contract			190
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee	A sec		
	-	_ ,, ,		1000	MIS.
4	During the year, did any person listed on Form 990 organization or a related organization:	, Part VII, Section A, line 1a, with respect to the filing		ber Design	
а	Receive a severance payment or change-of-control	pl payment?	4a	274161888	V
b	Participate in, or receive payment from, a supplement		4b		~
C	Participate in, or receive payment from, an equity-t		4c		~
	• •	rovide the applicable amounts for each item in Part III.	17047	- 1	16.5
	,	, .			1670
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of	organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A		201		10-2
	compensation contingent on the revenues of:	- ' '			
а	The organization?		5a		/
b	Any related organization?		5b		1
	If "Yes" on line 5a or 5b, describe in Part III.		150 A 151		
6	For persons listed on Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any		4.44	nd le Si
	compensation contingent on the net earnings of:				
а	The organization?		6a		•
b	Any related organization?		6b		•
	If "Yes" on line 6a or 6b, describe in Part III.		1 (30) (1) 31	144	Parya 1
				7.	
7		on A, line 1a, did the organization provide any nonfixed describe in Part III	7		,
8	Were any amounts reported on Form 990, Part VII.	paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in I	Regulations section 53,4958-4(a)(3)? If "Yes," describe			
	in Part III		8		•
9	If "Yes" on line 8, did the organization also foll Regulations section 53.4958-6(c)?	low the rebuttable presumption procedure described in	O COMPANY	- war et i preside i self fil	-MANAGE STREET

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(il-fiii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (F) are

Note: The sum of columns (b)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	or eac	n listed Individual mus	st equal the total amo	unt of Form 990, Pa	rt VII, Section A, line 1a	i, applicable columr	(D) and (E) amounts	for that individual,
		(b) Breakdown of	(b) Breakdown of W-2 and/or 1099-MISC compensation	С compensation	(C) Retirement and	(D) Montavable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)(0)(B)(D)	in column (B) reported as deferred on prior Form 990
LTG Robert F. Foley, USA	8	234,263			32,762	19,483	286,508	
1 Retired, Director								
COL C. Eldon Mullis USA Retired		18291			23,998	20,354	210,166	
2 Deputy Director and COO	€		**	***				
COL Guy Shields, USA Retired	(1)	142,525			20,990	20,816	184,331	
3 Former PAO	(E)					**************************************		
COL Andrew H. Cohen, USA	(1)	64,743			6,402	4,602	75,747	
4 Retired, Former CFO	(E)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(0)							
5	8				· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(i)							1007
9	(ii)			• • • • • • • • • • • • • • • • • • • •				
	8							
7	€			· · · · · · · · · · · · · · · · · · ·			1	
	(1)				<u> </u>			
80	Ξ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	8							
6	(E)							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
10	E						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	8							
11	Ξ							
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12	E							+
	= 1							
13			3					
	=							1
14								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	€ !		1					
15	€ :							
	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
16				!				

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016
불발
CEO compensation is established by the Executive Committee in accordance with AER's governing documents. The Executive Committee, serving the role of a Compensation Committee
utilizes purchased salary surveys and other comparative data contained in other organizations IRS Form 990 in arriving at its approved salary determination.
See Schedule O comments for Part VI Lines 15a and b for additional details.
Schedule J (Form 990) 2016

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Arm	y Emergency Relief									53-	01965	52		
Pa		efit Transaction	ons (section 50 n answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV,	and 50 line 2	01(c)(29) organiz 5a or 25b, or Fo	zations rm 99	only 0-EZ,). Part	V, line	€ 40b.	
1	(a) Name of disqualifie	ed person	(b) Relationship b			person and	ĺ	(c) Description	n of tra	nsactio	n		(d) Cor	rected
			organization					(a) Doddiphan or trans					Yes	No
	N/A													
(2)							ļ	·						
(3)														
(4)														
(5)													<u> </u>	ļ
(6)	F						<u></u>						<u> </u>	
2	Enter the amount under section 495		ed by the orga			-	•	•	-	he ye	ar			
_									•		• §	<u> </u>		
3	Enter the amount	of tax, if any, o	n line 2, above	reimb	ursed by	the organ	izatio	n	• •		• \$	<u> </u>		
Par	Complete if	d/or From Inte the organization reported an an	n answered "Ye	es" on	Form 99	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or Form 9	90, Pa	ırt IV,	line 2	6; or i	f the	
(a) N	Name of interested person	(b) Relationship with organization		fro	oan to or om the nization?	(e) Original principal amount		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From	1			V	AF-	V	Ma	Vaa	Al.
(1)	N/A			10	From	-			Yes	No	Yes	No	Yes	No
(2)	10/5			-	+						 			
(3)		<u> </u>		+	+				+	 				
(4)	· · ·	- 		 							<u> </u>			
(5)				-	 	<u></u>			 					
(6)				·	-									
(7)			<u> </u>	 -					+					
(8)				 	1		-		1					
(9)				1					 -					
(10)									1					
Total	l			, ,			. ▶	\$						
Part	Grants or As	ssistance Bene he organization	efiting Interest	ed Pe	rsons.		ine 27	·.				-		
(a)) Name of interested perse		nship between inter and the organization		(c) Amount	of assistance	,	d) Type of assistance	e	(e)	Purpo	se of a	ssistan	Ċe
(1)	N/A													
(2)														
(3)]				
(4)														
(5)						·								
(6)														
(7)														
(8)														
(9)							ļ							
.401		ı					2							

	of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
	J. Relmer, USA Ret	President of	0.0	Member of the Board of		V
(2)		Board of Managers		Directors for Mutual of America,	7	
(3)				the admimistrator of AER's 403b		
(4)				plan.		
(5)			<u> </u>			
(6)		<u> </u>				
(7) (8)			W-00		-	
(9)						
10)			-	<u> </u>	 	
Part V Supp Provid	lemental Information de additional informatio	n for responses to questions o	on Schedule L (see	e instructions).		
	•					
				·····		
	*					
**						
				·	*****	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**16**

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

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

Open to Public Inspection

Name of the organization
Army Emergency Relief

Employer identification number 53-0196552

Name of the organization Army Emergency Relief	Employer identification number 53-0196552
Part VI Lines 15a and b. A Executive Committee appointed by the President of the Board of Managers	determines
compensation for the AER officers. They use similar comparatives for published compensation studies a	nd from the
other Military Aid Societies. They comply with IRS guidance in completing a "Rebuttable Presumption Inf	
for each officer at the time of a salary change (except for COLA changes) for that officer.	

Part VI Line 17: AK, AZ, CA, CO, DC, IL, KY, MN, MO, NH, NJ, NM, ND, OR, SC, TN, UT, VA, and WA.	
Part VI Line 19. All governing documents are available upon request. Selected governing documents s	such as Audited
Financial Statements (included in the Annual Report), Whistleblower Protection Policy, and Code of Ethica	al Conduct are
posted on AER's website.	
Part V Line 4b. Investments in foreign countries: Austria, Belgium, Brazil, Canada, Denmark, European	union, Finland, France, Germany,
Hong Kong, Indonesia, Italy, Japan, Republic of Korea, Netherlands, Norway, Portugal, Singapore, South	Africa, Spain, Sweden, Switzerland,
United Kingdom.	
·····	