_	<b>YAII</b>	
Form	JJU	

### \*\* PUBLIC DISCLOSURE COPY \*\*

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



	artment of rnal Revenu	the Treasury ue Service	<ul> <li>Do not enter social security numbers on this forr</li> <li>Information about Form 990 and its instructions</li> </ul>	-	•	Open to Public Inspection
Α	For the	2015 calend	ar year, or tax year beginning and	d ending	-	
В	Check if applicable:	C Name of	forganization		D Employer identifica	tion number
	Address change Name change		RANS' ROWING & KAYAKING, INC.		**_**	*3424
	Initial return Final return/	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 203-44	45-3841
	termin- ated Amende return		own, state or province, country, and ZIP or foreign postal code BULL, CT 06611		G Gross receipts \$ H(a) Is this a group retu	106,237.
	Applica tion pending	SAME	nd address of principal officer: PAUL STEPHEN VARS2 AS C ABOVE	ZEGI		Yes X No
			X 501(c)(3) $1$ 501(c)( ) ◀ (insert no.) $4947(a)(1)$	) or 🛄 527	If "No," attach a lis	t. (see instructions)
			VETERANSROWING.COM		H(c) Group exemption r	
			X Corporation Trust Association Other ►	L Year	of formation: 2013 M S	State of legal domicile: $\mathtt{CT}$
P	art I	Summary				
e				PROVIDE STRUCTI	C RECREATIONAL	
nan			$x \models \Box$ if the organization discontinued its operations or disp			
Governance			<b>o</b>		3	8
			lependent voting members of the governing body (Part VI, line 1b)			8
ss &			of individuals employed in calendar year 2015 (Part V, line 2a)			0
vities	<b>6</b> T		of volunteers (estimate if necessary)		6	0

Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
`	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	54,032.	106,237.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,032.	106,237.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,265.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) <b>a</b> , 972.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34,742.	45,915.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,007.	45,915.
	19	Revenue less expenses. Subtract line 18 from line 12	12,025.	60,322.
or ces			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	12,025.	81,153.
let Assets or und Balances	21	Total liabilities (Part X, line 26)	0.	2,150.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	12,025.	79,003.
Do	rt II	Signaturo Block		

Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer PAUL STEPHEN VARSZEGI,	PRESIDENT	D	ate			
	Type or print name and title						
Paid	Print/Type preparer's name MICHAEL J. KNIGHT, CPA	Preparer's signature	Date	Check X PTIN if self-employed P00182554			
Preparer	Firm's name 🕒 KNIGHT ROLLERI S	HEPPARD CPAS LLP	F	irm's EIN 🕨 **-***6122			
Use Only	Firm's address 1499 POST ROAD,	SUITE 1040					
	FAIRFIELD, CT 06824 Phone no. (203) 259-2727						
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No			
532001 12-1	6-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2015)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

PartIII Statement of Program Service Accomplishments         Check PS checked 0: Contrains a response on tole to any line in this Part III         Imply dearble the organization's minator:         CREATED THE "MILLITARY ROWING PROGRAM' FOR ALL ACTIVE DUTY, RESERVIST, ROTC AND HONORABLY DISCHARGED VETERANS.         Control the organization undertake any significant program services during the year which were not listed on the prior Ferm 990 or 590 E27         If "yes," decorate these new services on Schoulde 0.         3 Dot the organization service significant changes in how it conducts, any program services?			Form S	<b>990</b> (20
Creack if Schedule 0 contains a response or note to any line in this Part III  Pointly docted the organization services in the interval of the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 C27  (Note the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 C27 (Note and 100 Minute and 100 Min		I otal program service expenses > 34, / 04.		
Check if Schedule O contains a response or note to any line in this Part III		(Expenses \$ including grants of \$ ) (Revenue \$	)	
Check if Schedule O contains a response or note to any line in this Part III CREATED THE "MILITARY ROWING PROGRAM' FOR ALL ACTIVE DUTY, RESERVIST, ROTC AND HONORABLY DISCHARGED VETERANS.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 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? Ves X If "Yes," describe the organization service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses of \$\cdot 0.23 for the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses of \$\cdot 0.23 for the organization sprogram service reported. CREATED THH A JNAPTIVE WOUNDED VETERANS ROWING & KAYAKING PROGRAM FOR AI SEVERELY DISABLED VETERANS INCLUDING BUT NOT LIMITED TO: AMPUTEES, CANCER PATIENTS, PTSD, TBI, SEVERE/MODERATE DEPRESSION, SUBSTANCE ABUSE.  40 (code) (superness \$ including grants of \$) (revenue \$)	4d	Other program services (Describe in Schedule O.)		
Check if Schedule O contains a response or note to any line in this Part III Direly describe the organization's mission: CREATED THE "MILITARY ROWING PROGRAM' FOR ALL ACTIVE DUTY, RESERVIST, ROTC AND HONORABLY DISCHARGED VETERANS.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. 3D bit the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these answ services as conducting, or make significant changes in how it conducts, any program services?  If "Yes," 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 of \$14,7784. Including grants of \$) (revenues 106,237 CREATED THE ADAPTIVE WOUNDED VETERANS ROWING & KAYAKING PROGRAM FOR AI SEVERELY DISABLED VETERANS INCLUDING BUT NOT LIMITED TO: AMPUTEES, CANCER PATIENTS, PTSD, TBI, SEVERE/MODERATE DEPRESSION, SUBSTANCE ABUSE.  4B (Code:) (superase \$) (revenue \$) (revenue \$) (revenue \$)				
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Check if Schedule O contains a response or note to any line in this Part III		If "Yes," describe these changes on Schedule O.		~
Check if Schedule O contains a response or note to any line in this Part III	3		Yes	X
Check if Schedule O contains a response or note to any line in this Part III		1	Yes	X
Check if Schedule O contains a response or note to any line in this Part III	2	Did the organization undertake any significant program services during the year which were not listed on		
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	1	Briefly describe the organization's mission:		1
Form 990 (2015) VETERANS' ROWING & KAYAKING, INC. **-**3424 Page				

Form	aan	(201	5)

 Form 990 (2015)
 VETERANS ' ROWING & KAYAKING, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZd		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		X

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 Form 990 (2015)
 VETERANS ' ROWING & KAYAKING, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a h	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
•.	Part V, line 1	34		x
35a		35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
		1 00		1

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-	990 (2015) VETERANS' ROWING & KAYAKING, INC. **-**3	424	P	age <b>5</b>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Bid the second	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.) 11b			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZa		
р 13	, , , , , , , , , , , , , , , , , , , ,			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.6		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Form **990** (2015)

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Form 990 (2015)
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# VETERANS ' ROWING & KAYAKING, INC.

Check if Schedule O contains a response or note to any line in this Part VI

X

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

10	Enter the number of voting members of the governing body at the end of the tax year	1a	8	Yes	No
ıd	If there are material differences in voting rights among members of the governing body at the end of the tax year	1a	Ĭ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		-		
-	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under t				
•	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form				X
	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?				x
	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?			X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			37	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, .			
			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			-	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		120		
	Did the organization have a written whistleblower policy?				X
	Did the organization have a written document retention and destruction policy?				X
	Did the process for determining compensation of the following persons include a review and approv				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		. 15a		x
	Other officers or key employees of the organization		. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	• •			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				•
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s onl	v) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.		,,		
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fina	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's b				
20	State the name, address, and telephone number of the person who possesses the organization's b HELEN M. MCKEE - $2038950341$				
20					

(E)

Part VII	Compensatio	n of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Employees, a	nd Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

(R)

( )

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 (Ď), (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.

 $(\mathbf{C})$ 

**(D)** 

(E)

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					n/aus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	tiona		nploy	st cor	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ASHLEE EFFLER	15.00				_		_			
DIRECTOR OF ROWING PROGRAMS		X						0.	0.	0.
(2) KEVIN COURTNEY	5.00									
DIRECTOR OF COMMUNITY OUTREACH		X						0.	0.	0.
(3) DR. ROSLYN BURTON-ROBERTSON	2.00									
ADVISORY BOARD DIRECTOR		Х						0.	0.	0.
(4) PAUL STEPHEN VARSZEGI	50.00									
PRESIDENT				Х				0.	0.	0.
(5) NICHOLAS MONTINI	5.00									_
VICE PRESIDENT				х				0.	0.	0.
(6) MAYRA THOMAS	5.00									_
TREASURER				х				0.	0.	0.
(7) HELEN MCKEE	5.00									
ASSISTANT TREASURER				х				0.	0.	0.
(8) DARIN KNAPP	10.00									
SECRETARY				х				0.	0.	0.
		<u> </u>								
		-								
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	1		-							<b>– – – – – – – – – –</b>

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Form 990 (2015)

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Form 990		' ROWING	3 E	λK	۲A	ΖAΙ	KIN	1G	, INC.	**_*	**3	424	Pa	ge <b>8</b>
Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		am	(F) timated ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organization (W-2/1099-MIS	s	comp fro orga and	Densat Densat Dom the anizatio I relate nizatio	on ed
	o-total								0.		0.			0.
d Tota	al from continuation sheets to Part VI al (add lines 1b and 1c) al number of individuals (including but n								0.	000 of roportab	0.			0.
	ppensation from the organization			IISC			5) 101						Yes	0 No
line	the organization list any <b>former</b> officer, 1a? If "Yes," complete Schedule J for s	uch individual			· ·····							3		х
and	any individual listed on line 1a, is the surrelated organizations greater than \$150 any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
renc	dered to the organization? <i>If "Yes," com</i> <b>B. Independent Contractors</b>	=				-						5		X
	nplete this table for your five highest co organization. Report compensation for										npens	ation fr	rom	
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	(C omper		
<b>2</b> Tota	al number of independent contractors (i	ncluding but n	ot li	mite	d to	the	se lie		above) who received a	ore than				
	0,000 of compensation from the organi						)					Form <b>S</b>	<b>)90</b> (2	015)
													(-	)

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12-16-15	

Part VIII       Statement of Revenue         Check if Schedule O contains a response or note to any line in this Part VIII.       (0)         It all Federated campaigne       10         It all federated againations       10         It all federated again adains       10         It all federated again adains	Form	1 99(	0 (;	2015) <b>VETEF</b>	RANS' ROW	ING & KA	YAKING, IN	C.	**_***3	424 Page 9
generation     (A) Total revenue     mediation mediation     (C) Unitation mediation       generation     1a							•			
generation     (A) Total revenue     mediation mediation     (C) Unitation mediation       generation     1a				Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
But Bordstein daws       1a         b       Fordating events         c       Fordating events         d       Fordating events							(A)	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	<b>(D)</b> Revenue excluded from tax under
good service       2 a	lts ts	1	а	Federated campaigns	1a					
good service       2 a	iran oun									
good service       2 a	¶,G									
good service       2 a	ar /									
good service       2 a	s, G				·····					
good service       2 a	Sio			0 (	· · · · · · · · · · · · · · · · · · ·					
good service       2 a	hei		•			106.237.				
good service       2 a	<u>i</u> ti		a							
good service       2 a	Sor		-				106.237.			
9000000000000000000000000000000000000	<u> </u>		<u></u>							
a Total. Add lines 2a 21 <ul> <li>g Total. Add lines 2a 21</li> <li>investment income (including dividends, interest, and other similar amounts).</li> <li>4 Income from investment of tax exempt bord proceeds</li> <li>5 Royalties</li> <li>6 a Gross rents</li> <li>investment income (olos)</li> <li>investment of tax exempt bord proceeds</li> <li>investment investment investment of tax exempt bord proceeds</li> <li>investment investment or (loss)</li> <li>investment investment or (loss) form gaining activities</li> <li>investment investment proceeds</li> <li>investment or (loss) form gaining activities</li> <li>investment or (loss) form gaining activities</li> <li>investment or (loss) form gaining activ</li></ul>	a	2	2			Dusiness Odde				
a Total. Add lines 2a 21 <ul> <li>g Total. Add lines 2a 21</li> <li>investment income (including dividends, interest, and other similar amounts).</li> <li>4 Income from investment of tax exempt bord proceeds</li> <li>5 Royalties</li> <li>6 a Gross rents</li> <li>investment income (olos)</li> <li>investment of tax exempt bord proceeds</li> <li>investment investment investment of tax exempt bord proceeds</li> <li>investment investment or (loss)</li> <li>investment investment or (loss) form gaining activities</li> <li>investment investment proceeds</li> <li>investment or (loss) form gaining activities</li> <li>investment or (loss) form gaining activities</li> <li>investment or (loss) form gaining activ</li></ul>	vic									
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3       Investment income (including dividends, interest, and other similar amounts)       Income from investment of tax-exempt bond proceeds         4       Income from investment of tax-exempt bond proceeds       Image: Come form investment of tax-exempt bond proceeds         5       Royatties       Image: Come form investment of tax-exempt bond proceeds       Image: Come form investment of tax-exempt bond proceeds         6       a Gross rents       Image: Come form investment of tax-exempt bond proceeds       Image: Come form investment of tax-exempt bond proceeds         7       a Gross rents       Image: Come form investment of tax-exempt bond proceeds       Image: Come form investment of tax-exempt bond proceeds         7       a Gross rents       Image: Come form investment of tax-exempt bond proceeds       Image: Come form investment of tax-exempt bond proceeds         7       a Gross rents       Image: Come form form form form form form form form										
other similar amounts)   4   income from investment of tax-exempt bond proceeds   5   Royatties     0) Real   0) Real <td></td> <td></td> <td>y</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			y							
4       Income from investment of tax-exempt bond proceeds       Image: Construction of the second proceed		3								
5       Royatties       (i) Real       (ii) Personal         6 a Gross rents       (ii) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (ii) Securities       (ii) Other         assets other than inventory       (iii) Other       (iii) Other         b Less: cost or other basis       (iii) Other       (iii) Other         assets other than inventory       (iii) Other       (iii) Other         b Less: cost or other basis       (iii) Other       (iii) Other         a Gross income from fundralsing events (not including \$ of       (iii) Other       (iii) Other         9 a Gross income from fundralsing events       (iii) Other       (iii) Other         a       (iii) Other       (iii) Other         a       (iii) Other       (iii) Other         9 a Gross income from fundralsing events       (iii) Other       (iiii) Other         a       (iii) Other       (iiii) Other       (iiii) Other         a Others income or (loss) from fundralsing events       (iiii) Other       (iiiiiiiii) Other         9 a Gross income from gaming activities       (iiiii) Other       (iiiiiiii) Other         10 a Gross sales of inventory, less returns       (iiiii) Other       (iiiiiii) Other         10		4								
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses										
6 a Gross rents       a         b Less: rental expenses       a         c Rental income or (loss)       a         d Net rental income or (loss)       a         7 a Gross amount from sales of assets other than inventory       a         b Less: cost or other basis and sales expenses       (i) Other         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       >         9 a Gross income or (loss) from fundraising events       >         9 a Gross income or (loss) from gaming activities. See       >         9 a Gross sales of inventory, less returns and allowances       a         10 a Gross sales of inventory, less returns and allowances       a         b Less: cot or gloss from gaming activities       >         11 a		5		noyalles						
b       Less: rental expenses		~	_	Overe verte		(II) Personal				
c       Rental income or (loss)       ↓         d       Met rental income or (loss)       ↓         7       a Gross amount from sales of assets other than inventory       ↓         b       Less: cost or other basis and sales expenses       ↓         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       ↓         8       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       ↓         9       Arcs income from gaming activities. See       ↓         Part IV, line 18       ↓       ↓         b       Less: direct expenses       ↓         a       ↓       ↓         b       ↓       ↓         c       Net income or (loss) from gaming activities       ↓         c       ↓       ↓       ↓         c       Art N, line 19       ↓       ↓         a       ↓       ↓       ↓       ↓         c       Net income or (loss) from sales of inventory <t< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
d Net rental income or (loss)										
7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)   d Net gain or (loss)   f not including \$\subset or of or										
egged       assets other than inventory										
But less: cost or other basis and sales expenses   c Gain or (loss)   d Net gain or (loss)   d Net gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   b Less: direct expenses   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   m Miscellaneous Revenue   Business Code   11 a		1	а		(I) Securities	(II) Other				
and sales expenses			L.	•						
e Gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   b c   c Net income or (loss) from fundraising events   b a   c Net income or (loss) from gaming activities   a b   b Less: direct expenses   b c   c Net income or (loss) from gaming activities   a b   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a			D							
d Net gain or (loss)   8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   b b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a			_							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances a   b Less: cost of goods sold b   c Net income or (loss) from sales of inventory >   Miscellaneous Revenue   Business Code   11 a   c   d All other revenue   e Total. Add lines 11a.11d   12 Total revenue. See instructions										
including \$of   contributions reported on line 1c). See   Part IV, line 18a   b Less: direct expensesb   c Net income or (loss) from fundraising events   9 a Gross sales of inventory, less returns   and allowancesa   b Less: cost of goods soldb   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   cd All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.						▶				
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b c   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	anı	8	а		•					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b c   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	ver									
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b c   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	Re			•	,					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b c   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	her		L.							
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   a b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.	đ									
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a b   c d   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.										
b Less: direct expenses b b b b b b b b b b b b b b b b b b		Э	a	00						
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b			L.							
10 a Gross sales of inventory, less returns and allowances   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12   Total revenue. See instructions.										
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.   12   Total revenue. See instructions.										
b Less: cost of goods soldb c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 106, 237. 0. 0. 0. 0.		10	а							
c       Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code       ■         11 a       ■       ■       ■         b       □       □       □         c       □       □       □         d All other revenue       □       □       □         e       Total. Add lines 11a-11d       ▶       □       □         12       Total revenue. See instructions.       ▶       106, 237.       0.       0.       0.			L.							
Miscellaneous Revenue     Business Code       11 a										
11 a			C							
b		44	_			Business Code				
c										
d All other revenue										
e Total. Add lines 11a-11d         ►         Image: 100 minipage         Total revenue. See instructions.         ►         106,237.         O.										
12         Total revenue. See instructions.         ▶         106,237.         0.										
			e	Total revenue See instructions			106 237	0	0	0
	52000		10					ı •۱	•	

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Form 990 (2015) VETERANS' ROWING & KAYAKING, INC.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	رط) Fundraising expenses
1	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
'' a					
	E CONTRACTOR E C	3,045.	2,307.	143.	595
b		6,625.	5,019.	311.	1,295
c	9 H	0,023.	5,015.	511.	1,275
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 220	2 255	17	67
	column (A) amount, list line 11g expenses on Sch 0.)	3,339.	<u>3,255.</u> 930.	<u> </u>	240
12	Advertising and promotion	1,228. 149.	930.		240
13	Office expenses	149.			149
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,866.	4,444.	276.	1,146
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,144.	8,144.		
23	Insurance	744.	564.	35.	145
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.)				
а	SUPPLIES	7,739.	5,863.	364.	1,512
b	MISCELLANEOUS	3,684.	2,791.	173.	720
c	WEBSITE	2,888.	-		2,888
d	DUES AND SUBSCRIPTIONS	1,099.	832.	52.	215
e	<u> </u>	1,365.	635.	730.	
25	Total functional expenses. Add lines 1 through 24e	45,915.	34,784.	2,159.	8,972
<u>25</u> 26	Joint costs. Complete this line only if the organization		,	_,,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (2015

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10 2015.03030 VETERANS' ROWING & KAYAKING 4920\_\_\_1

Form **990** (2015)

16450816 759649 4920

9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	71,959. 9,092.			
b	Less: accumulated depreciation	10b	9,092.	9,222.	10c	
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	12,025.	16	
17	Accounts payable and accrued expenses				17	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
22	Loans and other payables to current and former	office	rs, directors, trustees,			
	key employees, highest compensated employee	s, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
24	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	Other liabilities (including federal income tax, page	yables	to related third			
	parties, and other liabilities not included on lines	17-24	). Complete Part X of			
	Schedule D		F	0.	25	
26	Total liabilities. Add lines 17 through 25			0.	26	
	Organizations that follow SFAS 117 (ASC 958	), cheo	k here ► 🛛 and			
	complete lines 27 through 29, and lines 33 an			40.005		
27	Unrestricted net assets			12,025.	27	
28	Temporarily restricted net assets		·····		28	
29	-				29	
	Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📃 🛛			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq		F		31	
32	Retained earnings, endowment, accumulated in		F	10 005	32	
33	Total net assets or fund balances			12,025.		
34	Total liabilities and net assets/fund balances			12,025.	34	

ROWING & KAYAKING, INC.

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2015)

1

2

3

4

6

7

8

Assets

\_iabilities

Net Assets or Fund Balances

(B) End of year

2,575.

15,000.

711.

62,867.

81,153 650

1,500.2,150.

52,503. 26,500.

79,003.

81,153.

Form 990 (2015)

(A)

Beginning of year

2,803.

1

2

3

4

5

6

7

8

. . .

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary

employees' beneficiary organizations (see instr). Complete Part II of Sch L .....

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

Form	1990 (2015) VETERANS' ROWING & KAYAKING, INC. *	*-***3424	e Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		6,2	
2	Total expenses (must equal Part IX, column (A), line 25) 2		15,9	
3	Revenue less expenses. Subtract line 2 from line 1		50,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	2,0	25.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6		8,3	45.
7	Investment expenses7			
8	Prior period adjustments 8		-1,6	
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	_		
_	column (B))	)	79,0	03.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
	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		37	
b	Were the organization's financial statements audited by an independent accountant?		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	isis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au			x
	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 Schedul			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single			v
	Act and OMB Circular A-133?	<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			
		Forn	n <b>990</b>	(2015)

532012 12-16-15

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-	·ΕΖ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2015	
Open to Public	

OMB No. 1545-0047

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fo	orm99	<del>9</del> 0.

Interna	l Reve	nue Service	Informati	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/form99	0.	Inspection
Nam	e of	the organizat			· · · · ·				-	dentification number
					ING & KAYAKIN				* *	-***3424
Pa	rt I	Reason	for Public	Charity Status	(All organizations must c	omplete th	iis part.) Se	ee instructions.		
The	orgar	nization is not a	a private found	lation because it is:	(For lines 1 through 11,	check only	one box.)			
1		A church, co	nvention of ch	urches, or associati	ion of churches describe	d in <b>sectio</b>	on 170(b)(*	1)(A)(i).		
2		A school des	scribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	(Attach Schedule E (For	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	ganization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4		A medical re	search organiz	ation operated in co	onjunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii).	Enter th	ne hospital's name,
		city, and stat	te:							
5		An organizat	ion operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental unit d	lescribe	d in
		section 170	<b>(b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).		
7		-		•	antial part of its support	from a gov	rernmental	unit or from the ge	eneral p	ublic described in
				omplete Part II.)						
8					)(1)(A)(vi). (Complete Par					
9	X				e than 33 1/3% of its su					
					ect to certain exceptions					-
					e (less section 511 tax) fi	rom busine	esses acqu	lired by the organiz	zation a	tter June 30, 1975.
10				mplete Part III.)	aivaly to toot for public o	ofativ Caa	agation E(	O(a)(A)		
10 11		•	-	-	sively to test for public s sively for the benefit of, t	•			out tha r	ourposes of one or
••		•	-	-	ed in section 509(a)(1)	-			-	-
				-	of supporting organization			-		
а			-	• •	supervised, or controlled				-	nivina
					egularly appoint or elect	•				
			-	complete Part IV, S						pp9
b				-	d or controlled in connec	tion with i	ts support	ed organization(s).	bv havi	ina
				-	ganization vested in the				•	-
			-		, Sections A and C.	•		Ū.		
с		Type III fu	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functionally int	tegrated	d with,
		its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		🗌 Type III no	on-functionally	y integrated. A sup	porting organization ope	rated in co	nnection v	vith its supported of	organiza	ation(s)
		that is not	functionally int	tegrated. The organ	ization generally must sa	tisfy a dist	ribution re	quirement and an	attentiv	eness
	_	requiremer	nt (see instruct	tions). <b>You must co</b>	mplete Part IV, Section	s A and D	, and Part	V.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	a Type I, Type II, Ty	/pe III	
		functionally	y integrated, o	r Type III non-functio	onally integrated suppor	ting organi	zation.			
f	Ent	er the number	of supported of	organizations						
g				n about the support		(iv) lo the e	rachization			() Ann annsh a f
		<ul> <li>(i) Name of supp organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-9	listed	rganization in your	(v) Amount of mone support (see	etary	(vi) Amount of other support (see
		organization			above (see instructions))	*	document?	instructions)		instructions)
						Yes	No	, 		·
					1					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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Total

#### Schedule A (Form 990 or 990-EZ) 2015

Concaulo	
Part II	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	. etc. (see instruct <sup>i</sup>	ions)	•		12	
	First five years. If the Form 990 is fo		,			on 501(c)(3)	
	organization, check this box and <b>stop</b>	phere			-		
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2015 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	1 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶∟
k	33 1/3% support test - 2014. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			►
17a	10% -facts-and-circumstances tes	t - 2015. If the orc	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
k	0 10% -facts-and-circumstances tes						
	more, and if the organization meets the	he "facts-and-circı	umstances" test, c	heck this box and	<b>stop here.</b> Explai	n in Part VI how th	e
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	►
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗌
					0.1		000 EZ) 001E

Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990-EZ) 2015 VETERANS' ROWING & KAYAKING, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				54,032.	106,327.	160,359.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					100 207	1 ( 0 ) 2 5 0
	Total. Add lines 1 through 5				54,032.	106,327.	160,359.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
							160,359.
<u> </u>	Public support. (Subtract line 7c from line 6.)						100,335.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(a) 2012	(1) 2014	(e) 2015	
	Amounts from line 6	(a) 2011	(0) 2012	(c) 2013	(d) 2014 54,032.	106,327.	(f) Total 160,359.
	Gross income from interest, dividends, 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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)				54,032.	106,327.	160,359.
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth. or fifth t:	-	-	-
-		-			-		N V
Sed	ction C. Computation of Publ						
	Public support percentage for 2015 (I			column (f))		15	%
15 16	Public support percentage from 2014					16	%
	ction D. Computation of Invest	· · · · · ·	/				70
	Investment income percentage for 20					17	07
						17	%
18 10-	Investment income percentage from 2			on line 14 and line			% Zia pat
198	<b>33 1/3% support tests - 2015.</b> If the						
	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2014.</b> If the	•					
••	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th			
320	23 09-23-15			1 5	Sche	edule A (Form 990	) or 990-EZ) 2015
-			1 - 00000	15	5 011-11-		1000 1
50	)816 759649 4920	201	12.02030	VETERANS '	ROWING &	KAYAKING	4920 1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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.)

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Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990 EZ) 2015 VETERANS' ROWING & KAYAKING, INC.

га	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		L
b	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
		00 ~ 00		

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Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990-EZ) 2015 VETERANS' ROWING & KAYAKING, INC.

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

ecti	on 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		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
iecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
6 7			ated Type	III supporting org

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990-EZ) 2015 VETERANS' ROWING & KAYAKING, INC.

Pa	t V Type III Non-Functionally Integrated 509			
	ion D - Distributions		(continuea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		Ourrent real
2	Amounts paid to perform activity that directly furthers exem			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	19	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
0	(provide details in <b>Part VI</b> ). See instructions.	ine organization is responsive	2	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(1)	(::)	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
	Excess from 2013			
-	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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nformation. F nes 1, 2, 3b, 3c, 4 on D, lines 2 and , and 8; and Part	4b, 4c, 5a, 3; Part IV,	6, 9a, 9b, 9 Section E, I	)c, 11a, <sup>-</sup> lines 1c,	1b, and 1 <sup>°</sup> 2a, 2b, 3a	1c; Part	IV, Section	B, lines 1 a	and 2; Part	IV, Sectior	٦C.
on D, lines 2 and	3; Part IV,	Section E, I	lines 1c,	2a, 2b, 3a	and 3b;	Part V. line	1. Part V	Section R	ing to D	
, and 8; and Part	V, Sectior	n E, lines 2,					, i, i ait v, i		ine re; Pai	rt V,
			5, and 6.	Also comp	plete thi	s part for a	ny addition	al informatio	on.	
				20			Schedule	A (Form 99	0 or 990-	EZ)
-					20		20	20	20	Schedule A (Form 990 or 990- 20 2015.03030 VETERANS' ROWING & KAYAKING 4920

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### Schedule of Contributors

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

Name of the organization

Organization type (check one):

**VETERANS**'

Schedule B

(Form 990, 990-FZ.

Department of the Treasury Internal Revenue Service

or 990-PF)

ROWING & KAYAKING,	INC.	**-***3424

OMB No. 1545-0047

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

\*\*-\*\*\*3424

VETERANS' ROWING & KAYAKING, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$16,290.	Person Payroll Noncash X (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
3		\$29,965.	Person Payroll Noncash X (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
4		\$7,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
5		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
—   —		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

\*\*-\*\*\*3424

VETERANS' ROWING & KAYAKING, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	136 GX STUDIO WATERROWERS, 510 S4 SILVER WATERROWER M1'S	_	
		\$16,290.	04/07/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	FORD E-450 TURBO SUPER DUTY DIESEL	_	
		\$26,165.	09/27/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	SIGNATURE RUBBER FLOORING	_	
		\$1,500.	06/01/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	RHINO TENT	_	
		\$2,300.	06/01/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 10-26	-15 23	\$Schedule B (Form 9	990, 990-EZ, or 990-PF) (

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chedule B ame of orga	(Form 990, 990-EZ, or 990-PF) (2015) inization		Pag Employer identification number
ETERA	NS' ROWING & KAYAKING,	TNC	**-**3424
Part III	<i>Exclusively</i> religious, charitable, etc., cont the year from any one contributor. Complete	tributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 or	
a) No.	Use duplicate copies of Part III if addition		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -		(e) Transfer of gift	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-  -			
3454 10-26-1	15		Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE D
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(Form	990)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization VETERANS' ROWING & KAYAKING, INC.	Employer identification number **-**3424
Pa		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 held in donor advised fi	unds
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cont	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	
	year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
De	conservation easements.	v Cimilar Accete
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
<b>b</b>	the text of the footnote to its financial statements that describes these items.	
a	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition and the set in the se	service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
ŋ	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai the following amounts required to be reported under SEAS 116 (ASC 958) relating to these items:	n, provide
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ ¢
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015
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Sche	dule D (Form 990) 2015 VETERAN	S' ROWING	& KA	YAKING	, INC.			**_**	*342	4 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	gnificant	use of its	collectio	n items
	(check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
С										
4	Provide a description of the organization's c	•			•			ose in Par	t XIII.	
5	During the year, did the organization solicit of								٦	<u> </u>
De	to be sold to raise funds rather than to be m								Yes	No No
Pa	<b>t IV</b> Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
та	Is the organization an agent, trustee, custod								7.	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	bliowing	table:					<b>A</b>	
									Amount	[
	Additions during the year									
	Additions during the year									
f	Distributions during the year									
	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •			
Pai										
		(a) Current year	1	rior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance		(~)	nor your	(0)		<b></b> ,		(0) * * *	<b>,</b>
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	ered for th	ne organiz	zation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	t VI Land, Buildings, and Equipn									
	Complete if the organization answere								( )) =	
	Description of property	(a) Cost or o basis (investi		<b>(b)</b> Cost basis	or other (other)		cumulate	ed	(d) Bool	k value
1a	Land									
	Buildings									
	Leasehold improvements				1 0 5 0					
	Equipment			7	1,959.		9,0	92.	6.	2,867.
-	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				6.	2,867.

Schedule D (Form 990) 2015

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Part VII	(Form 990) 2015 <b>VETERAN</b>		WING &	11111111	тщО,	THC.		**_**	· ~ 3424	Page 3
	Investments - Other Securi	ties.								
	Complete if the organization answer									
(a) Descrip	tion of security or category (including name o	of security)	(b) Book	value	(c) l	Method of va	aluation: Cos	t or end-of-ye	ear market v	/alue
(1) Financia	al derivatives									
(2) Closely-	held equity interests									
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
	b) must equal Form 990, Part X, col. (B) lin									
Part VIII	Investments - Program Rel									
	Complete if the organization answer	ed "Yes" o								
	(a) Description of investment		<b>(b)</b> Book	value	(c) l	Method of va	aluation: Cos	t or end-of-ye	ear market v	/alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
-										
(8)										
(8) (9)										
(8) (9) Total. (Col. (I	b) must equal Form 990, Part X, col. (B) lin	ne 13.) <b>&gt;</b>								
(8) (9)	Other Assets.									
(8) (9) Total. (Col. (I		ed "Yes" o		Part IV, line	11d. See	9 Form 990,	Part X, line 1			
(8) (9) Total. (Col. (( Part IX	Other Assets.	ed "Yes" o	n Form 990, escription	Part IV, line	11d. See	9 Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. () Part IX	Other Assets.	ed "Yes" o		Part IV, line	11d. See	9 Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. (I Part IX (1) (2)	Other Assets.	ed "Yes" o		Part IV, line	11d. See	9 Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. (I Part IX (1) (2) (3)	Other Assets.	ed "Yes" o		Part IV, line	11d. See	9 Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. (1) Part IX (1) (2) (3) (4)	Other Assets.	ed "Yes" o		Part IV, line	11d. See	e Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. (I Part IX (1) (2) (3) (4) (5)	Other Assets.	ed "Yes" o		Part IV, line	11d. See	9 Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	ed "Yes" o		Part IV, line	11d. See	9 Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	ed "Yes" o		Part IV, line	11d. Sec	Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. (I Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	ed "Yes" o		Part IV, line	11d. See	Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	red "Yes" o (a) D	escription	Part IV, line	11d. See	Form 990,	Part X, line 1		<b>(b)</b> Book va	lue
(8) (9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answer	red "Yes" o (a) D	escription	Part IV, line	11d. See	e Form 990,	Part X, line 1		<b>(b)</b> Book va	alue
(8) (9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	red "Yes" o (a) D	escription						<b>(b)</b> Book va	lue
(8) (9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1	1f. See Form			(b) Book va	lue
(8) (9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1.	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line		1f. See Form			(b) Book va	lue
(8) (9) Total. (Col. (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	
(8) (9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form			(b) Book va	
(8) (9) Total. (Col. (( Part IX) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3)	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	llue
(8) (9) Total. (Col. (( Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3) (4)	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	llue
(8) (9) Total. (Col. (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3) (4) (5)	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	alue
(8) (9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	
(8) (9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3) (4) (5) (6) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	
(8) (9) Total. (Col. (( Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3) (4) (5) (6) (7) (6) (7) (8)	Other Assets. Complete if the organization answer	red "Yes" o (a) D (a) D	escription	Part IV, line	11e or 1 ( <b>b)</b> Book	1f. See Form value			(b) Book va	
(8) (9) Total. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) AC (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (7) (8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answer	ed "Yes" o (a) D col. (B) line red "Yes" o lity	escription	Part IV, line	11e or 1 (b) Book	1f. See Form value			(b) Book va	

VETERANS' ROWING & KAYAKING, INC.

Schedule D (Form 990) 2015

\*\*-\*\*\*<u>3424 Page</u>3

532053 09-21-15

Sche	dule D (Form 990) 2015 VETERANS' ROWING & KAYAKI	NG, INC.		**-***3424	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1 114	,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	8,345.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>				,345.
3	Subtract line 2e from line 1			з 106	,237.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				,237.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	0.
Pa	rt XIII Supplemental Information.				
Due	ide the departmentions required for Part II, lines 2, 5, and 0; Part III, lines 1, and 4; Pa	ort IV lines the	nd Oh: Dort V line	4. Davit V. Jima O. Davi	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE M	
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

. Inspection

15

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Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

#### Employer identification number

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VETERANS '	ROWING & KAYAKING,	INC.	**-***34
Part I Types of Property			

	·	<b>(a)</b> Check if applicable	(b) Number of contributions or	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>0</u>	(d) Method of de noncash contribu		0	 s
1	Art - Works of art			1 onn 990, Part VIII, Inte To				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	26,165	FAIR MARKET	VA	LUE	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( ROWING EQUIPM )	Х	16	45,794	FAIR MARKET	VA	LUE	
26	Other ► ()							
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	I which is not required to b	e used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contri	butions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	h			-
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is o	hecked,			
	describe in Part II.							

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

Schedule M (Form 990) (2015)

532141 08-21-15

this part for any additional information.	iber of contributions, tr	le number of items r	eceived, or a comi	Sination of Doth. Als	so complete
				0-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	
532142 08-21-15				Schedule M (	Form 990) (2015)
450816 759649 4920	2015.03030	30 VETERANS'	ROWING &	KAYAKING	49201

Schedule M (Form 990) (2015) VETERANS' ROWING & KAYAKING, INC. Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

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Page **2** 

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

INC.

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



Name of the organization VETERANS' ROWING & KAYAKING,

Employer identification number \*\*-\*\*3424

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VETERANS IN THE SURROUNDING COMMUNITIES AND TO PROMOTE RECREATIONAL

RIVER USE AND ENVIRONMENTAL EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 18:

ALL GOVERNING DOCUMENTS ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON

REQUEST. SOME DOCUMENTS ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

COMMENT PRIOR TO FILING.