# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

<del>/2/(0)</del>

Open to Public Inspection

Department of the Treasury

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

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

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

Internal Revenue Service For the 2015 calendar year, or tax year beginning 10/1/2015 and ending 9/30/2016 C Name of organization D Employer identification number Check if applicable U-SNAP-BAC INCORPORATED Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 38-2810323 Name change 14901 E WARREN E Telephone number initial return City or town ZIP code (313) 640-1100 DETROIT MΙ 48224 inal return/terminated Foreign country name Foreign postal code Foreign province/state/county 256,208 Amended return Gross receipts \$ Application pending F Name and address of principal officer Yes X No H(a) is this a group return for subordinates? LINDA SMITH 14901 E WARREN, DETROIT, MI 48224 H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) ) **4** (insert no.) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other ▶ L Year of formation 1973 M State of legal domicile MI Part I Summary Bnefly describe the organization's mission or most significant activities PROVIDE LOW & MODERATE HOUSING FOR LOW Activities & Governance **INCOME FAMILIES** Check this box If the organization discontinued its operations of disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Partive line 24) 5 1 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 0 7a Net unrelated business taxable income from Form 990-T, line SPEN 7b 0 Pror Year Current Year 221,495 Contributions and grants (Part VIII, line 1h). 314,065 Program service revenue (Part VIII, line 2g) 12.850 15,916 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,794 18,797 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 340,709 256,208 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4.802 16.283 Professional fundraising fees (Part IX, column (A), line 11e) Λ Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 254,364 286.093 18 259,166 302,376 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 81,543 -46,168 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 147,798 98,880 21 Total liabilities (Part X, line 26) 169,787 167,037 Net assets or fund balances Subtract line 21 from line 20 -21.989 -68,157 Signature Block Under penalties of penjury, 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 nolete Declaration preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here -inda Type or print name and title Print/Type preparer's name Preparer's signature Check Paid **GREGORY TERRELL** 5/19/2017 self-employed P00621950 Preparer Firm's name ► GREGORY TERRELL & COMPANY Firm's EIN ► 38-2451735 Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 535 GRISWOLD, STE 2000, DETROIT, MI 48226

Form 990 (2015)

313-965-0500

Phone no

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 (see instructions)?  | 2   |     | X                   |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |     |     |                     |
| _   | candidates for public office? If "Yes," complete Schedule C, Part I  | 3   | j   | Χ                   |
| 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   | ŀ   | Χ                   |
| 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   |     | Χ                   |
| 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   |     | Χ                   |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |     |                     |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | 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_ |     | Χ_                  |
| 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  |     | Χ_                  |
| 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   | l   |     |                     |
|     | 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 |     | <u>X</u>            |
| 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 Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | <u>X</u>            |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | _X_                 |
| t   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     |                     |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | <u>X</u>            |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |     | v                   |
| L   | Schedule D, Parts XI and XII   | 12a |     | <u> </u>            |
| D   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 425 |     | ~                   |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 12b |     | X                   |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | $\frac{\hat{x}}{x}$ |
|     | Did the organization maintain an onice, employees, or agents outside of the office states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                                     | 170 |     | ^                   |
| •   | fundraising, business, investment, and program service activities outside the United States, or aggregate  | 1   |     |                     |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | Χ_                  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |     |     | <u> </u>            |
| . • | 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- |     | Χ_                  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services  |     |     |                     |
|     | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  | ]   | Χ_                  |
| 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  | 1   | X                   |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |     | -   |                     |
|     | If "Yes," complete Schedule G, Part III  | 19  | L_  | X                   |

19? Note. All Form 990 filers are required to complete Schedule O

| Par  | Charlist of Paguired Schodules (continued)   | 30-20 10323 | <u>P</u> | age 4 |
|------|--|-------------|----------|-------|
| Fall | t IV <u>Checklist of Required Schedules (continued)</u>  | <del></del> | Yes      | No    |
| 20a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                        | 20a         |          | X     |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       | 20b         |          | Ĥ     |
| 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          |          | ×     |
| 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         |          | X     |
| 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         |          | X     |
| d    | Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?            | . 24d       |          | X     |
|      | 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         |          | ×     |
| 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)                                 |             |          |       |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV            | . 28a       |          | X     |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete             |             |          |       |
|      | Schedule L, Part IV  | 28b         |          | X     |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)    |             |          |       |
|      | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV             | 28c         |          | X     |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M           | 29          |          | X     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |             |          |       |
|      | conservation 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 Schedule N, Part II .   | 32          |          | X     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |             |          |       |
|      | 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,          |             |          | 1     |
|      | III, or IV, and Part V, line 1   | 34          |          | X     |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a         |          | X     |
| þ    | 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         |          | L_    |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related       |             |          |       |
|      | organization? If "Yes," complete Schedule R, Part V, line 2  | 36          |          | X     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |             |          |       |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part          |             |          |       |
|      | VI .   | 37          |          | X     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         |             |          | 1     |

38-2810323

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х gaming (gambling) winnings to prize winners? 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 Х 2b | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b 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 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 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7е е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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? 7<u>g</u> g 7h\_ Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. - m а Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a а Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a а Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) U-SNAP-BAC INCORPORATED 38-2810323 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X' Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ 12b Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LINDA SMITH

14901 E WARREN, DETROIT, MI 48224

| Form 990 (2015) | U-SNAP-BAC INCORPORATED 38-28103  | 323 | Page <b>7</b> |
|-----------------|---|-----|---------------|
| Part VII        | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated                                   |     |               |
|                 | Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII |     |               |
| Section A.      | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees                                     |     |               |
| 1 - 0 1 - 4 - 4 |   |     |               |

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than one (F) (B) (D) (E) Name and Title Reportable Reportable Estimated Average box, unless person is both an hours per officer and a director/trustee) compensation compensation amount of Individual trustee or director week (list any from from related other Highest compensated employee Officer Institutional trustee Key employee hours for the organizations compensation (W-2/1099-MISC) related organization from the organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) ERIC DUEWEKE 1 00 CHAIRMAN 0 00 Х (2) RICHARD CUNNINGHAM 1 00 VICE CHAIRMAN 0 00 Х (3) MARY FINCH 1 00 SECRETARY 0 00 Х (4) CAROLE WISEMAN 1 00 MEMBER 0.00 Χ (5) LILLIAN WILLIAMS 1 00 MEMBER 0 00 Χ (6) REV JOHN GRICE 1 00 **MEMBER** 0 00 Χ (7) MARJORIE HENRY 1 00 MEMBER 0 00 Х (8) MICHAEL CHEATHAM 1 00 0 00 MEMBER Χ (9) BEVERLY KINDLE-WALKER 1 00 **MEMBER** 0 00 Х (10) LINDA SMITH 50 00 **EXECUTIVE DIRECTOR** 0.00 Χ 6,635 (11) (12) (13)

|         | (A)<br>Name and title   | (B)<br>Average<br>hours per  | box,                              | unies         | Pos<br>neck<br>ss pe | rson | than out                        | an              | (D)<br>Reportable<br>compensation              | (E)<br>Reportable<br>compensation               | (F)<br>Estimated<br>amount of   |          |
|---------|---|--|-----------------------------------|---------------|----------------------|------|---------------------------------|-----------------|--|---|---|----------|
|         |   | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | $\overline{}$ | Officer              |      | Highest compensated<br>employee |                 | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |          |
| (15)    |   |  |                                   |               |                      |      |                                 | -               |  |   |   | _        |
| (16)    |   |  | -                                 | _             |                      | -    |                                 |                 |  |   |   | _        |
| (17)    |   |  | -                                 |               | -                    |      |                                 | -               |  |   | <del> </del>  |          |
| (18)    |   |  | -                                 | -             |                      | -    |                                 | $\vdash$        |  |   |   |          |
| (19)    |   |  | -                                 |               | ļ                    |      |                                 | <del> -</del> - |  |   | <del> </del>  |          |
| (20)    |   |  |                                   |               | _                    | -    |                                 | -               |  |   | <del></del>   |          |
| (21)    |   |  |                                   | _             | -                    |      |                                 | _               |  |   | <del>                                     </del>                                  |          |
| (22)    |   |  |                                   | -             | -                    | -    | _                               | _               |  |   | <del> </del>  |          |
|         |   |  | -                                 | -             | _                    | -    |                                 | -               |  |   |   |          |
|         |   |  | -                                 | -             | _                    | _    |                                 | _               |  |   |   |          |
|         |   |  |                                   |               | _                    |      |                                 | L.              |  |   |   |          |
| (25)    |   |  |                                   |               |                      |      | ľ                               |                 |  |   |   |          |
| 1b<br>c | Sub-total Total from continuation sheets to Part VII, Se  | ection A   |                                   |               |                      | _    |                                 | <b>&gt;</b>     | 6,635<br>0                                     |   | 0   | 0        |
| d       | Total (add lines 1b and 1c)   |  |                                   |               |                      |      |                                 | <b>•</b>        | 6,635  | 000 (   | 0   | 0        |
| 2       | Total number of individuals (including but not lir reportable compensation from the organization                      |  | ited a                            |               | e) v<br>0            | vno  | recei                           | ved<br>         | more than \$100                                | ,000 of   |   |          |
| 3       | Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i> |  |                                   |               | loye                 | е, с | r higi                          | hesi            | compensated                                    |   | Yes N   | lo<br>X  |
| 4       | For any individual listed on line 1a, is the sum of the organization and related organizations great individual       |  |                                   |               |                      |      |                                 |                 |  | h   |   | X        |
| 5       | Did any person listed on line 1a receive or accr<br>for services rendered to the organization? If "Ye                 |  |                                   |               |                      |      |                                 |                 |  | ıdual   | 5   | X        |
| Sec     | tion B. Independent Contractors   |  |                                   |               |                      |      |                                 |                 |  |   |   | <u> </u> |
| 1       | Complete this table for your five highest compecompensation from the organization. Report coyear                      |  |                                   |               |                      |      |                                 |                 |  |   | s tax   |          |
|         | (A)<br>Name and business add  | ress   |                                   |               |                      |      |                                 |                 | (B)<br>Description of ser                      | vices   | (C)<br>Compensation   |          |
|         |   |  |                                   |               |                      |      |                                 | _               |  |   |   | 0        |
|         |   |  |                                   |               |                      |      |                                 |                 |  |   |   | 0        |
|         | <del>,</del>  |  |                                   |               |                      |      |                                 | -               |  |   |   | 0        |
| 2       | Total number of independent contractors (included more than \$100,000 of compensation from the                        | _  | ted to                            | tho           | se l                 | ıste | d abo                           |                 | who received                                   |   |   |          |

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

| Part VIII | Statement of Re | venue |
|-----------|-----------------|-------|

|   | •        | <ul> <li>Check if Schedule O contains</li> </ul> | a response    | or no | ote to any line in | this Part VIII                         |  |  |   |
|---|----------|--|---------------|-------|--------------------|--|--|--|---|
|   |          |  |               |       |                    | (A)<br>Total revenue                   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue      | (D)  Revenue excluded from tax under sections 512-514 |
| e e   | 1a       | Federated campaigns                              |               | 1a    | 0                  |  | Friend Table                           |  |   |
| Grants  | b        | Membership dues                                  | , [           | 1b    | 01                 |  |  |  |   |
|   | С        | Fundraising events                               |               | 1c    | 0                  |  |  |  | 4   |
| ar A  | d        | Related organizations                            | .             | 1d    | 0                  |  |  |  |   |
| S E   | е        | Government grants (contributions                 | s)            | 1e    | 108,529            |  |  |  |   |
| P (5)   | f        | All other contributions, gifts, gran             |               |       |                    |  |  |  |   |
| 를 를   |          | similar amounts not included abo                 |               | 1f    | 112,966            |  |  |  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | а        | Noncash contributions included in li             | L             | \$    | 1,2,000            |  |  |  |   |
| ပို့ ခြ   | h        | Total. Add lines 1a–1f                           |               | Ψ.    | •                  | 221,495                                |  |  |   |
|   |          | TOTAL Add lines ra-11                            |               |       | Business Code      | 221,435                                |  |  |   |
| Service Revenue   | 2-       | DEVIEL OBERS ELES                                |               | ŀ     |                    |  |  |  | 1.00°23.43°2  |
| 9.6   | 2a       | DEVELOPERS FEES                                  |               | }     |                    | 15,916                                 |  | <del> </del>                                 | <del></del>   |
| ο<br>Σ  | þ        |  |               | }     | <del></del>        | 0                                      | <del> </del>                           | <del> </del>                                 | <del></del>   |
|   | C        |  |               | - \   |                    | 0                                      | ļ <del></del>                          | ļ  | <del></del>   |
|   | d        |  |               | 1     |                    | 0                                      |  |  |   |
| E,  | е        |  |               | ļ     |                    | 0                                      | ļ                                      | ļ  |   |
| Program   | f        | All other program service revenu                 | e .           | [     |                    | 0                                      |  |  |   |
|   | g        | Total. Add lines 2a-2f .                         |               |       | <u> </u>           | 15,916                                 |  | 5:35 & A. V                                  |   |
|   | 3        | Investment income (including div                 | idends, inter | est,  | and                |  |  |  |   |
|   |          | other sımılar amounts)                           | •             |       | •                  | 0                                      |  |  |   |
|   | 4        | Income from investment of tax-ex                 | xempt bond    | proc  | eeds . ▶           | 0                                      |  |  |   |
|   | 5        | Royalties  |               |       | <b>&gt;</b>        | 0                                      |  |  |   |
|   |          | ·  | (ı) Real      |       | (II) Personal      |  |  |  |   |
|   | 6a       | Gross rents                                      |               |       |                    |  |  |  |   |
|   | b        | Less rental expenses                             |               |       |                    |  |  |  |   |
|   | С        | Rental income or (loss)                          | <u> </u>      | 0     | 0                  |  |  |  |   |
|   | d        | Net rental income or (loss)                      | L             |       | <u>~</u>           | 0                                      |  |  | لتشتم حاقت نادوا تالا                                 |
| i   | 7a       | Gross amount from sales of                       | (i) Secuntie  | s     | (ii) Other         |  | 2 NY ALE-2                             | 1 14: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13 | - (24) Sept 1 1 1 1 1 1 1 1 1                         |
|   | / a      | assets other than inventory                      | (,, 5555,     | 0     | 0                  |  |  |  |   |
| -   |          | Less cost or other basis                         |               | -4    |                    |  |  |  |   |
|   | b        |  |               | ار    | 0                  |  |  |  |   |
|   |          | and sales expenses                               | <u> </u>      | _ 0   |                    |  |  |  |   |
|   | C        | Gain or (loss)                                   | l             | _0    |                    |  |  |  |   |
|   | d        | Net gain or (loss)                               |               | ī     |                    | 0                                      | in hi a printi e v-Mên ski             | North State of the                           | 20 Part 1982 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    |
|   |          |  |               | j     |                    |  |  |  |   |
| Other Revenue   | 8a       | Gross income from fundraising                    |               | i     |                    |  |  |  |   |
| \ e   |          | events (not including \$                         | 0             | 1     |                    |  |  |  |   |
| Ş   |          | of contributions reported on line                | 1c)           | 1     |                    |  |  |  |   |
| er l  |          | See Part IV, line 18                             |               | a     | 0                  |  |  |  |   |
| Ę   | þ        | Less direct expenses                             |               | b     | 0                  |  |  |  |   |
| 0   | С        | Net income or (loss) from fundrai                | ising events  |       |                    | 0                                      |  |  | <u></u>   |
|   | 9a       | Gross income from gaming activi                  | rties         |       |                    |  |  | SAFE NO                                      |   |
|   |          | See Part IV, line 19                             |               | а     | 0                  |  |  |  |   |
|   | ь        | Less direct expenses                             | •             | ь     | 0                  | ************************************** |  |  |   |
|   | С        | Net income or (loss) from gaming                 | activities    |       | <b></b>            | 0                                      |  |  |   |
|   | 10a      | Gross sales of inventory, less                   | ,             | - 1   |                    | - 数点。                                  | 第四十年1日                                 | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2      | FAT LEE LY TONGS                                      |
|   |          | returns and allowances                           |               | a     | . 0                |  |  |  |   |
|   | ь        | Less cost of goods sold                          | •             | ь     | 0                  |  |  |  |   |
|   |          | Net income or (loss) from sales of               | of inventory  | -     |                    | ^ ****************************         |  | † · · · · · · · · · · · · · · · · · · ·      | 7. 6 · 7. "ba / - 3"                                  |
|   | <u> </u> | Miscellaneous Revenue                            | or inventory  |       | Business Code      | U                                      | 30 mil 18 18 18                        | . j- 15 25-2 12                              |   |
|   | 44-      |  |               |       | Business Code      |  |  | · · · · · · · · · · · · · · · · · · ·        |   |
|   | 11a      | OTHER REVENUE                                    |               | .     | <del></del>        | 18,797                                 | <del> </del>                           | <del> </del>                                 | <del> </del>  |
|   | b        |  |               | .     |                    | 0                                      |  | <del> </del>                                 | <del> </del>  |
|   | С        |  |               | .     |                    | 0                                      |  | ļ  | ļ   |
|   | ď        | All other revenue .                              | -             |       |                    | 0                                      | <u> </u>                               | <u> </u>                                     |   |
|   | е        | Total. Add lines 11a-11d                         |               |       | •                  | 18,797                                 |  | 1. 200                                       |   |
|   | 12       | Total revenue. See instructions.                 |               |       | ▶                  | 256,208                                | 1 0                                    | ) 0  | 0   |

## Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must complete all                 | columns All other of  | rganizations must c                   | omplete column (A)                  |                                |
|-------|--|---|---------------------------------------|-------------------------------------|--------------------------------|
|       | ' Check if Schedule O contains a response or note                          | to any line in this Pa  | art IX                                |                                     |                                |
|       | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII. | (A)<br>Total expenses   | (B) Program service expenses          | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1     | Grants and other assistance to domestic organizations                      |   |                                       |                                     |                                |
|       | domestic governments See Part IV, line 21                                  | 0   |                                       |                                     |                                |
| 2     | Grants and other assistance to domestic                                    |   |                                       |                                     |                                |
|       | individuals See Part IV, line 22   | 0   |                                       |                                     |                                |
| 3     | Grants and other assistance to foreign                                     | ]   |                                       |                                     |                                |
|       | organizations, foreign governments, and foreign                            | _)  |                                       |                                     |                                |
|       | individuals See Part IV, lines 15 and 16                                   | 0   |                                       |                                     |                                |
| 4     | Benefits paid to or for members  | 0   |                                       |                                     |                                |
| 5     | Compensation of current officers, directors,                               |   | 0.005                                 |                                     |                                |
| c     | trustees, and key employees  | 6,635   | 6,635                                 | 0                                   |                                |
| 6     | Compensation not included above, to disqualified                           | }   |                                       |                                     |                                |
|       | persons (as defined under section 4958(f)(1)) and                          |   |                                       |                                     |                                |
| 7     | persons described in section 4958(c)(3)(B) Other salaries and wages        | 0   |                                       |                                     |                                |
| 8     | Pension plan accruals and contributions (include                           | <u> </u>  |                                       |                                     |                                |
| O     | section 401(k) and 403(b) employer contributions)                          |   |                                       |                                     |                                |
| 9     | Other employee benefits  | 14,694  | 12,694                                | 2,000                               | <del></del>                    |
| 10    | Payroll taxes  | 1,589   | 1,589                                 | 2,000                               |                                |
| 11    | Fees for services (non-employees)  | 1,000   | 1,500                                 |                                     |                                |
|       | Management   | 0   |                                       | į                                   |                                |
| b     | Legal  | 5,120   | <del></del>                           | 5,120                               |                                |
| С     | Accounting   | 3,757   |                                       | 3,757                               |                                |
| d     | Lobbying   | 0   |                                       |                                     |                                |
| е     | Professional fundraising services See Part IV, line 17                     | 0   |                                       |                                     |                                |
| f     | Investment management fees   | 0   |                                       |                                     |                                |
| g     | Other (If line 11g amount exceeds 10% of line 25, column                   |   |                                       |                                     | _                              |
|       | (A) amount, list line 11g expenses on Schedule O)                          | 0   |                                       |                                     |                                |
| 12    | Advertising and promotion  | 0   | · · · · · · · · · · · · · · · · · · · |                                     |                                |
| 13    | Office expenses  | 16,468  |                                       | 16,468                              |                                |
| 14    | Information technology   | 0   |                                       |                                     |                                |
| 15    | Royalties  | 0   |                                       |                                     |                                |
| 16    | Occupancy  | 31,317  | 31,317                                |                                     |                                |
| 17    | Travel   | 14,579  | 14,579                                |                                     |                                |
| 18    | Payments of travel or entertainment expenses                               |   |                                       |                                     |                                |
| 19    | for any federal, state, or local public officials                          | 0   | <del></del>                           | <del> </del>                        |                                |
| 20    | Conferences, conventions, and meetings Interest                            | 0   |                                       |                                     |                                |
| 21    | Payments to affiliates   | 1   |                                       |                                     | <del></del>                    |
| 22    | Depreciation, depletion, and amortization                                  | 4,400   | 0                                     | 4,400                               |                                |
| 23    | Insurance  | 7,700   | <u>_</u>                              | 7,700                               |                                |
| 24    | Other expenses Itemize expenses not covered                                |   |                                       |                                     |                                |
|       | above (List miscellaneous expenses in line 24e If                          | المناب |                                       |                                     |                                |
|       | line 24e amount exceeds 10% of line 25, column                             |   |                                       |                                     |                                |
|       | (A) amount, list line 24e expenses on Schedule O)                          |   |                                       |                                     |                                |
| а     | TELEPHONE  | 12,599  | 12,599                                |                                     |                                |
| b     | REHAB EXPENSES   | 21,675  | 21,675                                |                                     |                                |
| C     | BANK CHARGES   | 58  |                                       | 58                                  |                                |
| d     | CONTRACTUAL SERVICE  | 167,085   | 161,585                               | 5,500                               |                                |
| е     | All other expenses MISCELLANEOUS   | 2,400   |                                       |                                     |                                |
| 25_   | Total functional expenses. Add lines 1 through 24e                         | 302,376   | 264,173                               | 38,203                              | 0                              |
| 26    | Joint costs. Complete this line only if the                                |   |                                       |                                     |                                |
|       | organization reported in column (B) joint costs                            |   |                                       | }                                   |                                |
|       | from a combined educational campaign and                                   | }   |                                       |                                     |                                |
|       | fundraising solicitation Check here  | -   |                                       |                                     |                                |
|       | following SOP 98-2 (ASC 958-720)   | 1   | l                                     | ì                                   | I                              |

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 38,322 **-4**,487 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 0 4 Accounts receivable, net 1,709 4 O 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Assets organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 264,978 b Less accumulated depreciation 10b 161,611 107:767 10c 103.367 11 Investments-publicly traded securities 0 11 12 Investments—other securities See Part IV, line 11 ol 0 12 13 Investments—program-related See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 147.798 16 98,880 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 Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 169,787 Secured mortgages and notes payable to unrelated third parties 23 167.037 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 26 169,787 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets -21,989 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here 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 equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances -21,989 33 -68,157Total liabilities and net assets/fund balances 147,798 34 98,880

| Form 9  | 990.(2015) U-SNAP-BAC INCORPORATED   | 38-281      | 0323 | Page          | 12              |
|---------|--|-------------|------|---------------|-----------------|
| Part    | t XI Reconciliation of Net Assets  |             |      |               |                 |
|         | Check if Schedule O contains a response or note to any line in this Part XI.   |             |      |               | ]_              |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)  | 1           |      | 256,2         | 208             |
| 2       | Total expenses (must equal Part IX, column (A), line 25)   | 2           |      | 302,3         | 376             |
| 3       | Revenue less expenses Subtract line 2 from line 1  | 3           |      | -46,1         | 168             |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4           |      | -21,9         | <del>)</del> 89 |
| 5       | Net unrealized gains (losses) on investments   | 5           |      |               |                 |
| 6       | Donated services and use of facilities   | 6           |      |               |                 |
| 7       | Investment expenses  | 7           |      |               |                 |
| 8       | Prior period adjustments   | 8           |      |               |                 |
| 9       | Other changes in net assets or fund balances (explain in Schedule O)   | 9           |      |               |                 |
| 10      | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,  | } }         |      |               |                 |
|         | column (B))  | 10          |      | -68,1         | <u> 157</u>     |
| Part    | XII Financial Statements and Reporting   |             |      | r             | _               |
|         | Check if Schedule O contains a response or note to any line in this Part XII   |             |      | <u>. L</u>    |                 |
| 1<br>2a | Accounting method used to prepare the Form 990 CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? | <del></del> | 2a   |               | 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   |             |      |               |                 |
| þ       | Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  |             | 2b   |               | X               |
|         | Separate basis Consolidated basis Both consolidated and separate basis   | _           |      |               |                 |
| C       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?  | of          | 2c   |               |                 |
| 2-      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   |             |      |               |                 |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |             | 3a   | _             | <u>x</u>        |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |             | _    |               |                 |
|         | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |             | 3b   | 200           |                 |
|         | ,  |             | Form | <b>990</b> (2 | .015)           |

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

# **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

|     |                     |  |  |  |                          |                                      | - 1 1 1 T   |   |  |  |  |
|-----|---------------------|--|--|--|--------------------------|--------------------------------------|---|---|--|--|--|
|     |                     | e organization   |  |  |                          | 1                                    | Employer identification                           |   |  |  |  |
| _   | t I                 | BAC INCORPORATED  Reason for Public Chari  | ity Status (All are  | ionizations must so  | molete th                | (c part )                            | 38-28°  | 10323   |  |  |  |
|     | _                   |  |  |  |                          |                                      |   |   |  |  |  |
| 1   | ֟֞֟֟֟֟ <del>֟</del> | anization is not a private foundation because it is. (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |  |  |                          |                                      |   |   |  |  |  |
| 2   | Ħ                   | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))   |  |  |                          |                                      |   |   |  |  |  |
| 3   | Ħ                   | A hospital or a cooperative hos  |  |  |                          |                                      | ١   |   |  |  |  |
| 4   | H                   | A medical research organization  | ·  |  |                          |                                      |   | ter the   |  |  |  |
| 7   | <u> </u>            | hospital's name, city, and state   |  |  |                          |                                      |   |   |  |  |  |
| 5   |                     | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)                                |  |  |                          |                                      |   |   |  |  |  |
| 6   |                     | A federal, state, or local govern  | ment or governmen  | tal unit described in se   | ction 170                | (b)(1)(A)(                           | v).   |   |  |  |  |
| 7   | X                   | An organization that normally redescribed in section 170(b)(1)(  |  |  | m a gover                | nmental u                            | ınıt or from the genei                            | ral public                                      |  |  |  |
| 8   |                     | A community trust described in   | section 170(b)(1)(A  | A)(vi). (Complete Part   | II )                     |                                      |   |   |  |  |  |
| 9   |                     | An organization that normally re<br>receipts from activities related t<br>support from gross investment<br>acquired by the organization aff  | o its exempt function income and unrelate  | ns-subject to certain<br>ed business taxable in                                    | exceptions<br>come (less | s, and (2)<br>s section 5            | no more than 33 1/3<br>511 tax) from busine       | % of its  |  |  |  |
| 10  | $\Box$              | An organization organized and  |  |  |                          |                                      |   |   |  |  |  |
| 11  | Ħ                   | An organization organized and  | •  | •  | •                        |                                      |   | he purposes                                     |  |  |  |
| •   | لــا                | of one or more publicly support<br>Check the box in lines 11a thro   | ed organizations de  | scribed in section 509   | (a)(1) or s              | section 50                           | 9(a)(2). See section                              | n 509(a)(3).                                    |  |  |  |
| a   |                     | Type I. A supporting organization(s organization You must con Type II. A supporting organization   | s) the power to regunder to regunder in the power to regular to to reg | larly appoint or elect a tions A and B.  | majority o               | of the direc                         | ctors or trustees of th                           | ne supporting                                   |  |  |  |
| t   | ' '                 | control or management of the organization(s) You must c  | e supporting organi  | zation vested in the sa  |                          |                                      |   |   |  |  |  |
| c   |                     | Type ill functionally integral its supported organization(s)   |  |  |                          |                                      |   | rated with,                                     |  |  |  |
| c   |                     | Type III non-functionally in that is not functionally integr requirement (see instruction  | itegrated. A support ated. The organizat   | ting organization operation generally must sati                                    | ated in cor              | nection wibution red                 | rith its supported org<br>quirement and an att    |   |  |  |  |
| e   | ,                   | Check this box if the organiz functionally integrated, or Ty   | ation received a wr  | itten determination fror   | n the IRS                | that it is a                         |   | e III   |  |  |  |
| f   |                     | Enter the number of supported  | •  | my intograted dappoint   | 19 01 901 110            | 4.011                                |   | 0   |  |  |  |
| 9   |                     | Provide the following information  | n about the support  | ed organization(s)   |                          |                                      |   |   |  |  |  |
|     | (i)                 | Name of supported organization   | (iı) EIN   | (iii) Type of organization<br>(described on lines 1–9<br>above (see instructions)) | listed in you            | rganization<br>ir governing<br>nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |  |  |  |
|     |                     |  |  | <br>   | Yes                      | No                                   |   |   |  |  |  |
| (A) |                     |  |  |  |                          |                                      |   |   |  |  |  |
| (B) |                     |  |  | <del></del>  |                          |                                      |   | <del> </del>                                    |  |  |  |
| (C) |                     |  |  |  | <del> </del>             | <del></del>                          |   | <del></del>                                     |  |  |  |
|     |                     |  |  |  |                          |                                      |   |   |  |  |  |
| (D) |                     |  |  |  |                          |                                      |   |   |  |  |  |
| (E) |                     |  |  |  |                          |                                      |   |   |  |  |  |
|     |                     | · · · · · · · · · · · · · · · · · · ·  |  |  |                          |                                      |   |   |  |  |  |

instructions

### 38-2810323 Schedule A (Form 990 or 990-EZ) 2015 U-SNAP-BAC INCORPORATED Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2015 (a) 2011 **(b)** 2012 (d) 2014 (f) Total (c) 2013 1 Gifts, grants, contributions, and membership fees received (Do not 1.700.993 include any "unusual grants") 446.947 333,796 355.924 326.915 237,411 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1.700.993 Total. Add lines 1 through 3 446.947 333.796 355.924 326,915 237,411 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) 1,700,993 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 446.947 333,796 355,924 326,915 237.411 1,700,993 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 85,121 126,776 4.588 4 476 13.794 18,797 11 Total support. Add lines 7 through 10 1.827.769 12 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 93 06% Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 93 34% 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

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

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

38-2810323 Schedule A (Form 990 or 990-EZ) 2015 U-SNAP-BAC INCORPORATED 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.) Section A. Public Support (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receints from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2013 (f) Total (b) 2012 (d) 2014 (e) 2015 Calendar year (or fiscal year beginning in) (a) 2011 0 n 0 0 0 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, 0 rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 o 0 0 O<sup>′</sup> O c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, 0 and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 0 00% Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 0 00% 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 0.00% Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 0 00% Investment income percentage from 2014 Schedule A, Part III, line 17

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

38-2810323

### 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

- 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
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 )

| _ |           | Yes      | No            |
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U-SNAP-BAC INCORPORATED

| Part | Supporting Organizations (continued)   | 1,7, 1,7          |
|------|--|-------------------|
| 4.4  | New the agree of the state of t | 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               |
| þ    | A family member of a person described in (a) above?  | 11b               |
| C    | 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               |
| Sect | on B. Type I Supporting Organizations  | TV N-             |
|      |  | Yes No            |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to  |                   |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |                   |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |                   |
|      | controlled the organization's activities. If the organization had more than one supported organization,  |                   |
|      | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |                   |
|      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year  | 1                 |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported  |                   |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |                   |
|      | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |                   |
|      | supervised, or controlled the supporting organization  | 2                 |
| Sect | on 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                 |
| Sect | on D. All Type III Supporting Organizations  | <del></del>       |
|      |  | 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 Part VI the role the organization's   |                   |
|      | supported organizations played in this regard  | 3                 |
| Sect | on E. Type III Functionally-Integrated Supporting Organizations  |                   |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in  | structions)       |
| а    | The organization satisfied the Activities Test Complete line 2 below   |                   |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below   |                   |
| С    | The organization supported a governmental entity Describe in Part VI how you supported a government entity (s  | see instructions) |
|      |  | <del></del>       |
| 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                |
| 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 Part VI the role played by the organization in this regard   | 3b                |

5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 2 Recovenes of prior-year distributions 3 3 Other gross income (see instructions) 0 0 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 0 0 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 0 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 0 0 6 Multiply line 5 by 035 6 0 0 7 Recovenes of prior-year distributions 7 0 0 8 0 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 0 0 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 0 4 Enter greater of line 2 or line 3 0 5

| Check here if the current year is the organization's first as a non-functionally-integrated | Type III supporting or | ganization (see |
|---|------------------------|-----------------|
| instructions).  |                        |                 |

| Part     | Type III Non-Functionally Integrated 509(a)(3  | ) Supporting Organi         | zations (continuea)  |   |  |  |  |
|----------|--|-----------------------------|--|---|--|--|--|
| Section  | Section D - Distributions  |                             |  |   |  |  |  |
| <u> </u> | Amounts paid to supported organizations to accomplish exe  | empt purposes               |  |   |  |  |  |
| 2        | Amounts paid to perform activity that directly furthers exempt   | ot purposes of supported    | 1  |   |  |  |  |
|          | organizations, in excess of income from activity   |                             |  |   |  |  |  |
| 3        | Administrative expenses paid to accomplish exempt purpos   | es of supported organiza    | ations   |   |  |  |  |
| 4        | Amounts paid to acquire exempt-use assets  |                             |  |   |  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required)  |                             |  |   |  |  |  |
| 6        | Other distributions (describe in Part VI) See instructions   |                             |  |   |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6  |                             |  | 0   |  |  |  |
| 8        | Distributions to attentive supported organizations to which the  | he organization is respor   | nsive  |   |  |  |  |
|          | (provide details in Part VI) See instructions  |                             |  |   |  |  |  |
| 9        | Distributable amount for 2015 from Section C, line 6   |                             |  | 0   |  |  |  |
| _10      | Line 8 amount divided by Line 9 amount   |                             |  | 0 000                                     |  |  |  |
| s        | ection E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015   | (iii)<br>Distributable<br>Amount for 2015 |  |  |  |
| _1_      | Distributable amount for 2015 from Section C, line 6   |                             | 明治 かままで できる はっちょう  | 0   |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2015  |                             |  |   |  |  |  |
|          | (reasonable cause required-see instructions)   |                             | and the particular of the second of the seco |   |  |  |  |
| 3        | Excess distributions carryover, if any, to 2015  |                             |  |   |  |  |  |
| a        | Sale of the Control o |                             | <i>विक्रिक्त स्वयुक्त हैं हैं।</i>   |   |  |  |  |
| b        |  |                             |  |   |  |  |  |
| <u>C</u> | c Resident and the second seco |                             |  |   |  |  |  |
| d        | - No. 1971 - 197 |                             |  |   |  |  |  |
| ее       | From 2014 0  |                             |  |   |  |  |  |
| f        | Total of lines 3a through e  | 0                           | The state of the s |   |  |  |  |
| g        | Applied to underdistributions of prior years   |                             | 0  |   |  |  |  |
| <u>h</u> | Applied to 2015 distributable amount   |                             |  | 0   |  |  |  |
| i        | Carryover from 2010 not applied (see instructions)   |                             |  |   |  |  |  |
| L        | Remainder Subtract lines 3g, 3h, and 3i from 3f  | 0                           |  |   |  |  |  |
| 4        | Distributions for 2015 from Section  |                             |  |   |  |  |  |
|          | D, line 7 \$ 0   |                             |  | 3   |  |  |  |
| a        |  |                             | 0  |   |  |  |  |
| <u>b</u> | Applied to 2015 distributable amount   |                             |  | 0   |  |  |  |
| <u>C</u> | Remainder Subtract lines 4a and 4b from 4  | 0                           | The second secon |   |  |  |  |
| 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)   |                             | 0  |   |  |  |  |
| 6        | Remaining underdistributions for 2015 Subtract lines 3h  |                             |  |   |  |  |  |
|          | and 4b from line 1 (if amount greater than zero, see   |                             |  |   |  |  |  |
|          | Instructions)  Excess distributions carryover to 2016. Add lines 3   | 0                           |  |   |  |  |  |
| 7        |  |                             |  |   |  |  |  |
|          |  |                             |  |   |  |  |  |
| 8        |  |                             |  |   |  |  |  |
| a        |  |                             |  |   |  |  |  |
| b        |  |                             |  |   |  |  |  |
| <u>c</u> | Excess from 2013 0   |                             |  |   |  |  |  |
| <u>d</u> | Excess from 2014 0   |                             |  |   |  |  |  |
| е        | Excess from 2015 0   |                             |  |   |  |  |  |

| Schedule A (Fo | om 990 or 990-EZ) 2015 U-SNAP-BAC INCORPORATED   | 38-2810323   | Page 8 |
|----------------|--|--------------|--------|
| Part VI        | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or        |              |        |
|                |  |              |        |
|                | JII, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, |              |        |
| •              | B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines   |              |        |
|                | 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V,     | Section E.   |        |
|                | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)               | •            |        |
|                | ines 2, 3, and 6 Also complete this part for any additional information (See instructions.)                  |              |        |
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### **SCHEDULE D** (Form 990)

OMB No 1545-0047

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.

Department of the Treasury internal Revenue Service

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

Open to Public Inspection

| Name of the organization   | Employer identification number          |
|--|---|
| U-SNAP-BAC INCORPORATED  | 38-2810323                              |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar F                              | unds or Accounts.                       |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 6                             |   |
| (a) Donor advised funds  | (b) Funds and other accounts            |
| 1 Total number at end of year  |   |
| 2 Aggregate value of contributions to (during year)  |   |
| 3 Aggregate value of grants from (during year)   | <del></del>                             |
| 4 Aggregate value at end of year   | <del></del>                             |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in       | dopor advised                           |
| funds 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 t       |   |
| used only for charitable purposes and not for the benefit of the donor or donor advisor, or          |   |
| purpose conferring impermissible private benefit?  | Yes No                                  |
|  | res 100                                 |
| Part II Conservation Easements.  | _                                       |
| Complete if the organization answered "Yes" on Form 990, Part IV, line                               | /                                       |
| 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)                                  | of a historically important land area   |
| Protection of natural habitat Preservation   | of a certified historic structure       |
| Preservation of open space   |   |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution        | n in the form of a conservation         |
| easement on the last day of the tax year   | Held at the End of the Tax Year         |
| a Total number of conservation easements   | 2a                                      |
| b Total acreage restricted by conservation easements   | 2b                                      |
| c Number of conservation easements on a certified historic structure included in (a)                 | 2c                                      |
| d 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 term            |   |
| the tax year   | mated by the organization daring        |
| 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 |   |
|  | sometration decembrate daming the year  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing consi | ervation easements during the year      |
| ► \$   | orvason oacomente armig the year        |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of            | of section 170(h)(4)(B)(i)              |
| and section 170(h)(4)(B)(ii)?  | Yes No                                  |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue          |   |
| balance sheet, and include, if applicable, the text of the footnote to the organization's final      | •                                       |
| the organization's accounting for conservation easements   |   |
| Part III Organizations Maintaining Collections of Art, Historical Treasures,                         | or Other Similar Assets.                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line                               |   |
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re       |   |
| works of art, historical treasures, or other similar assets held for public exhibition, educati      |   |
| of public service, provide, in Part XIII, the text of the footnote to its financial statements the   | -                                       |
|  |   |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever         |   |
| works of art, historical treasures, or other similar assets held for public exhibition, educati      | ion, or research in lumnerance          |
| of public service, provide the following amounts relating to these items                             | <b>.</b>                                |
| (i) Revenue included on Form 990, Part VIII, line 1  | <b>3</b>                                |
| (ii) Assets included in Form 990, Part X   | <b>P</b> 3                              |
| 2 If the organization received or held works of art, historical treasures, or other similar asset    | _ · · · · · · · · · · · · · · · · · · · |
| following amounts required to be reported under SFAS 116 (ASC 958) relating to these if              | tems                                    |
| a Revenue included on Form 990, Part VIII, line 1  | <b>-</b> \$                             |

| Part | Organizations Maintaining C  | ollections of A     | Art, Histo   | rical Tr     | easures, or              | <u>. Other</u> | <u>r Similar Asse</u> | ets (continu | red)        |
|------|--|---------------------|--------------|--------------|--------------------------|----------------|-----------------------|--------------|-------------|
| 3    | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its |                     |              |              |                          |                |                       |              |             |
|      | collection items (check all that apply)  |                     |              |              |                          |                |                       |              |             |
| а    | Public exhibition  |                     | d            | Loan o       | or exchange p            | program        | ıs                    |              |             |
| þ    | Scholarly research   |                     | е 🗌          | Other        |                          |                |                       |              |             |
| C    | Preservation for future generations  | i                   |              |              |                          |                |                       |              |             |
| 4    | Provide a description of the organization's XIII   | s collections and   | explain ho   | w they fu    | rther the orga           | anızatıoı      | n's exempt purpo      | ose in Part  |             |
| 5    | During the year, did the organization solid assets to be sold to raise funds rather that   |                     |              |              |                          |                |                       | Yes          | No          |
|      |  |                     | as part      | - I'le org   | anization s G            |                | <del></del>           | 103          |             |
| Part | IV Escrow and Custodial Arrange Complete if the organization are   |                     | on Form      | 000 Ba       | rt IV/ line O            | 05 500         | orted an amou         | int on Form  |             |
|      | 990, Part X, line 21.  | iswered res         | on Form      | 990, Fa      | itiv, mie 9,             | or rep         | orted an amot         | in Ciri Ciri | 1           |
| 1a   | <del></del>  | todion or other int | tormodian    | for contr    | ibitions or of           | hor see        | oté not               |              |             |
| 14   | is the organization an agent, trustee, cust included on Form 990, Part X?  | todian or other in  | emediary     | / IOI COITU  | ibulions or ot           | 1161 055       | ets not               | Yes          | No          |
| b    | If "Yes," explain the arrangement in Part  | XIII and complete   | the follow   | vina table   | •                        | •              |                       |              |             |
|      | in res, explain the arrangement in rait.   | Am and complete     |              | ving table   |                          |                | 7                     | Amount       |             |
| С    | Beginning balance  |                     |              |              |                          | 1c             |                       |              | 0           |
| d    | Additions during the year  |                     |              |              |                          | 1d             | <del></del>           |              | <del></del> |
| e    | Distributions during the year  |                     |              |              | ·                        | 1e             | <del></del>           |              |             |
| f    | Ending balance   |                     |              |              |                          | 1f             |                       |              | 0           |
| 2a   | Did the organization include an amount o   | n Form 990 Part     | Y line 21    | for escr     | ow or custodi            | عا عددان       | unt liability?        | Yes          | X No        |
|      | <del>-</del>   |                     |              |              |                          |                | -                     | ا دی ا       | ≅ '''       |
| ь    | If "Yes," explain the arrangement in Part  | XIII Check here i   | tine expia   | anauon na    | as been provi            | ded on         | Pail Aili             |              |             |
| Part |  | 1.157 11            | _            | 000 5        |                          |                |                       |              |             |
|      | Complete if the organization ai  |                     |              |              |                          |                |                       |              |             |
|      |  | (a) Current year    | (b) Pric     |              | (c) Two years            |                | (d) Three years back  | (e) Four ye  | ears back   |
| 1a   | Beginning of year balance  | 0                   |              | 0            |                          | 0              |                       | <del></del>  |             |
| þ    | Contributions  |                     |              |              |                          |                |                       | <del></del>  |             |
| С    | Net investment earnings, gains,  |                     |              |              |                          |                | ~                     |              |             |
|      | and losses   |                     |              |              | <del></del>              |                |                       | <del></del>  |             |
| d    | Grants or scholarships   |                     |              |              | <del></del>              |                |                       | <del></del>  |             |
| е    | Other expenditures for facilities  |                     |              |              |                          | 1              |                       | l            |             |
| _    | and programs   |                     |              |              | L                        |                |                       |              |             |
| Ţ    | Administrative expenses .  |                     |              |              |                          |                | <del></del>           |              |             |
| g    | End of year balance  | 0                   |              | 0            | ( (-)\ h - l             | 0              |                       | 0]           |             |
| 2    | Provide the estimated percentage of the  | current year end    |              | ine ig, co   | iumn (a)) nei            | o as           |                       |              |             |
| a    | Board designated or quasi-endowment  Permanent endowment   | D/                  | %_           |              |                          |                |                       |              |             |
| b    |  |                     |              |              |                          |                |                       |              |             |
| С    | Temporanily restricted endowment  The percentages on lines 2a, 2b, and 2c  |                     | 10/          |              |                          |                |                       |              |             |
| 3a   | Are there endowment funds not in the po  | •                   |              | n that are   | hold and adr             | nunctor        | ad for the            |              |             |
| Ja   | organization by  | ssession of the of  | i gariizatio | ii tiiat are | neid and adi             | 1111115161     | ed for the            | Ϋ́є          | s No        |
|      | (i) unrelated organizations  |                     |              |              |                          |                |                       | 3a(i)        | 3 /10       |
|      | (ii) related organizations   |                     |              |              |                          |                |                       | 3a(ii)       |             |
| b    | If "Yes" on line 3a(ii), are the related orga  | anizations listed a | כ נסמווונסנ  | ion Sche     | dule R2                  |                |                       | 3b           |             |
| 4    | Describe in Part XIII the intended uses of   |                     |              |              |                          |                |                       |              |             |
| Part |  |                     | 3 CHOOWI     | ient iung.   |                          |                |                       |              |             |
|      | Complete if the organization a   |                     | on Form      | 990 Pa       | rt IV kne 1              | 1a See         | - Form 990 P          | art X line 1 | 10          |
|      |  |                     |              |              |                          |                | Accumulated           | (d) Book     |             |
|      | Description of property  | (a) Cost or oth     | 1            |              | st or other<br>s (other) |                | epreciation           | (a) book     | value       |
| 1a   | Land   |                     | 0            |              |                          |                |                       |              |             |
| b    | Buildings .  | <del> </del>        | 0            |              | 172,515                  |                | 69,148                |              | 103,367     |
| C    | Leasehold improvements   | <del> </del>        |              |              | 15,458                   | <del></del>    | 15,458                |              | , 55,551    |
| d    | Equipment  | <del> </del>        |              | <del></del>  | 77,005                   | <u> </u>       | 77,005                |              |             |
| e    | Other  |                     | 0            |              | 000,                     | <del></del>    | 71,000                |              |             |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

103,367

**>** 

| ,                 | Complete if the organization                                     |                                       | m 990, Part                 | IV, line 11b. See For  | m 990, Part X, line 12  |
|-------------------|--|---------------------------------------|-----------------------------|--|-------------------------|
| ' (a)             | Description of security or category (including name of security) | (b) Book value                        |                             | (c) Method of val<br>Cost or end-of-year n   | iuation                 |
| (1) Financial of  | denvatives   |                                       | 0                           |  |                         |
|                   | eld equity interests   |                                       | 0                           |  |                         |
|                   |  |                                       |                             |  |                         |
|                   |  |                                       |                             |  |                         |
|                   |  |                                       | <del></del>                 |  |                         |
| (C)               |  |                                       | <del>}</del> -              |  |                         |
| (D)               |  |                                       |                             | <del></del>  |                         |
| (E)<br>(F)        |  |                                       |                             | <del></del>  |                         |
| (G)               |  |                                       | <del></del>                 | <del> </del>   |                         |
| (H)               |  |                                       |                             | <del></del>  |                         |
|                   | must equal Form 990, Part X, col (B) line 12)                    | <b>&gt;</b>                           | 0                           |  |                         |
| Part VIII         | Investments—Program R  | elated.                               |                             |  |                         |
|                   | Complete if the organizatio                                      |                                       | m 990, Parl                 | IV, line 11c. See Fori   | m 990, Part X, line 13. |
|                   | (a) Description of investment                                    | (b) Book value                        |                             | (c) Method of va<br>Cost or end-of-year n  |                         |
| _ (1)             |  |                                       |                             |  |                         |
| (2)               |  |                                       |                             |  |                         |
| (3)               | <del> </del>   |                                       |                             |  |                         |
| _(4)              |  |                                       |                             |  |                         |
| (5)               |  |                                       |                             |  |                         |
| (6)               |  |                                       |                             | <del></del>  |                         |
| (7)               |  |                                       |                             |  |                         |
| (8)               |  | <del></del>                           |                             | <del></del>  | <del></del>             |
|                   | must equal Form 990, Part X, col. (B) line 13.)                  | <b>-</b>                              | 0                           |  |                         |
| Part IX           | Other Assets. Complete if the organizatio                        | n answered "Yes" on For               |                             | : IV line 11d See For  | m 990 Part X line 15    |
|                   | COMPLETE II THE OF GRANZAGE                                      | (a) Description                       | 000, . 0.                   | 111, 11110 114. 000 1 01   | (b) Book value          |
| (1)               |  | <del> </del>                          |                             |  |                         |
| (2)               |  |                                       |                             |  |                         |
| (3)               |  |                                       |                             |  |                         |
| (4)               |  |                                       | <del> </del>                |  |                         |
| (5)               |  |                                       |                             | · · · · · · · · · · · · · · · · · · ·  |                         |
| (6)               |  |                                       |                             | <del></del>  | <del></del>             |
|                   |  |                                       |                             |  |                         |
| (8)               | <del></del>  | <del></del>                           |                             |  |                         |
| (9)               | nn (b) must equal Form 990, Part                                 | V col (B) (no 15)                     | <del></del>                 | <b></b>  | 0                       |
| Part X            | Other Liabilities.   | X, COL (B) IIIIe 13)                  |                             |  | <u> </u>                |
| raitA             | Complete if the organization                                     | n answered "Yes" on For               | m 990, Par                  | t IV, line 11e or 11f. S   | ee Form 990, Part X,    |
| <del></del>       | line 25.   |                                       | Constitution of the last of |  |                         |
| 1. (1) Fodoral    | (a) Description of liability Income taxes                        | (b) Book value                        | 0                           |  |                         |
| (2)               | income taxes   | <del></del>                           |                             |  |                         |
| (3)               |  |                                       |                             |  |                         |
| (4)               | <del></del>  |                                       |                             |  |                         |
| (5)               |  | · · · · · · · · · · · · · · · · · · · |                             |  |                         |
| (6)               | <del></del>  |                                       |                             |  |                         |
| (7)               |  |                                       |                             | The same of the sa |                         |
| (8)               |  |                                       |                             |  |                         |
| (9)               |  |                                       |                             |  |                         |
|                   | nust equal Form 990, Part X, col. (B) line 25.)                  | <b>&gt;</b>                           | 0                           |  |                         |
| 2 Liability for i | uncertain tax positions. In Part XIII i                          | arouide the text of the footnote:     | to the organiz              | ation's financial statements   | that reports the        |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Par   |  |                            | nue per Return.   |          |
|-------|--|----------------------------|-------------------|----------|
|       | Complete if the organization answered "Yes" on Form 9                          | 990, Part IV, line 12a.    |                   |          |
| 1     | ·Total revenue, gains, and other support per audited financial statements      |                            | 1                 |          |
| 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                         |                   |          |
| С     | Recoveries of prior year grants  | 2c                         |                   |          |
| d     | Other (Describe in Part XIII )   | 2d                         |                   |          |
| е     | Add lines 2a through 2d  | <del></del>                | 2e                | 0        |
| 3     | Subtract line 2e from line 1   |                            | 3                 | 0        |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |                            |                   |          |
| a     | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                         |                   |          |
| b     | Other (Describe in Part XIII )   | 4b                         |                   |          |
| c     | Add lines 4a and 4b  | L                          | 4c                | 0        |
| 5     | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line      | a 12 )                     | 5                 | 0        |
|       | Reconciliation of Expenses per Audited Financial S                             |                            |                   | <u>~</u> |
| Fai   | Complete if the organization answered "Yes" on Form S                          |                            | enses her verain. |          |
|       | <del></del>  | 990, Part IV, IIIIe 12a_   |                   |          |
| 1     | Total expenses and losses per audited financial statements                     |                            | 1                 |          |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25               |                            |                   |          |
| a     | Donated services and use of facilities   | 2a                         |                   |          |
| b     | Prior year adjustments .   | 2b                         |                   |          |
| C     | Other losses .   | 2c                         |                   |          |
| ď     | Other (Describe in Part XIII ) .   | 2d                         |                   |          |
| е     | Add lines 2a through 2d  |                            | 2e                | 0        |
| 3     | Subtract line 2e from line 1   | 1 1                        | 3                 | 0        |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1              | 1                          |                   |          |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                         |                   |          |
| b     | Other (Describe in Part XIII.)   | 4b                         |                   |          |
| C     | Add lines 4a and 4b  |                            | 4c                | 0        |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III     | ne 18)                     | 5                 | 0        |
| Par   | XIII Supplemental Information.   |                            |                   |          |
| 2, Pa | ort XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pai | rt to provide any addition | al information    |          |
|       | ·  |                            |                   |          |
|       |  |                            |                   |          |
|       |  | ,<br>                      |                   |          |
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|       |  |                            |                   |          |

| Schedule D (Form 990) 2015 | U-SNAP-BAC INCORPORATED         | 38-2810323 | Page 5 |
|----------------------------|---------------------------------|------------|--------|
| Part XIII Supple           | emental Information (continued) |            |        |
|                            |                                 |            |        |
| •                          |                                 |            |        |
| 1                          |                                 |            |        |
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| U-SNAP-BAC INCORPORATED   | 38-2810323                        |
|---|-----------------------------------|
| Form 990, Part VI, Section B, Line 11 THE ACCOUNTANT PREPARES THE FO  | ORM 990 AND SUBMITS TO THE        |
| EXECUTIVE DIRECTOR FOR REVIEW, IF NO CHANGES ARE REQUIRED EX          | ECUTIVE DIRECTOR WILL PRESENT THE |
| FORM TO THE BOARD ONCE THE BOARD APPROVES IT, THE EXECUTIVE           | DIRECTOR WILL SIGN AND MAIL IT TO |
| THE INTERNAL REVENUE SERVICE CENTER.                                  |                                   |
| Form 990, Part VI, Section B, Line 12 THE ORGANIZATION REGUARLY AND   | CONSISTENTLY MONITOR AND          |
| ENFORCE COMPLIANCE WITH REGARD TO CONFLICT OF INTEREST POLI           | CY AND REQUEST FROM THE BOARD     |
| MEMBERS TO DISCLOSE IF ANY ARISES                                     |                                   |
| Form 990, Part VI, Section B, Line 15 THE DETERMINATION OF THE EXECUT | IVE DIRECTOR AND KEY              |
| EMPLOYEES COMPENSATIONS ARE SET BY THE BOARD MEMBERS                  |                                   |
| Form 990, Part VI, Section C, Line 19 THE ORGANIZATION MAKES ITS GOVE | RNING DOCUMENTS,                  |
| FINANCIAL INFORMATION AND CONFLICT OF INTEREST POLICY AVAILABI        | LE TO THE PUBLIC UPON REQUEST     |
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| Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization | Page Z Employer identification number |
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| U-SNAP-BAC INCORPORATED  | 38-2810323                            |
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