Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

A	For th	ne 2017 calen	ndar year, or tax year beginning and ending							
В	Check	ıf applicable	C Name of organization WRL Employee Foundation	D Employer identification number						
	Addres	ss change	Doing business as	47-3468336						
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number						
\sqcap	Initial r	return	3131 Las Vegas Boulevard South	(702) 770-7588						
\sqcap	Final ret	um/terminated	City or town, state or province, country, and ZIP or foreign postal code							
Ħ	Ameno	ded return	Las Vegas, NV 89109	G Gross receipts \$ 500,547.						
Ħ	Applicati	ion pending		a) Is this a group return for subordinates? Yes X No						
			la care de	o) Are all subordinates included? Yes No						
l T	2Y-6Y6	mpt status	X 501(c)(3)	If "No," attach a list (see instructions)						
				c) Group exemption number						
		organization	X Corporation Trust Association Other ▶ L Year of formation 201							
		Summa		.5 Im detail of regard definition MV						
			ribe the organization's mission or most significant activities							
			ynn Employee Foundation raises funds from empl	overs and fosters						
Governance			teerism among team members giving back where i							
r a										
ve Ve	1		box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net	1 1						
	l		voting members of the governing body (Part VI, line 1a)	3						
حق دن	ı		ndependent voting members of the governing body (Part VI, line 1b)	- 4 0						
Activities &	l .		er of individuals employed in calendar year 2017 (Part V, line 2a)	. 5 0						
훓	ı		er of volunteers (estimate if necessary)	6 1583						
ď	7a	Total unrela	ted business revenue from Part VIII, column (C), line 12	. 7a 0.						
	b	Net unrelate	ad business taxable income from Form 990-T, line 34	7ь О.						
	ŀ		Pnor Yea							
	8	Contribution	is and grants (Part VIII, line 1h)	9,940. 500,547.						
Revenue	9	Program se								
ver	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									
æ	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .							
	12	Total revenu		<u>9,940.</u> 500,547.						
-	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	1,458. 355,787.						
	14	Benefits par								
	15	Salanes, oth								
Expenses	16a	Professiona	al fundraising fees (Part IX, column (A), line 11e)							
)en	1		aising expenses (Part IX, column (D), line 25)							
Ä			nses (Part IX, column (A), lines 11a-11d, 11f-24e)							
		•		1,458. 355,787.						
	19	Revenue les		,482. 144,760.						
	1 —	110101100100	Beginning of Cur	···						
ets or lances	20	Total assets		3,166. 220,926.						
Asse	21		es (Part X, line 26)	220,320.						
Net Ass Fund Ba	22	Not accete	or fund balances Subtract line 21 from tine 29	5,166. 220,926.						
	art II	Signatu	ure Block	220,320.						
			ury, I declare that I have examined this return, including accompanying schedules and statements, and to the	the best of my knowledge and belief it is						
			lete. Declaration of preparer (either than officer) is based on all information of which preparer has any know							
	e, corre	ect, and comp	leter Declaration of preparer (soller than officer) is based on an information of which preparer has any know	11-08-2018						
e:	an	Signatur	re of officer Da	rate						
	gn	•								
TI (ere		esa Diequez, Treasurer print name and title							
	L		nt/Type preparer's name Preparer's signature Date	Check T if PTIN						
	aid	1	iv type preparer a name Preparer a signature Date	Check if PTIN self-employed						
	epar	į.								
U	se Oı	- 1		Firm's EIN 🕨						
		Firm's a	address ▶ P	Phone no						
May	the IF	RS discuss t	his return with the preparer shown above? (see instructions)	Yes No						

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

orm s	990 (2017) WRL Employee Foundation	47-34	468336	Page 2
Par	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>	X
1	Bnefly describe the organization's mission See Schedule 0			
	See Schedule O			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes [X No
3	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_	Yes [X No
	If "Yes," describe these changes on Schedule O	-		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers,		
	the total expenses, and revenue, if any, for each program service reported			
_	(2) (5) (6) (6) (7) (7) (7) (8) (8) (8)			
4a	(Code) (Expenses \$ 355,787. including grants of \$ 355,787.) (Revenue \$) The Wynn Employee Foundation made donations to 129 charits	ahle		_)
	organizations and certain individuals during 2017. The de		ons we	re
	made to individuals that needed assistance and to charital		J.1.0 W.C.	
	organizations that make the maximum impact on the community		where	
	Wynn Resorts and its employees have made their home.			
	the same of the sa			
			•	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$			_)
			-	

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		·)
A -1	Other program consect (Decembe in Schodule C.)			
4 d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$,		
- <u></u>	Total program service expenses		355,	787
JYA			Form 99	

Form 990 (2017) WRL Employee Foundation
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_	_ X	
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				v
	candidates for public office? If "Yes," complete Schedule C, Part I	• •	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				v
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	• • •	4		<u> </u>
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		5		x
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		3		
•	in the second of				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? # "Yes," complete Schedule D, Part I "Yes," complete Schedule D, Part I		6	ļ	X
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			\neg	
-	complete Schedule D, Part III		8	:	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		Х
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		<u>X</u>
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		<u> X</u>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		X
d	· · · · · · · · · · · · · · · · · · ·				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	•	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				.,
	Schedule D, Parts XI and XII	•	12a		Х
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		12b		X
15	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	•	14a		$\frac{\mathbf{x}}{\mathbf{x}}$
b b	Did the organization maintain an office, employees, or agents obtained the ormed states. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	•	144		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			`	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	•			
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
-	assessment to be for foreign and reducible 2. If Man II complete School III F. Dorto III and IV		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			\neg	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		Х
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		<u> </u>
IVA			Eam	npp,	/2017\

Part IV Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х 23 employees? If "Yes," complete Schedule J . . 24 a 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 X 245 through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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 pnor Forms 990 or 990-EZ? Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV . c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, 32 X . . 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV. and Part V. line 1 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes,", complete Schedule R, Part V, line 2 36 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, Х 37 Part VI . . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note. All Form 990 filers are required to complete Schedule O

Part					_
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>	
			- 157	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	_ 0 [[]	12 1 4 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	_ O		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		30.020
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return .	2a	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ا المالية الما المالية المالية المالي	الما الما
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		. 3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	/			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		. 4a		X
b	If "Yes," enter the name of the foreign country:			MA	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts ,			
	(FBAR)				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	: .	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		<u> </u>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6 a	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		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		. 6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		İ		
	required to file Form 8282?		7с		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0 564		3 mm 2 mm
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required? .	7g		<u>X</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			فلنفت	101-1
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter			1.54, 4	िहारूष ५ डिन्हुक
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
11	Section 501(c)(12) organizations. Enter			, Fall (1) - 1 	
а	Gross income from members or shareholders	11a			12017
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11Ь			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12Ь	edinen in my		731
13	Section 501(c)(29) qualified nonprofit health insurance issuers			A WELL	rijanski Tobs
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O		15 TO 15	1	4.4
b	Enter the amount of reserves the organization is required to maintain by the states in which		1,8,7,12		
	the organization is licensed to issue qualified health plans	13b		14 5	MA
С	Enter the amount of reserves on hand	13c			្រុកឡើ
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		. 14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
UYA			For	n 990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . X 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Nο X 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X describe in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? . 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. . 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 ▶ (702) 770 − 7588 20 Teresa Dieguez 3131 Las Vegas Boulevard South Las Vegas, NV 89109

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Form 990 (2017)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definintion 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

T Check this box in heither the organization is	loi arry reia	Tea o	iyai			COM	Jeii	Saled any cun	ent onicer, une	T Tustee	
(A)	(C)							(D)	(E)	(F)	
(A) Name and Title	Average	Position (do not check more than one					Reportable	Reportable	Estimated		
Name and The	hours per	, ·				is both		compensation	compensation from	amount of	
	week (list any					or/truste		from	related	other	
	hours for		T .					the	organizations	compensation	
	related	합성	TS E	Officer	ey	필호	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	Individual or director	tio	۳ ا	ğξ	oyee	ě.	(W-2/1099-MISC)		organization	
	line)	~ =	nal t		Key employee	l w ön				and related organizations	
		Individual trustee or director	Institutional trustee		ñ	Pen				organizations	
			#			Highest compensated employee		ļ			
			ļ			<u> </u>					
(1) Maurice Wooden	2										
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(2) Kimmarie Sinatra	2						1				
Secretary	<u> </u>	X	ļ	X	<u> </u>	<u> </u>			ļ		
(3) Teresa Dieguez	2				ļ						
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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Emj	ploy	/ee	s, a	nd Hi	ghe	est Compensa	ted Employee	es (continu	ed)	
				(C	>)							
(A)	(B)			Posi				(D)	(E) Reportable compensation from		(F)	
Name and title	Average	l '				than o		Reportable		1	stimate nount	
	hours per week (list any	4	box, unless person i					compensation from	related	. "	other	0.
	nours for			_	_	or/truste		the	organizations		pensa	
	related organizations	r dir	nstitu	Officer	e (e)	mpto	Former	organization	(W-2/1099-MISC)	1	rom the janizati	
	below dotted	dividual of	tion	٦	夏	st co	=	(W-2/1099-MISC)		-	d relat	
	line)	Individual trustee or director	al tro		Key employee) mp				org	anızatı	ons
		60	Institutional trustee			Highest compensated employee						
						ted.				<u> </u>		
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(25)	 	-										
1b Sub-total	<u> </u>	<u> </u>	Ц	L	L		•	 		 		
c Total from continuation sheets to Pa	art VII, Sec	tion A	A				•					
2 Total number of individuals (including	but not limi	ted to	the	se	liste	ed abo	ove)	who received	more than \$10	0,000 of		
reportable compensation from the orga	anization 🕨	•										
										_	<u> </u>	es No
3 Did the organization list any former office employee on line 1a? If "Yes," comple								e, or nignest c	ompensateo	. 3	-	
4 For any individual listed on line 1a, is the								nd other comp	ensation from		+	<u> </u>
organization and related organizations g											1	1
ındıvidual										4		×
5 Did any person listed on line 1a receive	or accrue c	ompe	nsa	itior	n fro	m an	y ur	nrelated organi	zation or indivi	dual		
for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hea	lule J	for	such person	· · · · · · · · · · · · · · · · · · ·	. 5		<u> </u>
Section B. Independent Contractors										400 000		
Complete this table for your five highest compensation from the organization. Re	compensation port compe	ted in ensati	dep on f	end or t	ent he d	contr	acto dar y	ors that receive year ending wi	ed more than \$ th or within the	organiza	or ation'	s
tax year (A)							1	(B)			(C)	
Name and business address								Description of	services	Comp	ensat	ion
							╁		-			
							╁					
							 					
							T					
2 Total number of independent contractors	s (including	but n	ot l	ımıt	ed t	o tho	se I	isted above) w	ho			
received more than \$100,000 of comper	sation from	n the	orga	anız	atio	n▶						

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns b Membership dues 1b 1c c Fundraising events 1ત d Related organizations e Government grants (contributions) . 1e All other contributions, gifts, grants, J-har and similar amounts not included above. . 500,547 57,329 g Noncash contributions included in lines 1a-1t \$ 500,547 h Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines.2a-2f Investment income (including dividends, interest, and other similar amounts) income from investment of tax-exempt bond proceeds -Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses c _Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d) Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$_ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d . 500,547 Total revenue. See instructions

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co		auons must complete t	Journa (A)						
Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, 8b, 9b,	Total expenses	Program service	Management and	Fundraising					
	Ob of Part VIII.		expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	340,787.	340,787.							
2	Grants and other assistance to domestic	340,787.	340,707.	West of the second of the seco						
_	Individuals See Part IV, line 22	15,000.	15,000.							
3	Grants and other assistance to foreign organizations,	<u> </u>	13,000.							
•	foreign governments, and foreign individuals. See Part IV,									
	lines 15 and 16									
4	Benefits paid to or for members				ATCHIOCHT!					
5	Compensation of current officers, directors, trustees,									
	and key employees									
6	Compensation not included above, to disqualified persons				,					
	(as defined under section 4958(f)(1)) and persons									
	described in section 4958(c)(3)(B)			,						
7	Other salanes and wages									
8	Pension plan accruals and contributions (include section		b.							
	401(k) and 403(b) employer contributions) .									
9	Other employee benefits				<u> </u>					
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal									
C	Accounting	/	'							
	Lobbying		and section in the second of t							
e			[#####################################							
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column	ر ا								
,	(A) amount, list line 11g expenses on Schedule O)				· · · · · · · · · · · · · · · · · · ·					
12	Advertising and promotion .				 					
13	Office expenses.			· · · · · · · · · · · · · · · · · · ·	<u> </u>					
14,	Information technology		1	<u> </u>						
15 16	Royalties									
17	Occupancy	\								
18	Payments of travel or entertainment expenses for any									
	federal, state, or local public officials									
19	Conferences, conventions, and meetings	1								
20	Interest	····								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses Itemize expenses not covered above									
	(List miscellaneous expenses in line 24e If line 24e amount									
	exceeds 10% of line 25, column (A) amount, list line 24e									
	expenses on Schedule O)				HALLIE HALLIE					
а	1									
b										
c					,					
d										
е	All other expenses				ļ <u>.</u>					
25	Total functional expenses Add lines 1 through 24e	355,787.	355,787.							
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			!	1					
	here ▶ if following SOP 98-2 (ASC 958-720) , .	1	1	i	i					

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds . .

47-3468336 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1,000 1,000. Cash - non-interest-bearing. 1 219,926 Savings and temporary cash investments . . 75,166 2 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets Complete Part II of Schedule L Notes and loans receivable, net Inventones for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . 10b 10c **b** Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments — other securities See Part IV, line 11. 12 13 13 Investments — program-related See Part IV, line 11 . . . 14 14 Intangible assets . . 15 Other assets See Part IV, line 11 . . . 15 76,166 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 [√] Deferred revenue 20 20 Tax-exempt bond liabilities . . Liabilities 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, 22 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities 25 not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 **Assets or Fund Balances** Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔲 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 28 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds

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220,926. Form 990 (2017)

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om 9	90 (2017) WRL Employee Foundation	47-3468336	Page 12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	500	<u>,547.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	355	,787.
3	Revenue less expenses Subtract line 2 from line 1	144	,760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	76	,166.
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	220	,926.
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII.		
	,	Y	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		$\neg \neg$
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a se	parate	
	basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	consolidated	. !
	basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		li
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in		$\neg \neg$
	Schedule O		
3 a	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	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or quality, explain why in Schodule O and decembe any stope taken to undergo such quality	25	ı

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Form **990** (2017)

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

Attach to Form 990 or Form 990-EZ.

2017

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The T		_				47 2460226					
	Employee Foundatio				An Alexana	47-3468336					
Part I							ons.				
1	 panization is not a private foundal A church, convention of church A school described in section A hospital or a cooperative hose A medical research organization hospital's name, city, and state 	nes, or association 170(b)(1)(A)(ii). Spital service orgon operated in co	on of churches descri . (Attach Schedule E panization described i	bed in se (Form 99 n section	ection 17 90 or 990 n 170(b)((0(b)(1)(A)(i). -EZ)) 1)(A)(iii).	O7)(iii). Enter the				
5 厂			ollege or university ov	vned or o	perated b	y a governmental u	nit described in				
	section 170(b)(1)(A)(iv). (Con		, , , , , , , , , , , , , , , , , , ,			, ,					
6	A federal, state, or local govern	nment or govern	mental unit described	ın secti	on 170(b)(1)(A)(v).					
7 <u>X</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8 [A community trust described in		•	e Part II.)							
9 [An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.										
10	University An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)										
11 🔲	An organization organized and	•	•	-							
12	, ,	•	-			-					
	one or more publicly supported	-									
. 1	the box in lines 12a through 12 Type I. A supporting organiz		* * * * * * * * * * * * * * * * * * * *	-			_				
a [the supported organization(s	•	•	-		• , ,, ,					
	organization. You must com				,		:g				
b [Type II. A supporting organize control or management of the	zation supervised	d or controlled in coni			•					
	organization(s). You must co	omplete Part IV	, Sections A and C.								
c [Type III functionally integra						ly integrated with,				
	its supported organization(s)	•	•				•				
d {	Type III non-functionally in that is not functionally integral	ated. The organi	zation generally must	satisfy a	distribut	ion requirement and	• , ,				
	requirement (see instructions	•									
e [Check this box if the organization						II, Type III				
f	functionally integrated, or Ty Enter the number of supported of	-	onally integrated supp	orting or	ganizatio	11					
	Provide the following information	-	orted organization(s)		-	•	· · · <u> </u>				
) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the d	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
	_			Yes	No						
(A)											
(B)							-				
(C)											
 (D)											
(E)											

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Schedule A (Form 990 or 990-EZ) 2017 WRL Employee Foundation 47-3468336 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 · (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not 10,684.219,940.557,876.788,500 include any "unusual grants"). . ' . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. 10,684.219,940.557,876.788,500 Total. Add lines 1 through 3 The portion of total contributions by (other each person governmental unit publicly ∽or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support ·(a) 2013³ (c) 2015 (d) 2016 Calendar year (or fiscal year beginning in) (b) 2014 (e) 2017 (f) Total Amounts from line 4 10,684. 219,940. 557,876. 788,500. 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 ALTERNATION STATES STATES OF THE STATES OF T 12 Gross receipts from related activities, etc. (see instructions) . 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 16 17

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or more	Ш
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Support Schedule for Organizations Described in Section 599(a)(2) Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III. Section A. Public Support Calendar year (or fiscal year beginning in I)	Schedul	e A (Form 990 or 990-EZ) 2017 WRL Emplo	yee Foun	dation			47-3468	3336 Page,3
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests issted below, please complete Part II.) If the organization fails to qualify under the tests issted below, please complete Part III.) Section A. Public Support Claim are a controlled to the control of the part of the control of the part of the control of the part of the control of the part of the control of the part of the part of the control of the part of the pa		Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)		
Section A Public Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Tax revenues forwal for that are not an. unrelated task or have a comparation or have been designed in the organization of the organization organization without charge Tax revenues forwal for the standard unit to the organization without charge Tax revenues forwal forwall on the secondard on the part of the organization without charge Tax revenues forwall on the secondard on the part of the organization without charge or the organization without charge or the organization without charge or the organization of the amount on the signal field persons because the greater of \$5,000 or 1% of the amount on the signal field persons because the greater of \$5,000 or 1% of the amount on the signal field persons because the greater of \$5,000 or 1% of the amount on the 13 for the year or the designal organization of the organization of the part of the p		(Complete only if you checked th	e box on line	10 of Part I	or if the orga	nization failed	to qualify un	der Part II.
Section A. Public Support Callendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total received (f) one niculate any nursual girants are received (f) one niculate any nursual girants and social sections and membership fear received (f) one niculate any nursual girants and social sections from admissions, merchandise sold or sevence performed, or facilities furnished in any activity that is related to the originarization's fact exemplity pages. 3 Gloss receipts from admissions, merchandise sold or sevence for the originarization's fact exemplity pages. 4 Tax revenues leved for the originarization without charge. 5 Total. Add lines 1 through 5. 7 To Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 Amounts included on lines 1, 2, and 3 received from disqualified persons. 9 Amounts included on lines 1, 2 and 3 received from disqualified persons and the complete original persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7 and 7 h. 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6. 10a Cross anome from interest, dividends, payments and included on line 100, whether or not the business is requisite amounts. 10a Forest and the second original persons and first lines of the distribution of the second original persons that second the greater of \$5,000 or 1% of the amount on line 100, whether or not the business is requisite amounts. 10a Cross anome from interest, dividends, payments and the second original persons and the second ori		If the organization fails to qualify	under the te	sts listed belo	w. please co	mplete Part I	l.)	
Calendary year (or fiscal year beginning in) 1	Section					<u> </u>		
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received (Dio not include any "unusual grants") Gross receipts from admissions, merchands sold or services performed, or facilities surfaced any autority that is related to the organization's tex-everity purpose Gross receipts from admissions that are not an unrelated trade or business under section 513 Tax revenues levered for the braid of the organization's benefit and either paid to or expended on its obtail? The value of services or facilities furnished by a governmental unit to the organization without change The value of services or facilities furnished by a governmental unit to the organization without change The value of services or facilities furnished by a governmental unit to the organization without change The value of services or facilities furnished by a governmental unit to the organization without change The value of services or facilities furnished by a governmental unit to the organization without change The value of services or facilities furnished by a governmental unit to the organization without change or received from discussified persons that exceed the greater of \$5,000 The value of the amount on line \$1,2 and \$3 received from other than disqualified persons that exceed the greater of \$5,000 The value of the amount on line \$1 for the year of the organization of		· · · · · · · · · · · · · · · · · · ·		(2)2511	(-/	(-)	1,	
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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 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))								·
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Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	Secti	on C. Computation of Public Suppo	rt Percentag	je				
Public support percentage from 2016 Schedule A, Part III, line 15					e 13, column ((f))	15	%
Section D. Computation of Investment Income Percentage 17						•	16	%
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))							***************************************	
Investment income percentage from 2016 Schedule A, Part III, line 17		Investment income percentage for 2017	(line 10c, colu	ımn (f) dıvıded	by line 13, co	lumn (f)) .	17	%
19a 33 1/3 % support test–2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 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 test–2016. 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 ▶ □							. 18	
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 test–2016. 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 ▶ ☐						and line 15 is	more than 331/	3 %, and line
b 331/3 % support test–2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.								
Inne 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □	b	,						
	. 20							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

No -41	A All Supporting Organizations		/ -	
section	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	er jake	Ner's	1617ti
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
,	class or purpose, describe the designation. If historic and continuing relationship, explain	1	A Min	SHOW C
•	Did the organization have any supported organization that does not have an IRS determination of status	Saltyar'	West	p. (\$34) 1.5
2				-e1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2	- 1874 - 1874	65 T 18
_	organization was described in section 509(a)(1) or (2)		41.44.	赤門
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		<u> </u>
	(b) and (c) below	oa agulu	150# C6"	Tottektud
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or, (6) and	16-4- 1-11-		2.5
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	2 h	HIVE	
,	, organization made the determination	3b	4.45%-1	res in the of
, с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		Hi	i i
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	184 18	वेत्र _{, व} ्योत स्कूल्
₁4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		Laterial	Manager 1
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	en in hour	Market of
. 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	PART OF		Sajewing
	despite being controlled or supervised by or in connection with its supported organizations.	4b	Francis II SEC	3.315A54.9
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	P		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	w. u^ .15	JUDIUS TOTAL
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		流流	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			illaria.
,	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	11.11	190 77 7	700,450
	was accomplished (such as by amendment to the organizing document)	5a	PT . 761	W116
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		THE	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in '			
•	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			10.4
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	交验		1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	际		III
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide defail in Part VI.	9с		
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		123	TA.
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	data mine whether the experience had everes hydroge haldings	10h		1

Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
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
Secti	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in 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	Ball Principle Constitution
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization	2
Secti	on C. Type II Supporting Organizations	
		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).	
Secti	on D. All Type III Supporting Organizations	
0000	on by the state of	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?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 .6-344 -6-39 397
2	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	
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructions):
' a	The organization satisfied the Activities Test. Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructio
•	Activities Test Answer (a) and (b) helew	Yes No
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
а	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.	Lucinos Control Corres
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
_	trustees of each of the supported organizations? Provide details in Part VI.	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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ın Part VI.
See instructions. All other Type III non-functionally integrated supporting o	rgai	nizations must complete Se	ctions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	,	, —
7 Other expenses (see instructions)	7		•
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		•
d Total (add lines 1a, 1b, and 1c)	1d		~
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7)	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	医多数增长的 医多种的	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	AND PROPERTY OF THE PROPERTY O	
4 Enter greater of line 2 or line 3	4	特等的外域特別的外域系統的	,
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part	Y Type III Non-Functionally integrated 509(a)(3) Supporting Orgai	nizations (continued)	/
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		,
2	Amounts paid to perform activity that directly furthers exe		orted	-
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	,		
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions.		<u></u>	
7	Total annual distributions. Add lines 1 through 6		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which (provide details in Part VI) See instructions	h-the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			,
Si	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			To the constitution of the
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instr			
3	Excess distributions carryover, if any, to 2017	STETS PERIOD A	CAMPINE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	AND THE STATE OF T
а	THE TRANSPORT OF THE PROPERTY	TOWN HARD WITH THE	PER DING PROPERTY OF THE	
b	From 2013 .	在自己的自己的基準存储。	都建279号第23号20号	CHARLET WAS TO
С	From 2014 .	ACCOUNT OF THE PARTY OF THE	计过程设置的 10 00000000000000000000000000000000000	ALESTALVER.
d	From 2015			STATE OF STATES
е	From 2016	想話。物學的話學		Runari Manarian Santi
f	Total of lines 3a through e		的种种基础对对基础的	
g	Applied to underdistributions of prior years		were of its active mate. At he there is no be at a	
h	Applied to 2017 distributable amount			EAST PROPERTY AND THE SECOND STREET
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	Live the transfer of the man man to the transfer	THE RESERVE OF THE PROPERTY OF	11 - 12 - 12 - 12 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15
4	Distributions for 2017 from Section			
	D, line 7 \$			
a_	Applied to underdistributions of prior years		the state of the s	Continue Charles and Transfer and Charles
<u> </u>	Applied to 2017 distributable amount	TO CONTRACT THE PROPERTY OF		i Produce and conferme letter and all the least of the
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4	GEN SER GREERFERSERNERSERVERSE		orgenista depresensión de la la la la la la la la la la la la la
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			Hide cur it in the base of the bards of the
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	,		
8	Breakdown of line 7	THE STATE OF THE S		
а	Excess from 2013	FINE CALLED TO THE PARTY OF THE	SECTION OF THE SECTIO	
b	Excess from 2014 .	学院多步程学的首先与某些是	26年中国的1878年	
С	Excess from 2015	ance of the second		
d,	Excess from 2016 . '	是是是不是在这种的是是		
e	Excess from 2017			

Schedule A (F	orm 990 or 990-EZ) 2017 WRL Employee Foundation	47-3468336 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, lin	e 17a or 17b,
	Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and	11c, Part IV, Section B,
	lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E,	
	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.)	
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SCHEDULEI (Form 990)

Department of the Treasury

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

Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www irs.gov/Form990 for the latest information.

2017

OMB No 1545-0047

Open to Public

Employer identification number Inspection 47-3468336 **ջ** □

WRL Employee Foundation

Part I

Name of the organization Internal Revenue Service

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 'General Information on Grants and Assistance the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

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

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) WRL Employee Foundation
47-3468336 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed	ditional space is need	ed.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1Charitable Grant - Cash	2	15,000.			
2					
3					
4					
ro.					
9					
7					
Part IV Supplemental Information.	Provide the information	on required in Part	I, line 2, Part III, co	Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	dditional information.
Part I Line 2 Em	Employees of Wynn	Resorts	Limited and	Subsidiaries may	elect to make
Part I Line 2 do	donations to the	e Wynn Resorts	Limited	Employee Foundation.	ion. Wynn Resorts
Part I Line 2 Lin	Limited and Sub	Subsidiaries may	ay also match,	subject to	limitations, all
Part I Line 2 do	donations to the	e Wynn Resorts	rts Limited	Limited Employee Foundation	ion from its
Part I Line 2 em	employees. All	charitable c	donations will	11 ultimately be	distributed to a
Part I Line 2 qu	qualified chari	haritable organi	organizations or	recognized educa	educational institutions
Part I Line 2 as	tax exem	pt under the IRC	IRC Code Section	on 501(c)(3). During	ring 2017, the
Part I Line 2 For	Foundation prov	provided grants		to certain individuals, ide	identified by an
Part I Line 2	independent sel	selection committee,		to provide short-term	disaster relief
Part I Line 2	assistance in f	furtherance c	of the Foundation's	ation's exempt purpose.	urpose.
•					

SCHEDULE (Form 990) Department of the Treasury

Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Schedule I Part II Overflow Page 1 | Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Go to www.irs gov/Form990 for the latest information.

1545-0047	17	
OMB No	20	

Open to Public Inspection

Employer Identification number

2 □ 47-3468336 □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? WRL Employee Foundation Part I

						31-1-1	1 - 1	000 L
ran II	Grants and Other Assistance to Domestic Of	to Domestic C		and Domestic	Governments	. complete if it	re organization answe	ganizations and Domestic Governments. Complete it the organization answered Tes on Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nt that received	more than \$5,0	000. Part II can	be duplicated	if additional spa	ice is needed.	
1 (a)	(a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash (e) Amount of non-	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
	or government	,	(if applicable)	grant	cash assistance	(book, rink, appraisa,	noncash assistance	or assistance
(1) Veter	Veteran's Village Las Vega							
1150 Las Vegas	1150 Las Vegas Blvd South Las Vegas, NV 89104	94-3209791	3	26,645.				Charitable Grant
(2) Luthe	Lutheran Social Services							
4323 Boulde	4323 Boulder Hwy Las Vegas, NV 89121	86-0845241	3	25,000.				Charitable Grant
(3) Leaders	ers in Training							
900 N Lamb Blvd Ste	lvd Ste 130 Las Vegas, NV 89110	45-4208055	3	10,540.				Charitable Grant
(4) Safe	Safe Nest							i
3900 Meadow	3900 Meadows In Las Vegas, NV 89107	94-2411883	3	11,788.				Charitable Grant
(5) Future	re Smiles							
3074 Arvill	3074 Arville Street Las Vegas, NV 89102	27-3160598	3	11,000.				Charitable Grant
(9)								
(7)								
(8)								
!								
(6)								
(10)								
(11)		-			<u> </u>			
								-
(12)						-		
ľ								
2 Enter to	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations liste	d in the line 1 tat	ole		▲ :	

Schedule I (Form 990) (2017)

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

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

SCHEDULE M (Form 990)

Noncash Contributions

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

2017

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization

Employer identification number

	Types of Property	·		47-34	68336
reit	Types of Property	(a)	(b)	(c)	/ (d)
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts
1	Art – Works of art			(
2	Art – Historical treasures				· · · · · · · · · · · · · · · · · · ·
3	Art – Fractional interests .				
4	Books and publications				
5	Clothing and household]			
	goods .	<u>-</u>			
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property	ļ			
9	Securities – Publicly traded				
10	Secunties – Closely held stock				
11	Securities Partnership, LLC,				
	or trust interests				
12	Secunties – Miscellaneous	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
13	Qualified conservation	Ì			-
	contribution - Historic				
	structures				
14 ^	Qualified conservation .	,			
	contribution – Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other .		 	·	
18	Collectibles		10500	F7 200	
19	Food inventory	X	13500	57,329.	μ.WΛ
20	Drugs and medical supplies	<u> </u>			
21	Taxidermy	<u> </u>			. ,
22	Historical artifacts			-	
23	Scientific specimens			<u> </u>	
24	Archeological artifacts	<u> </u>			· · · · · · · · · · · · · · · · · · ·
25	Other • ()	<u> </u>			
26	Other ()		· ·		
27	Other ()	<u> </u>		 	
	Other (L			
29	Number of Forms 8283 received by the			ons for which the	
	organization completed Form 8283, Part	(IV, Donee A	Acknowledgement		[<u>29]</u>
20 -	Posses the constitution of the constitution of			Deet I lines 4 through 20	Yes No
30 a	Duning the year, did the organization rec	•	* ' ' ' '		
	that it must hold for at least three years to	nom the date	e or the initial contribution, and w	mich isn't required to be used to	· · · · · · · · · · · · · · · · · · ·
	purposes for the entire holding period?				. 30a X
b	If "Yes," describe the arrangement in Pa		N-4 4h-2		
31	Does the organization have a gift accept	ance policy	that requires the review or any no	onstandard	24
22.	Contributions?	ortion or rel-	tod organizations to solicit	one or coll papeach	31 X
32 a	Does the organization hire or use third p	arties or rela	neu organizations to solicit, proc	cas, or sell hondash	222
L	contributions?				32a X
•	If "Yes," describe in Part II If the organization didn't report an amou	nt in col···	(a) for a time of proporty fort.	ch column (a) is sheeked '	
33	describe in Part II	IN HI COILINN	(c) for a type or property for write	on widmin (a) is difected,	
				i	TOTAL EXPLANATION OF THE PROPERTY OF THE PROPE

Schedule M (Form 990) 2017 WRL Employee Foundation 4/-3468336 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
or a combination of both. Also complete this part for any additional information.
P1, Col B
Wynn Resorts Limited donated baked goods food items to the Wynn Employee
P1, Col B
Foundation to sell to Wynn Resorts Limited employees to raise cash for the
P1, Col B
Foundation's missions. During 2017, approximately 13,500 items were
P1, Col B
donated. These items were sold for an average \$4 a piece, resulting
in total cash proceeds of \$57,329.
· ·
· · · · · · · · · · · · · · · · · · ·
•
<u> </u>

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Schedule M (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Go to www irs gov/Form990 for the latest information

OMB No 1545-0047
2017
Open to Public

Inspection

Employer identification number Name of the organization 47-3468336 WRL Employee Foundation Part III Line 1 Statement of Program Service Accomplishments Part III Line 1 The Wynn Resorts, Limited Employee Foundation (WRLEF or Foundation) Part III Line 1 was organized exclusively for charitable purposes. Part III Line 1 Specifically, the Foundation will work with Wynn Resorts, Limited (WRL) Part III Line 1 and its subsidiaries which are separate for-profit companies and the Part III Line 1 employees of WRL to maximize the impact of the WRL employees' charitable Part III Line 1 donations in the communities where they have made their homes. WRL Part III Line 1 employees may elect to make donations to the Foundation. Part III Line 1 also match, subject to limitations, all donations to the Foundation Part III Line 1 from its employees. All charitable donations will ultimately be distributed Part III Line 1 to individuals in need of assistance, qualified 501(c)(3) charitable Part III Line 1 organizations, or recognized education institutions as tax exempt under the Part III Line 1 IRC Code Section 501(c)(3).

Part VI Line 12c

Enforcement of Conflict of Interest Policy

Part VI Line 12c

Officers and key employees are required to disclose any agencies where they Part VI Line 12c

<u>are appointed to the Wynn Employee Foundation organization. Officers and Part VI Line 12c</u>

key employees who have disclosed conflicts of interests may not vote on Part VI Line 12c

which agencies will receive funding through the grant process. The members Part VI Line 12c

of the Employee Advisory Council, the committee who recommends grant

Part VI Line 12c

funding decisions, must complete and sign conflict of interest each year
Part VI Line 12c

and disclose any relationships they have with local nonprofit

Part VI Line 12c

organizations. After those relationships are disclosed, staff does not

Part VI Line 12c

allow Employee Advisory Council members with conflict to vote or advocate Part VI Line 12c

for the agency they work with.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

WRL Employee Foundation

Parti

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number 47-3468336

Section 512(b)(13) controlled entity? ž (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) Primary activity (b)
Primary activity (a)Name, address, and EiN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Part II 4 **₹** 9 9 Ξ 3 (3)ව 9 (2) 3

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

Schedule R (Form 990) 2017

Page 2 47-3468336

Schedule R (Form 990) 2017 WRL Employee Foundation

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	(k) Percentage ownership	ļ	0.000	00000	00000	0.000.0	0.000.0	0.000.0	0.000.0
<u> </u>	(J) General or managing partner?	Š	_0				- 0	0	0
	Gene	Yes							
	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)								
	n) ortonate atons?	N _o							
Ĺ	Osprop alloca	Yes			<u> </u>				
	(fi) Share of end-of- Dsproportonale year assets allocators?								j
ווכ ומא אכמו.	(f) Share of total income							:	
ווכמובת מא ש אמו ווכן אוובן אום ומא אבמוי	(e) Predominant income (related, unrelated, excluded from	sections 512-514)							
ובמובח מא מ חמו	(d) Direct controlling entity								
	(c) Legaf domicile (state or foreign	country)		!					
הפרמת של וווחוד הוו היו היו היו היו היו היו היו היו היו	(b) Primary activity								
Decade it liad of	(a) Name, address, and EIN of related organization		(1)	(2)	(3)	(4)	(5)	(9)	(7)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34, because it had one or more related organizations treated as a corporation or frust during the tax year. Part IV

line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ire related organization	is treated as a cr	orporation or tr	rust during the ta	ıx year.				!
(e)	(q)	(2)	(p)	(9)	(J)	(B)	(H)	ε	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (Ccorp, Scorp, or frust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	o)(13)
								Yes	ا و
(1) Wynn Resorts Limited 3131 Les Vegas Boulevard 8 Ste 891046-0484987 Gaming		NV	n/a	C Corp			0.000	<u> </u>	×
(2)							0000.0	_	
(3)							0 0000.0		}
(4)							0.000		
(5)							0 . 0000		
(9)	-						0 0000 0	-	
(7)							0 0000.0		
UYA							Schedule R (Form 990) 2017	(Form 990) 2017

Part V Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organiz	zations listed in Parts	11-1/2		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>1</u> a	×
b Gift, grant, or capital contribution to related organization(s)	•			1b	×
c Gift grant, or capital contribution from related organization(s)				15 X	
		•		╀	
			•	2 ,	:
e Loans or loan guarantees by related organization(s)				e	×
				1	-
f Dividends from related organization(s)		•		=	×
g Sale of assets to related organization(s) .	•			1g	×
h Purchase of assets from related organization(s)	•		•	1h	×
i Exchange of assets with related organization(s)				=	×
i Lease of facilities, equipment, or other assets to related organization(s)			•	÷	×
				_	
k Lease of facilities, equipment, or other assets from related organization(s)				 *	×
1 Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				1 E	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1	×
o Sharing of paid employees with related organization(s)				10	×
				j	
p Reimbursement paid to related organization(s) for expenses			•	1p	×
q Reimbursement paid by related organization(s) for expenses				19	×
				}	
 Other transfer of cash or property to related organization(s) 	:		•	11	×
ا ــ ا			٠	1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nplete this line, includ	ling covered relations	hips and transaction	in thresho	sple
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount inve	olved
(1) Wynn Resorts Timited		340 672	d d		
(2)					
(3)					
(4)					
(5)					
(9)					
UYA			Schedule	Schedule R (Form 990) 2017	90) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or prose revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	rganization Se	e instructions r	egarding exclus	ion for ce	rtain investment	partnerships				
(a)	(q)	(၁)	9	(e)	€		Ē		9	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No	:		Yes No		Yes No	
(1)										0.000
(2)										0.0000
(3)										0.000
(4)										0 0000 0
(5)										0.000.0
(9)	:									0.000
(7)										0.000
(8)										0.000.
(6)										0.000.0
(10)										0.000
(11)								·		0.000.
(12)		,								0.000.
(13)									-	0.000.0
(14)										0.000
(15)										0.000.0
(16)	;									0.000
UYA								Ϋ́	hedule R (Schedule R (Form 990) 2017

Schedule R ((Form 990) 2017 WRL Employee Foundation	4/-3468336 Page
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. Se	e instructions.
	To Vido deditional mornidator los respondes de que esta en esta esta esta esta esta esta esta esta	o mondono.
		
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