**Return of Organization Exempt From Income Tax**

**Form 990-EZ**

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

**A** For the 2016 calendar year, or tax year beginning, 2016, and ending, 2020

**B** Check if applicable:

- **Name of organization**: VINELANDERS COMMUNITY LAND TRUST
- **Employer identification number**: 27-2523810
- **Telephone number**: (816) 920-7900

**G** Accounting Method: [X] Cash □ Accrual □ Other (specify) □

**J** Tax-exempt status (check only one) — [X] 501(c)(3) □ 501(c)(4) □ [insert no.] 4947(a)(1) □ 527 □

**K** Form of organization: Corporation □ Trust □ Association □ Other □

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part I, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Check if the organization used Schedule O to respond to any question in this Part I

1. Contributions, gifts, grants, and similar amounts received □ 1

2. Program service revenue including government fees and contracts □ 2

3. Membership dues and assessments □ 3 40,362

4. Investment income □ 4

5a. Gross amount from sale of assets other than inventory □ 5a

   b. Less: cost or other basis and sales expenses □ 5b

   c. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) □ 5c

6. Gaming and fundraising events □

   a. Gross income from gaming (attach Schedule G if greater than $15,000) □ 6a 1,464

   b. Gross income from fundraising events (not including proceeds of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) □ 6b 1,464

   c. Less: direct expenses from gaming and fundraising events □ 6c

   d. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) □ 6d 1,464

7a. Gross sales of inventory, less returns and allowances □ 7a

   b. Less: cost of goods sold □ 7b

   c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) □ 7c

8. Other revenue (describe in Schedule O) □ 8

9. Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7a, and 8 □ 9 49,826

10. Grants and similar amounts paid (list in Schedule O) □ 10

11. Benefits paid to or for members □ 11

12. Salaries, other compensation, and employee benefits □ 12 18,332

13. Professional fees and other payments to independent contractors □ 13 10,990

14. Occupancy, rent, utilities, and maintenance □ 14 17,682

15. Printing, publications, postage, and shipping □ 15 2,822

16. Other expenses (describe in Schedule O) □ 16

17. Total expenses. Add lines 10 through 16 □ 17 49,826

18. Excess or (deficit) for the year (Subtract line 17 from line 9) □ 18

19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) □ 19 5,476

20. Other changes in net assets or fund balances (explain in Schedule O) □ 20

21. Net assets or fund balances at end of year. Combine lines 18 through 20 □ 21 5,476

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)
## Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>2,536</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>2,940</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>5,476</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>5,476</td>
</tr>
</tbody>
</table>

## Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE ATTACHMENT #1**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

### Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>28a</td>
<td></td>
</tr>
<tr>
<td>29a</td>
<td></td>
</tr>
<tr>
<td>30a</td>
<td></td>
</tr>
<tr>
<td>31a</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

## Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

### (a) Name and title

### (b) Average hours per week devoted to position

### (c) Reportable compensation

(Forms W-2/1099 - MIS and any other compensation)

### (d) Health benefits, contributions to employee benefit plans, and deferred compensation

### (e) Estimated amount of other compensation

**SEE ATTACHMENT #2**
Form 990-EZ (2016)  VINELANDERS COMMUNITY LAND 27-2523810

Part V  Other Information  (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V)  Check if the organization used Schedule O to respond to any question in this Part V  

33  Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  

34  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).  

35a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  

b  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.  

c  Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(8) organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule O, Part II.  

36  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions.  

37b  Did the organization file Form 1120-POL for this year?  

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  

b  If "Yes," complete Schedule L, Part II and enter the total amount involved.  

39  Section 501(c)(7) organizations. Enter:  

a  Initiation fees and capital contributions included on line 9.  

b  Gross receipts, included on line 9, for public use of club facilities.  

40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

section 4911  
section 4921  
section 4955  

b  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule O, Part I.  

c  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  

d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  

e  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T.  

41  List the states with which a copy of this return is filed  

42a  The organization's books are in care of  

SEE ATTACHMENT #3  

Telephone no.  

Located at  

ZIP + 4  

b  At any time during the calendar year, did the organization maintain an office outside the United States?  

If "Yes," enter the name of the foreign country:  

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  

c  At any time during the calendar year, did the organization maintain an office outside the United States?  

If "Yes," enter the name of the foreign country:  

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  

44a  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

b  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

c  Did the organization receive any payments for indoor tanning services during the year?  

d  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

45b  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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).  

FDA 16 990EZ3  BWF 990  Form Software Copyright 1996 – 2017 HRB Tax Group, Inc.  Form 990-EZ (2016)
Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ..............................................................................................................

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II .................................................................

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

49a Did the organization make any transfers to an exempt non-charitable related organization?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

49b If “Yes,” was the related organization a section 527 organization?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization, if none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tbody>
</table>

f Total number of other employees paid over $100,000 ...

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tbody>
</table>

d Total number of independent contractors each receiving over $100,000 ...

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

Signature of officer

ALICE GOODLOW

EXECUTIVE DIRECTOR

Date: 4-12-17

Print/Type preparer’s name

STEPHEN BROWNIG

Preparer’s signature

HRB TAX GROUP INC

Print/Type firm’s name

3613 S NOLAND RD

Address

Firm’s EIN: 431871840

Phone number: 816-461-6222

May the IRS discuss this return with the preparer shown above? See instructions

Yes | No |
Part I — Reason for Public Charity Status

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. A community trust described in section 170(b)(1)(A)(vi). (Complete 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. 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.)


12. An organization organized and operated exclusively for the benefit of, or to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.

You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).

You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations.

g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(I) Name of supported organization</th>
<th>(II) EIN</th>
<th>(III) Type of organization described on lines 1–10 above (see instructions)</th>
<th>(IV) Is the organization listed in your governing document?</th>
<th>(V) Amount of monetary support (see instructions)</th>
<th>(VI) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule B (Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service  

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

Name of the organization: VINELANDERS COMMUNITY LAND TRUST  
Employer identification number: 27-2523810  

Organization type (check one):  
- Section:  
  - Form 990 or 990-EZ:  
    - ☑ 501(c)(3) (enter number) organization  
    - ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
    - ☐ 527 political organization  
  - Form 990-PF:  
    - ☐ 501(c)(3) exempt private foundation  
    - ☑ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
    - ☐ 501(c)(3) taxable private foundation  

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

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

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

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.  

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

For Paperwork Reduction Act Notice, see the Instructions for Schedule B (Form 990, 990-EZ, or 990-PF) (2016)  

FORM 990, 990-EZ, OR 990-PF.  

Filing Status: 990B1  
Entity Type: BWF 990  
Form Software Copyright 1995 – 2017 HRB Tax Group, Inc.
Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINELANDERS COMMUNITY LAND TRUST</td>
<td>27-2523810</td>
</tr>
<tr>
<td>Name of Organization</td>
<td>Employer Identification Number</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>VINELANDERS COMMUNITY LAND TRUST</td>
<td>27-2523810</td>
</tr>
</tbody>
</table>

Primary Purpose

ASSIST LOW INCOME PERSONS WITH HOUSING
<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Employer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINELANDERS COMMUNITY LAND TRUST</td>
<td>27-2523810</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Average hours per week devoted to position</th>
<th>Compensation (Form W-2/1099-MISC) (If not paid, enter 0)</th>
<th>Cont. to employee ben. plans &amp; def. comp.</th>
<th>Expense account &amp; other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALICE GOODLOW</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Name of Organization: VINELANDERS COMMUNITY LAND TRUST

Employer Identification Number: 27-2523810

Individual Name: ____________________________________________

or

Business Name: ____________________________________________

Street Address: ____________________________________________

U.S. Address:

Zip code: _______  City: __________________________  State: _____

or

Foreign Address:

City: ___________________________

Province or State: ___________________________

Country: ___________________________

Postal code: ___________________________

Phone Number: ___________________________

Fax Number: ___________________________
STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

ARCHITECT
TAX PREP

TOTAL CARRIED TO 990-EZ PG 1 LINE 13

STATEMENT #2 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

OFFICE LEASE
LIGHTS
INSURANCE

TOTAL CARRIED TO 990-EZ PG 1 LINE 14
INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 990-EZ

THE TRUSTEE/OFFICER REPRESENTING THE ORGANIZATION MUST SIGN THE RETURN.
MAIL YOUR RETURN ON OR BEFORE 05-15-2017 TO:
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027