990

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Interr	al Revenu	ue Service		► Informat	ion about Fo	rm 990 and its ins	struction	ıs is at <i>www.irs.g</i>	gov/for	m990.		Inspection
Α	For the	2016 calend	ar year, or t	ax year begin	ıning			, 2016, and e	nding			, 20
В	Check if a	pplicable:	C Name of or	ganization PATH	MINISTRI	ES INTERNAT	IONAL					Employer identification no.
	Address c	hange	Doing busing			CHILDREN'S		.GE			1	93-1202044
_	Name cha	-	<u> </u>			vered to street address)			Room	/suite		Telephone number
_	Initial retu	-		x 7931								(541)678-0102
=		n/terminated			country and ZIP	or foreign postal code					T	1,264,164
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	Арріїсаціої	in pending				END, OR 9770	1		'			included? Yes No
	Tax-exem	nt status: X	501(c)(3)	501(c) () (insert no.)			527				list. (see instructions)
	Website:		OTINOWA) (Illsett IIo.)	4947(a)(1) 01	' Ц)Z1	H/a			
			Corporation		ociation Oth	ner ►	Ι.	Year of formation: 2		c) Group exen		
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nan												
Activities & Governance	2	Check this h	ox ▶ ☐ if th	ne organization	discontinued	its operations or d	lisnosed o	of more than 25%	of its n	et assets		-
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	- 5	ivet uniferate	u business t	axable income	HOIIII OIIII 99	0-1, 11110 04 • •	• • • • •		• • •	Prior Year	7.0	Current Year
ē	ρ	8 Contributions and grants (Part VIII, line 1h)										
												221,123
Revenue	10											
ě	11											
_	12		•	I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,35 is 8 through 11 (must equal Part VIII, column (A), line 12) 1,029,74								
	13					, lines 1-3) • • •				1,029	, , = 1	1,204,104
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Und	er penaltie	es of perjury, I de	clare that I have			npanying schedules and			knowledg	je and belief, it	is	•
true	, correct, a	and complete. De	claration of prep	arer (other than off	icer) is based on a	Il information of which p	reparer has	any knowledge.				
		JAME	S TUCKER	1								
Sig	ın		e of officer								Date	
He		JAME	S TUCKER	, TREASUR	ER							
	-		print name and	•								
		Print/Type pre			Preparer's signa	ture		Date		Check	if F	PTIN
Pai	d	JESSICA	•		JESS PAR			11-21-2017		self-employe		P00645508
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May	the IRS	S discuss this	return with t			see instructions)				54	<u></u> 5	73-1114 Vec 🕅 No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			37
_	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	_		v
10	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	10		Х
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Λ
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	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	45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	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	- ' '		- 23
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

16) PATH MINISTRIES INTERNATIONAL
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V	• • •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: UG UG			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X_
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?	70		X
h	and services provided to the payor?	7a 7b		
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	1.1-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 730 to report these payments? If "No " provide an explanation in School No.	14a 14b		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		

PATH MINISTRIES INTERNATIONAL

Management and Disclosure Ford Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through /b 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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	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 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3.7
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-		37
•	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	X	
a	The governing body?	8a 8b	Λ	X
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion D. I onoice (This occitor B requests information about policies not required by the internal rievenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Oregon Section 6104 requires an experience to make its Forms 1003 (or 1004 if applicable) 900, and 900 T (Section F01/a)(2) and 900 T			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_5	JIM TUCKER (541)678-0102, PO BOX 7931, BEND, OR 97708-7931			
	· · · · · · · · · · · · · · · · · · ·			

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 definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	son is	han one s both an /trustee) Highest compensated employee	n an Reportable compensation from the		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BOB HIGGINS	2.00	37						_	_	_
DIRECTOR	10.00	Х						0	0	0
(2) JIM TUCKER	40.00	Х		Х				46.000	_	_
TREASURER	2 00	Λ		Λ				46,890	0	0
(3) DWAYNE FRIESEN DIRECTOR	2.00_	х						o	o	o
(4) RUSSELL RHODEN	2.00	Λ							0	0
VICE PRESIDENT		Х		Х				o	o	o
(5) JOHN WYTSMA	4.00	21		23						
CHAIRMAN		Х		Х				o	0	o
(6) AMANDA LAWRENCE	40.00									
SECRETARY		Х		Х				35,418	О	o
(7) MARY HANES	40.00							,		
DIRECTOR		Х		Х				3,473	0	o
(8) KERRI FRY	2.00									
DIRECTOR		X						0	0	0
(9) KATIE CABA	1.00									
DIRECTOR		X						0	0	0
(10)STEVE HURRY	40.00									
IN-COUNTRY DIRECTOR		X		X				37,158	0	0
(11)BRIDGET HURRY	40.00									
IN-COUNTRY DIRECTOR		X		X				24,790	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

Form 990 (2016)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ı	unless er and	a dire	tion ore th on is	nan one both an (trustee) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con t org ar	(F) stimated nount of other pensation rom the janization d related anizations	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													-
	Sub-total	n A	• • •	 					147,729 than \$100,000 of				0
	reportable compensation from the organization •									0		Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	<i>J for such inc</i> ortable comp	<i>dividua</i> ensati	a <i>l</i> on a	nd o	 ther	comp	• • ·	tion from the	•••••	3		X
5	individual	ompensation	from a	ny u	nrela	ated	l orgar	izati	on or individual		5		X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								Description of	services		(C) pensation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	oove) v	vho	1				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		1			
G E		•		-			
r, ts	C	Fundraising events 10	+ '	-			
ᇐ	d	Related organizations 10		_			
ns, Sin	е	Government grants (contributions) 1e					
të jë	f	All other contributions, gifts, grants,					
들호		and similar amounts not included above 1f	901,786				
and	g	Noncash contributions included in lines 1a-1f: \$;				
0 "	h	Total. Add lines 1a-1f		1,038,149			
			Business Code	, ,			
e	2a	DESIGNATED FUND INCOME	900099	221,123	221,123		
ven	b			221,125	221,123		
8							
Şi	C .						
Se	d						
jraπ	е						
Program Service Revenue		All other program service revenue					
	g	Total. Add lines 2a-2f		221,123			
	3	Investment income (including dividends, interest,					
		and other similar amounts)		1,930	965	965	
	4	Income from investment of tax-exempt bond pro-	ceeds▶				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents	(11) 1 01001141	-			
		Less: rental expenses		-			
				-			
	l .	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
e	8a	Gross income from fundraising					
enne		events (not including \$ 136,363					
ě		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18					
Ě	h	Less: direct expenses b		-			
O	l .			-			
	l .	` ,	· · · · · · · · · · · · · · · · · · ·				
	9а	Gross income from gaming activities.					
		See Part IV, line 19 a		_			
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities •	. <u> </u>				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory .					
		Miscellaneous Revenue	Business Code				
	112	CAPITAL ONE REWARDS	900099	2,962	1,481	1,481	
	b		300033	2,302	1,401	1, 401	
				+			
	C	All others some					
		All other revenue					
		Total. Add lines 11a-11d		2,962			
	12	Total revenue. See instructions	.	1,264,164	223,569	2,446	0

93-1202044

Part IX Statement of Functional Expenses	
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Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other organ	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX		· · · · · · · · · · · · · · · · · · ·	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,064	67,774	58,892	22,398
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,834		6,834	
9	Other employee benefits	4,800		4,800	
10	Payroll taxes	14,968		14,968	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	4,545		4,545	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	29,408			29,408
13	Office expenses	19,106	9,553	9,553	·
14	Information technology	,	,	·	
15	Royalties				
16	Occupancy				
17	Travel	26,174	13,087	13,087	
18	Payments of travel or entertainment expenses	•	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,975	2,981	994	
24	Other expenses. Itemize expenses not covered	·	·		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT PROGRAM EXPENSES	752,029	752,029		
b	BANK CHARGES	16,623	4,156	12,467	
С	TRANSPORTATION	956	478	478	
d	DESIGNATGED FUNDS	183,147	183,147		
е	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e .	1,211,629	1,033,205	126,618	51,806
26	Joint costs. Complete this line only if the	•	•	·	•
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	480,470	1	539,762
	2	Savings and temporary cash investments	4,601	2	15
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	110
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	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). Complete Part II of Schedule L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	10,285	14	10,300
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	495,356	16	550,187
	17	Accounts payable and accrued expenses	397	17	653
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,132	25	4,172
	26	Total liabilities. Add lines 17 through 25	2,529	26	4,825
		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and			
Ses	07	complete lines 27 through 29, and lines 33 and 34.		07	
lanc	27	Unrestricted net assets	279,982	27	284,950
Bal	28	Temporarily restricted net assets	212,845	28	260,412
pur	29	Permanently restricted net assets		29	
r F		Organizations that do not follow SFAS 117 (ASC 958), check here and anymatic lines 20 through 24			
ts o	20	complete lines 30 through 34.		20	
ssel	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Re	32 33	Retained earnings, endowment, accumulated income, or other funds	402 927		E4F 262
	33	Total het assets or fund balances	492,827	33	545,362
	34	Total liabilities and net assets/fund balances	495,356	34	550,187

Pai	rt XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	64,1	64
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	11,6	29
3	Revenue less expenses. Subtract line 2 from line 1	3			52,5	35
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	92,8	327
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		5	45,3	362
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII						. 🗌
				_	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	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					
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?		2	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3а	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?	• •	• • • 3	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	3b		