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990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No 1545-1150

A	For the	2016 calend	ar year, or tax year beginning	January 1, 2014	, 🚧, and ending	Dec	ember	31 , 20	14		
В	Check if ap	plicable	C Name of organization			D Empl	oyer ide	entification numbe	er		
	Address cl	hange	CROSSROADS INTERNATIONAL S	STUDENT MINISTRIES		1	35	-2384776			
$\overline{}$	Name cha					E Telep	Telephone number				
==	Initial retur	n/terminated	PO BOX 305				308	3-293-3033			
=	Amended i		City or town, state or province, country, a	and ZIP or foreign postal code		F Grou	ıp Exer	nption			
$\bar{\mathbb{Q}}$	Application	n pending	KEARNEY, NE 68848-2424			Nun	nber 🕨				
G /	Account	ing Method	✓ Cash	pecify) ▶	н	Check I	▶ 🗍 ıf	the organization	n is not		
I V	Vebsite:	:► <u>www</u>	CROSSROADSINTERNATIONAL.	NET		required	l to atta	ich Schedule B			
J T	ax-exem	npt status (che	eck only one) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947	7(a)(1) or 527	(Form 9	90, 990	-EZ, or 990-PF)			
K	orm of	organization	☐ Corporation ☐ Trust	☐ Association ☑	Other NON-PROFI	RELIGI	ous	CHURCH			
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receip	ots If gross receipts are \$200,	000 or more, or if tot	al assets					
(Pa	rt II, colu	umn (B) belov	w) are \$500,000 or more, file Form 99	0 instead of Form 990-EZ.		-	▶ \$		87,144		
Р	art í	Revenu	e, Expenses, and Changes i	n Net Assets or Fund E	Balances (see the	instruc	ctions	for Part I)			
		Check if	the organization used Schedule	e O to respond to any que	estion in this Part	1			. 🗸		
	1	Contribution	ons, gifts, grants, and similar amo	ounts received			1		87,144		
	2	Program se	ervice revenue including governm	nent fees and contracts			2				
	3	Membersh	ip dues and assessments				3		0		
	4	Investment	income				4		0		
	5a	Gross amo	ount from sale of assets other tha	n inventory	5a	0					
	b	Less cost	or other basis and sales expense	es	5b	0					
	С	Gain or (los	ss) from sale of assets other than	inventory (Subtract line 5b	from line 5a)		5c		0		
	6	Gaming and fundraising events									
_			ome from gaming (attach Sch	nedule G if greater than							
ĕ		\$15,000) .			6a	_ 0					
Revenue	b	Gross inco	me from fundraising events (not i	including \$	of contribution	ns					
æ	ł		aising events reported on line 1)								
	}	sum of suc	ch gross income and contribution	s exceeds \$15,000)	6b	0					
	c		t expenses from gaming and fun		6c	0					
	d		e or (loss) from gaming and fun	draising events (add lines	6a and 6b and su	ubtract					
	l	line 6c) .					6d		0		
	7a	Gross sale	s of inventory, less returns and a	llowances	7a	0					
	b		of goods sold		7b	0					
	C		it or (loss) from sales of inventory				7c		0		
	8		nue (describe in Schedule O)				8		0		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d,	7c, and 8	<u> </u>	<u>.</u> ▶	9		87,144		
	10		d similar amounts paid (list in Sch	edule 0)	DEPENJER	2	10		0		
	11	-	aid to or for members	ı	RECEIVE	<u></u>	11		0		
es	12		ther compensation, and employe	a ~ 1		ာမွ	12		45,606		
Expense	13		al fees and other payments to inc		· JUN 2 8 2017	. S. S.	13		0		
ğ	14		y, rent, utilities, and maintenance	,,		. 83	14		0		
Ü	15		ublications, postage, and shippin	9			15		4,012		
	16	•	enses (describe in Schedule O)			النسناليا	16		17,265		
	17		enses. Add lines 10 through 16			•	17		66,883		
ध	18		(deficit) for the year (Subtract line				18		20,261		
Se	19		or fund balances at beginning			e with					
As	1	-	ar figure reported on prior year's r		રુંOr	• •	19		28,454		
Net Assets	20		nges in net assets or fund balance			• •	20		20,654		
	21		or fund balances at end of year.			<u> </u>	21		49,108		
For	Paper	work Reduct	tion Act Notice, see the separate in	structions.	Cat No 10642I			Form 990-EZ	(2016)		

	, ,					
Form	990-EZ (2016)					Page 2
Pa	rt II 'Balance Sheets (see the instructions	for Part II)			_	 _
	Check if the organization used Schedul	e O to respond to a				<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			28,454		49,108
23	3				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			28,454		49,108
26	- (,		<u> </u>	0	26	0
27	Net assets or fund balances (line 27 of colum			28,454	27	49,108
Par	Statement of Program Service Accom	•		•	}	F
	Check if the organization used Schedule				(Real	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	Religious, not-for-pr	ofit - teaching the Bit	ole to students		c)(3) and 501(c)(4)
as n	ribe the organization's program service accompleasured by expenses. In a clear and concise roots benefited, and other relevant information for e	manner, describe the			orgar other	nizations, optional for rs)
28	see Schedule O					
					ĺ	Ĺ
					1	
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	<u></u> ▶ □	28a	ļ
29		······································	·		}	
		·			ļ	
		·	·			ľ
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	<u> ▶ Џ</u>	29a	
30			·		,)
	***************************************	·			Í	
		t includes foreign gra		<u> ▶ ∐</u>	30a	
31	Other program services (describe in Schedule O))
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke					- -
	Check if the organization used Schedul	e O to respond to a	(c) Reportable	Part IV		<u>····</u>
	/-1 Ni	(b) Average hours per week	compensation	contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensatio		ther compensation
		ļ	(ii flot pard, eliter -o-)	deletted compensatio	<u>'</u>	
see S	Schedule O		}		}	
	_ 	 	 	 	-	
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					1	
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		·•-{		<u> </u>	1	
			 	 		
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		+	 	 	+	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Y	No
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	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
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)?	35a		
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	35b		√
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		Ť
39	Section 501(c)(7) organizations. Enter:			
а	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 ▶			
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 L, Part I	40b		√
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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ NEBRASKA			
42a	<u></u>	308-29		
b	Located at ► 3807 6TH AVE. KEARNEY, NE 68845 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	68845	-2843 Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	√
	If "Yes," enter the name of the foreign country. ▶			Ė
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	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:	42c		✓
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	· ·	. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44	Yes	
b	completed instead of Form 990-EZ	44a		√
_	completed instead of Form 990-EZ	44b 44c		1
c 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	44c 44d		· /
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
b	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)	45b		
		1400		

om '990-EZ	(2016)

Page	4

Form **990-EZ** (2016)

	•							Yes	No
46 ۱	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of c	r in oppositi	on 💮		
	to car	ndidates for public office? If "Yes," o	omplete Schedule C,	, Part I			46		1
Part \	71	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	omplete the	tables	for lin	es
		50 and 51.	•		-	•			
		Check if the organization used Scl	nedule O to respond	to any question in t	this Part VI				. 🗇
				to any quoditor, and			· · · · · · · · · · · · · · · · · · ·	Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tay	+.00	110
		If "Yes," complete Schedule C, Part				during the	47	1	/
	-	•				· · · ·		+	
		organization a school as described in					48		\
		ne organization make any transfers to	•				498		_✓
		s," was the related organization a se					491		ل
		plete this table for the organization's							
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the orga			e, enter "	None.	
			(b) Average	(c) Reportable		n benefits, s to employee	(e) Estima	ted amo	unt of
	(a)	Name and title of each employee	hours per week	compensation	hanafit nlane	and deferred	other co		
			devoted to position	(Forms W-2/1099-MISC)	compe	ensation			
NONE									
					<u> </u>				
						ļ			
						ľ			
		•							
		· · · ·							
	Total	number of other employees paid over	or \$100 000	. • 0					
				• • • • • • • • • • • • • • • • • • • •					
		plete this table for the organization' ,000 of compensation from the orga			contractor	s wno eacn	received	more	e tnar
	Ψ100,	ood of compensation from the orga	inization. Il there is no	l lone, enter None.	-	Γ			
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c)	Compensa	tion	
NONE	-								
MOINE				1					
						<u> </u>			
		· · · · · ·							
				-					
							-		
						<u> </u>			
d		number of other independent contra	·	• •	· -		<u> </u>		
52		the organization complete Schedu	ıle A? Note: All se	ection 501(c)(3) orga	anızatıons ı	nust attach	a		
	comp	oleted Schedule A			<u> </u>	·	. ► Y e	s 🦸	No_
		of perjury, I declare that I have examined this					owledge ar	nd belief	, rt is
true, con	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which preparer	has any knowl	edge			
		(Ouel) Juin	med/			06/20	1/201	17	
Sign		Signature of officer		7 /	_ Da	te /	<i></i>	\mathcal{I}^{-}	
Here		GREZORY D. J	Winney.	Pastor	Direc	tor			
		Type or print name and title							
ם בים		Print/Type preparer's name	Preparer's signature	D	ate	Check	, PTIN		
Paid						self-employ	/ed		
Prepa									
•		Firm's name ▶			Fir	m's EIN ▶	<u> </u>		
Use (Firm's name ▶ Firm's address ▶				m's EIN ▶			

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 charatable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2016

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

CROSSROADS INTERNATIONAL STUDENT MINISTRIES

35-2384776

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

га	neason for Public Char	ity Status (All	organizations must	Comple	te triis p	art.) See mstructio	115.	
The c	organization is not a private foundat		,		•	•		
1	=							
2								
3	A hospital or a cooperative hos							
4	A medical research organizatio hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the	
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally r described in section 170(b)(1)(receives a subst	tantial part of its sup				the general public	
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organizer or university or a non-land-granuniversity:							
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fui income and unr	nctions—subject to co related business taxal	ertain exc ble incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	n 3 3¹ /₃% of its	
11	An organization organized and	operated exclus	sively to test for public	c safety. S	See sect i	on 509(a)(4).		
12	An organization organized and of one or more publicly suppo Check the box in lines 12a throi	rted organizatioi	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3)	
а	Type I. A supporting organithe supported organization supporting organization.	s) the power to	regularly appoint or e	lect a ma	jority of t			
b	☐ Type II. A supporting organ control or management of toganization(s). You must control	ization supervis he supporting o	ed or controlled in co rganization vested in	nnection the same	with its s	• •	, , , , ,	
С	Type III functionally integrits supported organization(s	ated. A support	ting organization oper	rated in c			ally integrated with,	
d	☐ Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е	 Check this box if the organi functionally integrated, or T 	zation received ype III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported o	rganizations .						
_ g	Provide the following information	about the supp	orted organization(s).	•			_	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

Part							
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		T				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		:				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			1	T		T
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Sacti	on C. Computation of Public Suppor				<u> </u>		· · · - [
14	Public support percentage for 2016 (line 6			1 column (fl)	•	14	%
15	Public support percentage from 2015 Sch					15	
16a	331/3% support test—2016. If the organi box and stop here. The organization qua	zation did not	check the box	k on line 13, ar	nd line 14 is 30		check this
b	331/3% support test—2015. If the organithis box and stop here. The organization					ıs 33¹/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th	ne "facts-and-o	circumstances'	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part III Support Schedule for Organizations Described in Section 509(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 II.)

Secti	on A. Public Support		0.0 1.01.0 0 0.0	, p		,	
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				, ,		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					ļ	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		"				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			•		· ·	
	Amounts included on lines 1, 2, and 3	<u></u>					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					-	
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		į į				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				-		
	line 6.)					Υ,	
Secti	on B. Total Support	. "					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				•		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	-					
	activities not included in line 10b, whether			İ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or				·		
	loss from the sale of capital assets		ļ				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th				•		1 / 1 /
	organization, check this box and stop her			<u> </u>			· · ▶ 🗆
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) di	vided by line 1	3, column (f))			%
16	Public support percentage from 2015 Sch	edule A, Part	III, line 15 .	<u> </u>	<u></u>	16	<u>%</u>
	on D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2016 (I					17	%
18	Investment income percentage from 2015						%
19a	33 ¹ / ₃ % support tests—2016. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2015. If the organiz	ation did not c	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
00	line 18 is not more than 331/3%, check this b					_	
20	Private foundation. If the organization did	a not check a l	DOX ON line 14	19a or 19b o	neck this boy	and see instruc	rtions 🕨 🗍

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.)

3601	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	5c		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	6		
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 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 detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Lice Schedule C. Form 4720, to	⊢ .va	 	

determine whether the organization had excess business holdings.)

				raye •
Part	Supporting Organizations (continued)		r	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
''a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
_	below, the governing body of a supported organization?	11a	 	
b	A family member of a person described in (a) above?	11b		
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		ļ	ļ
2		1		
_	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).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the example to provide to each of the supported assessment by the last day of the fifth and the fifth		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Cooti	<u></u>	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
1_	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		l	
	activities but for the organization's involvement.	OF		<u></u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	"		
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in the rocard	25		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 · Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	"	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	ly int	egrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions	Current Year			
1_	Amounts paid to supported organizations to accomplish e				
2		empt purposes of suppo	orted		
	organizations, in excess of income from activity			<u> </u>	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınizatıons		
4_	Amounts paid to acquire exempt-use assets	·			
	Qualified set-aside amounts (prior IRS approval required)				
<u>6</u> 7	Other distributions (describe in Part VI) See instructions.				
	The state of the s			<u> </u>	
8	Distributions to attentive supported organizations to which	1			
9	(provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6			ļ	
10	Line 8 amount divided by Line 9 amount				
	Line o amount divided by Line 9 amount		/ii)	(iii)	
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2016:				
<u>a</u>					
<u>b</u>	5			 	
	From 2013				
	From 2015				
f	Total of lines 3a through e	-			
g	Applied to underdistributions of prior years	r			
	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from	Ĩ			
	Section D, line 7:	i		1	
	Applied to underdistributions of prior years			- -	
	Applied to 2016 distributable amount				
_с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.			~	
8	Breakdown of line 7:	or in the second	***************************************	<u> </u>	
a	Fuence from 2010				
	Excess from 2013				
	Excess from 2014		Caralina, and and and		
	Excess from 2015			20 20 20 20 20 20 20 20 20 20 20 20 20 2	
e	Excess from 2016	というできる。 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、	With the second		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 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, lines 1c, 2a, 2b, 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.)

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.

OMB No 1545-0047
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number Name of the organization **CROSSROADS INTERNATIONAL STUDENT MINISTRIES** 35-2384776 Cash and non cash donors of more than \$5000 Calendar Year 2015 Mountainview Christian Church 40 E Highlands Ranch Pkwy Highlands Ranch CO 80126 \$10,000 68845 \$8,000 Greg & Laurie Swinney 3807 6th Ave Kearney NE Indianola Randel, Brad & Adrienne 43949 Lillian Rd NE 69034 \$7,128 Ed & Marlis Hackel 47345 805th rd Ord 68862 \$5,507 \$5,000 Marty & Linda Robbins PO BOX 216 Burwell NE 68823 2457 West Sunset Dr Littleton \$5,000 A Dallakoti Enterprises CO 80120 PART IV --- OFFICERS, DIRECTORS AND KEY EMPLOYEES Calendar Year 2014 -- BOARD OF DIRECTORS Jerry Arnold Jr. 78613 464 A Ave Litchfield NE 68852 Alberto Baez 306 Hampton Boerne TX 78006 Bob Milliken 1619 S 25th St Lincoln NE 68502 Garland Bare 141 Friendship Cir Joplin MO 64834 Trish Udell 104 Rocky Cir Joplin MO 64834 Hari Dallakoti 2347 W Sunset Dr Littleton CO 80120 95 East County Rd Clayton IN 46118 KEY EMPLOYEES 3807 6th Ave Kearney NE 68845 PART III -- NARRATIVE OF THE THREE LARGEST PROGRAMS OF Crossroads International with Budget Estimate Calendar Year 2014 "The largest program for Crossroads International Student Ministries in 2014 is that of Conventions, Meetings, and Conferences. About 10%. After serving in campus ministry for 26 years, the Executive Director, Greg Swinney, started Crossroads to focus solely on ministry to international students. The growth trend of internationals in college in the US showed a steep upward path increasing exponentially with no sign of stopping. Many of the One million plus internationals - reportedly near 66% - left the US after two or more years

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

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

Name of the organization	Employer identification number				
CROSSROADS INTERNATIONAL STUDENT MINISTRIES	35-2384776				
n college having never been inside an American home. For this reason, Crossroads started as a resource for campus ministers					
across the country to get training and materials in starting or building international student outreach. Attending conventions					
with thousands in attendance (i.e. the North American Christian Convention and the International Conference on Missions)					
annually, there were opportunities to present workshops, host exhibit booths, and otherwise get exposure	e that help is available through				
the Crossroads ministry.					
······	·				
"The second largest program for Crossroads International Student Ministries in 2014 is Training Resource	s and related Travel Expenses.				
Of the approximate \$75,000 expense budget, ~approx 8% went towards training ministries across the Unit	ed States on how to start				
international student ministries on college campuses. With over one million international students attended	lingcollege in the				
United States in 2014, Christian campus ministers saw the need to reach out to these students so far from	ı home and family				
and demonstrate the love as taught by Jesus Christ. Numerous campus ministers contacted the Crossr	oads Executive				
Director requesting him to come to their campus for a period of days to help them train their staff and sta	rta committed ministry				
to international students and visiting scholars. This includes training on cultural differences, starting ""C	onversation Table""				
groups to meet the needs of international students wanting to improve their English conversation skills, I	nosting events for fellowship				
and Bible teaching, and finding Friendship Families to connect with students to experience American cult	ure in a family				
environment (not a home stay program but a friendship building program).	·				
The third largest program expenditure (about 4% of total spent for the year) for Crossroads International S	tudent Ministries in 2014				
was for resource materials provided free of charge to churches and campus ministries across the United S	States.				
	·				

Part 1 - Line 16 expenses include normal operating expenses of conference travel, resources to help ca	mpus ministries, programs				
Part 1 - Line 20 assets increased due to an increase of charitable donations throughout the year and ge					