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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	2016 cale	endar year, or tax year	beginning	September 1, 20	15 , 2016,	and endin	9 Auq	ust 31	, 20 16				
В	Check if	applicable	C Name of organization Y	outh Missio	ns International				D Employ	er identification n	umber			
	Address	change	Doing business as BA			,			20-8903588					
	Name ci	hange	Number and street (or P				Room/su	ıte	E Telepho	one number				
	Initial ref	turn	900 1st Ave S				ľ	304		866-487-7563				
	Final retu	m/terminated		ovince, country	, and ZIP or foreign p	ostal code								
	Amende	d return	Seattle, WA 98134		G Gross r	ecerpts \$	862,111							
$\bar{\Box}$		ion pending		incipal officer	Jessica Cottrill:			H(a) Is this a r						
_	, p p		23104 59th Ave W, Mo	-					a group return for subordinates? Yes No half subordinates included? Yes No					
	Tay-eye	mpt status	501(c)(3)	501(c) () ◄ (insert no)	4947(a)(1) or	527			a list (see instruction				
<u>:</u>	Website		o://www.trainleaders.or) 4 (msert 110) t		LJ 021			number ►	,			
K			Corporation Trust	Associatio	n	1. v	ear of format			of legal domicile	WA			
_	art I	Summ			in		ear or format	2007	W State	or legal domicile	VVA			
	1		escribe the organization	on's mission	o or most signific	ant activities	o: Mo aro	a roligious	faith has	ad training arga	nization			
Ð	i .													
Activities & Governance	1		ing young people to liv		their faith in Chri	st. we do thi	s through i	mission train	ung, miss	sion trips, and ic	ocai			
Î,	1 2	ministry in support of churches. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ove.							· ·			ns net assets.	_			
Ğ	3		of voting members of	-		•				 				
တ္ဆ	4		of independent voting							 	5			
ij	5		mber of individuals en				ne 2a) .		5	ļ	25			
∌	6		mber of volunteers (es						6	ļ	150			
⋖	7a		related business rever			• •			7a		0			
	Ь.	Net unre	lated business taxable	e income fro	om Form 990-T,	line 34 .	• • • •		7b	ļ	0			
							-	Prior Ye	ear 	Current Ye	ear			
ē	8		tions and grants (Part		•		\cdots		602,043		627,041			
ē	9	-	service revenue (Part	_	•			_les_Q	147,060		183,670			
Revenue	10		ent income (Part VIII, c					100	0		0			
ш.	11		venue (Part VIII, colum					23 131	23,547		51,400			
	12		enue-add lines 8 thro				line _s 12)	un la	772,650	<u></u>	862,111			
	13		nd sımılar amounts pa				3K. 15.		33,106		38,476			
	14	Benefits	paid to or for member	rs (Part IX, d	column (A), line 4		الم المراز . سامه .		0		0			
S	15	Salaries,	other compensation, e	mployee be	nefits (Part IX, col	umn (A), Imes	5310		319,933		447,959			
Expenses	16a	Profession	onal fundraising fees (Part IX, colu	ımn (A), line 11e	» . N			0		0			
ĝ	b	Total fun	draising expenses (Pa	art IX, colum	nn (D), line 25) 🕨									
ű	17	Other ex	penses (Part IX, colun	nn (A), lines	11a-11d, 11f-24	1e)			416,904		453,355			
	18	Total exp	oenses. Add lines 13-	17 (must ed	jual Part IX, colui	mn (A), line 2	25) . [769,943		901,314			
	19	Revenue	less expenses. Subtr	act line 18 f	from line 12 .		Г		2.707		(39,203)			
Ses								Beginning of Cu	rrent Year	End of Ye				
sets	20	Total ass	sets (Part X, line 16)				🗅		122,118		85,537			
ASS	21		oilities (Part X, line 26)				٢		6,817		18,156			
Net Ass Fund Ba	22		ts or fund balances. S		21 from line 20		h		115,301	 	67,381			
	art II		ture Block						,		0.700.			
Un	der pena		ury, I declare that I have exa	mined this retu	ım, including accomp	panying schedul	es and state	ments, and to t	he best of	my knowledge and	behef, it is			
			lete Declaration of preparer							,				
		7	Talm 7/ Sta	111-										
Sig	ın	Sign	ature of officer	<i></i>	/			Da	ite	4. /.				
He			Director of	Cooperation	25/John	N St.	fflor		4/	14/17				
		Type	or print name and title	-powier	0, 40, 10	<u> </u>	1.10							
_	:	44	pe preparer's name	[Pr	eparer's signature		Da	ite	1	PTIN				
Pa		1			• • • • • • • • • • • • • • • • • • •		-		Check self-em	L) # }				
	epare	1 .			 -					picyed				
Us	e Oni								n's EIN ▶					
Ma	v the IF		address ▶ s this return with the p	renarer sh	nwn ahove? (cen	instructions	<u>, </u>	Pho	ne no		. []			
_						manuchons				Yes				
ror	raperv	vork nedu	ction Act Notice, see ti	ne separate	mstrucuons.		Çat N	o 11282Y		Form \$	990 (2016)			

		age 🕰										
Part	Statement of Program Service Accomplishments											
	Check if Schedule O contains a response or note to any line in this Part III	V										
1	Briefly describe the organization's mission:											
	We are a religious training organization that empowers young people to continually live and share their faith in the global											
	communities in which they serve.											
2	Did the organization undertake any significant program services during the year which were not listed on the											
	prior Form 990 or 990-EZ?	No										
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
	If "Yes," describe these changes on Schedule O.											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure											
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	hers,										
	the total expenses, and revenue, if any, for each program service reported.											
	(Code: \(\sigma\)/Funescee (1) 126 F24 moluding events of (1)											
4a	(Code:) (Expenses \$ 136,524 including grants of \$) (Revenue \$ 86,416) Short term mission trips for individuals (primarily individual college students or teams of high school/college students) to assist											
	church and ministries both overseas and domestically in various locations.											
	 											
4b	(Code:) (Expenses \$ 85,070 including grants of \$) (Revenue \$ 70,000)											
	Short term mission trips designed for church groups to assist churches and ministries in domestic and international locations.											
		-										

4c	(Code:) (Expenses \$ 15,650 including grants of \$) (Revenue \$ 24,254)											
	Sports ministry opportunities provided for local churches in the United States. Intern teams were sent to local churches to help r	un										
	week-long sports camps. Curriculum and consultation was also provided to churches.	- -										
		·										
4d	Other program services (Describe in Schedule O.)											
	(Expenses \$ including grants of \$) (Revenue \$)											
4e	Total program service expenses ► 237,244											

Part	<u></u>			age O
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	<u> </u>
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		1
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		✓
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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		1
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
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		1
			n 990	(2016)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	لـــا	1
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لــــا	
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		1
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		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
	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		1
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		1
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		1
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		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		✓
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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		· /
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	0.7		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	 	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form 99	00 (2016)			F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a0			19 May
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	,		1 3 24 1 , 4, 5
C	Did the organization comply with backup withholding rules for reportable payments to	vendors and			\$4 W.W.
	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1763		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 25			4
b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	За	;uuunoeuun	<i>√</i>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or				
	over, a financial account in a foreign country (such as a bank account, securities account, or				
	account)?		4a		1
b	If "Ves." enter the name of the foreign country.				
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Final				1
	(FBAR).	anciai Accounts	* .		T.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	(par?	5a	200000000	38.600.002. !
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	liansaction:	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	 0 and did the	30		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?		60		./
b	If "Yes," did the organization include with every solicitation an express statement that such of		6a	}	
U		Solitifications of	66		
7	gifts were not tax deductible?		6b	<i>(12890)</i>	
7	Organizations that may receive deductible contributions under section 170(c).	andle for goods			t,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pand services provided to the payor?	partiy for goods			
	· ·		7a	V	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for required to file Form 8282?	or which it was	_ '	.	,
		1	7c	111121111113215	√
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h	armo-sum-m	andronia Marco
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	untained by the			
	sponsoring organization have excess business holdings at any time during the year?		8	10000 Section 100	0 4 10 10 10 10 10 10 10 10 10 10 10 10 10
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 personal per	on?	9ь		, <u></u> ,
10	Section 501(c)(7) organizations. Enter:		#*\		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			, W.
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:			1.5	
а	Gross income from members or shareholders	11a		2.0	
b	Gross income from other sources (Do not net amounts due or paid to other sources				, Ş.,,
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a	amusa. 38A	
b		12b	401		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		** ***		Q.
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	umu Jumir	CHE THE THE
-	Note. See the instructions for additional information the organization must report on Schedule	O.	X		
b	Enter the amount of reserves the organization is required to maintain by the states in which	.		X	9.32
_	the average strong to be appeal to prove explicitly along	13b			
С		13c		3	
	Did the organization receive any payments for indoor tanning services during the tax year?	130	445	<i>90000 40</i> 0	
14a	Did the organization receive any payments for indoor taining services during the tax year?.		14a		I ▼

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

				Page U
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 5			523
	If there are material differences in voting rights among members of the governing body, or	1.00		
	if the governing body delegated broad authority to an executive committee or similar			7.5
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 5		*	* .
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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		, **,	
а	The governing body?	8a	\	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		l	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		√
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		├
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√	├
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
40		12c	√	-
13	Did the organization have a written whistleblower policy?	13	<u> </u>	\ <u>\</u>
14 15	Did the organization have a written document retention and destruction policy?	14		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	W/9/0%	000903
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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			50000
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			33.3
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		• •
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, 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 re	cords	: ▶	
	John Stiffler, 900 1st Ave S, Suite #304, Seattle, WA 98134; 866-487-7563			

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_		7
ν_a	CO.	•

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

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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos neck ss pe	rson	than of the state	ee) Form	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jessica Cottrill, Board Chair				√						
(2) Tim Johnston, Board Vice-Chair				✓						
(3) Phil Dalrymple, Board Secretary/Treasurer				1						
(4) Brian Rhodes, Director		✓								
(5) Chris Williams, Director		1								
(6)										
(7)										
(8)										
(9)						-				
(10)										
(11)				-						
(12)							- <u>-</u> -			
(13)			-	_		-				
(14)		_			-					

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	ot che	s pe	tion more	than of the highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatio related organizatic (W-2/1099-N	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
(15)							<u> </u>	}	 			
(16)								-				
(17)					_	_						·
					_			_				
(18)												! !
(19)												
(20)												
(21)					_	_						
(22)												
												
(23)												
(24)												
(25)				+	-	_		-				
1b	Sub-total								0		0	0
C	Total from continuation sheets to Part							•	ō		0	0
<u>d</u>								<u>,</u>	0		0	0
	Total number of individuals (including but reportable compensation from the organi		i to th	ose	IIST	ea a	above	e) W	no received me	ore tnan \$1	00,00	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direc Schedule J	tor, o	r tru	uste ndi	e, vidu	key e	emp	loyee, or high	est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dıvıdu	
Section	on B. Independent Contractors							_	 			
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress		_					(B) Description of s	ervices		(C) Compensation
					_	_						
	 				_							
					_			-				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Form **990** (2016)

Par	VIII	Statement of Reve				5		
		Check if Schedule C		ponse or note t	O any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0	<u> </u>			
	С	Fundraising events .		12,358	}			
Contributions, Gifts, and Other Similar Ar	d	Related organizations	s <u>1d</u>	0] ,			
im.	e	Government grants (cor	ntributions) 1e	0				
tior sr S	f	All other contributions, g			1	, , , , , , , , , , , , , , , , , , ,		
jg ₹	Ì	and similar amounts not inc	cluded above 1f	617,230		. ,		
d d	g	Noncash contributions include	ded in lines 1a-1f [.] \$					
<u>යි ළ</u>	h	Total. Add lines 1a-1	f	<u> </u>	629,588		6.4666.04.111	
en e				Business Code				
Ven	2a	Individual Mission Trip	s	813000	86,416			
8	ь	Group Mission Trips		813000	70,000			
Program Service Revenue	С	Sports Camps		813000	24,254			
Ser	d							
Ę	е							
ogu	f	All other program ser	vice revenue .		0			
ڇ_	9	Total. Add lines 2a-2			180,670			
	3	Investment income					1	
		and other similar amo			0	0	0	0
	4	Income from investmen			0	0	0	<u> </u>
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0
		0					100	
	6a	Gross rents	0			100		
	b	Less rental expenses	0	0		1		
	C	Rental income or (loss)	0		<u> </u>	<u> </u>		
	d	Net rental income or	(IOSS)	(ii) Other	0	0	0	0
	7a	Gross amount from sales of assets other than inventory						
		Less: cost or other basis	0	0		4		
	b	and sales expenses .	_	_	and the state of		1.0	, A
		<u>-</u>	0	0				
	C	Gain or (loss)	0	0				
	d	Net gain or (loss) .		/ · · · •	0	0	0	0
an	8a	Gross income from fu	indraicina					
	Ua	events (not including \$	indiaising •					
ě	}	of contributions reporte	ed on line 1c)					
Ē	}		· · · · · a					
Other Reve	ь	Less: direct expenses	-	0				
0	G	Net income or (loss) f		<u> </u>	0		0	
		Gross income from ga		events . P	U		U	
			· · · · a	o				
	ь	Less: direct expenses	_	0				
	c	Net income or (loss) f			0		<u> </u>	
	ı	Gross sales of in						
		returns and allowance	•	453				
	ь	Less: cost of goods s	-					
	c	Net income or (loss) f			(47)	0	0	<u> </u>
	<u> </u>	Miscellaneous R		Business Code				
	11a	Consulting Income			51,400		<u> </u>	2. 6. 6. 70. 10 To 10 To 10 Th. 10 Th. 16 Th
	ь				31,400			
	c						 	
	d	All other revenue .						
	e	Total. Add lines 11a-		.	51,400		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	12	Total revenue. See in		. •	862.111		z ween nigen with z nezig	n a ruse russepunt unsulterunger in 200

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	(D)			
8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic	0	ļ <u>u</u>					
_	individuals. See Part IV, line 22	0	,					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign	1						
	individuals. See Part IV, lines 15 and 16	38,476	38,476					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors,	1						
_	trustees, and key employees	0	0	0	0			
6	Compensation not included above, to disqualified	1			1			
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	387,290	0	387,290	<u> </u>			
8	Pension plan accruals and contributions (include	367,290		367,290				
_	section 401(k) and 403(b) employer contributions)	0	0	0	0			
9	Other employee benefits	46,478		46,478	0			
10	Payroll taxes	24,179	0					
11	Fees for services (non-employees):							
а	Management	0	0	0	0			
b	Legal	0	0	0	0			
С	Accounting	31,711	0	31,711	0			
d	Lobbying	0	0	0	0			
e	Professional fundraising services. See Part IV, line 17	0	1.50 18 18 18 18 18 18 18 18 18 18 18 18 18	***	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column							
g	(A) amount, list line 11g expenses on Schedule O.)	2542		0.540				
12	Advertising and promotion	2,543 17,268	0	2,543 17,268				
13	Office expenses	12,254	0					
14	Information technology	12,237	0		 			
15	Royalties	0	0	0				
16	Occupancy	38,720	0	38,720				
17	Travel	7,257	7,257	0				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings	4,308	0		0			
20	Interest	0	0					
21 22	Payments to affiliates	0		0	 			
23	Depreciation, depletion, and amortization . Insurance	9,669	0	9,669	0			
24	Other expenses. Itemize expenses not covered							
27	above (List miscellaneous expenses in line 24e. If		N. A. C.					
	line 24e amount exceeds 10% of line 25, column				4.1			
	(A) amount, list line 24e expenses on Schedule O.)							
а	Individual Mission Trips	136,524	136,524	0	0			
b	Group Mission Trips	85,070	85,070	0	0			
С	Sports Camps	15,650	15,650	0	0			
d	Banquet/Fundraising	31,979	0	0	 			
e	All other expenses	11,938	11,938		 			
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	901,314	294,915	574,420	31,979			
26	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	}						

Form 990 (2016) Page **11** Part X Balance Sheet
Check if Schedule

_		Check if Schedule O contains a response or note to any line in this Pa	ırt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	103,612	1	72,371
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	3,953
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	}	Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			***
	1	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			
Ş		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			1 T
	ļ	other basis. Complete Part VI of Schedule D 10a 14,068	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b	Less: accumulated depreciation 10b 9,669	15,231	10c	4,399
	11	Investments—publicly traded securities	0.	_	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
1	14	Intangible assets		14	0
İ	15	Other assets. See Part IV, line 11	3,275		3,275
	16	Total assets. Add lines 1 through 15 (must equal line 34)	122,118		83,999
	17	Accounts payable and accrued expenses	6,817		13,926
	18	Grants payable	0	_	0
	19 20	Deferred revenue	0	19	0
	21	Tax-exempt bond liabilities	0	20 21	0
10	22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	0		U
ties	22	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third		-	<u>~</u>
		parties, and other liabilities not included on lines 17-24). Complete Part X		ı	
		of Schedule D	0	25	4.222
	26	Total liabilities. Add lines 17 through 25	6,817	26	18,148
-		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	115,301	27	67,381
Ba	28	Temporarily restricted net assets	00	28	0
pu	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
! As	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
Ne	33	Total net assets or fund balances	115,301	33	67,381
$\bar{\bot}$	34	Total liabilities and net assets/fund balances	122,118		85,537
		——————————————————————————————————————			Form 990 (2016)

Page	1	2
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0	55 (25.6)			Гa	ye ız
Parl					
	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		86	2,111
2	Total expenses (must equal Part IX, column (A), line 25)	2		90	1,314
3	Revenue less expenses. Subtract line 2 from line 1	3		(39	,203)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	5,301
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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	ļ ļ			
	33, column (B))	10		6	7,381
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · ·	<u></u>	
			Canada michael	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			X5.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		3.34	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	anarininis
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both			•	
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?	• • •	2b	unsuum en	√
	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to indicate whether the financial statements for the year were auditionally appearance below to the properties of the year were appearance below to the year were all the year whether the financial statements for the year were all the year whether the year whether the year were all the year whether the year were all the year whether the year wh	ed on a			
	separate basis, consolidated basis, or both:		1935		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		1 1		
	·		2c		W.W. 2013/10
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in			
•			12.83		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ionn in	3a	1	,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	Sa		<u> </u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	}	1
			التتال	990	(2016)
			FOIRE	550	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2016

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Open to Public

		ons International					20-89	
Par		Reason for Public Cha						ns.
		ation is not a private founda		•		•	·	
1		church, convention of churc						
2		school described in section		•			• •	
3 4	_	hospital or a cooperative hos medical research organization						iii) Enter the
7		spital's name, city, and state		onjunouon with a noop	Jitai GCSC	inoca iii s	ection motolitical	in). Litter the
5	☐ An	organization operated for ction 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	□At	federal, state, or local gover	nment or govern	mental unit described	l ın secti o	on 170(b)	(1)(A)(v).	
7		organization that normally scribed in section 170(b)(1)			port from	a gover	nmental unit or from	the general public
8	□ A d	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or un	agricultural research organi university or a non-land-gra iversity:	nt college of agr	culture (see instruction	ons) Ente	r the nan	ne, city, and state of	the college or
10	red Su	organization that normally in ceipts from activities related pport from gross investment quired by the organization a	to its exempt fuilt t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		organization organized and						
12		organization organized and	•		•			ry out the purposes
	of	one or more publicly suppo	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Cr	eck the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting o	rganızatı	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
L		supporting organization. Ye						anda) harbardan
b	Ц	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ	rated. A support	ting organization oper	ated in c			ally integrated with,
d		Type III non-functionally i		•		=	* *	rted organization(s)
_	_	that is not functionally integreguirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	•
•		•	•	•		•		. U. T UI
е		Check this box if the organ functionally integrated, or 1						e II, Type III
f	Ente	r the number of supported of				•		
g		ride the following information						
		e of supported organization	(ii) EiN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (000 manaonomo))			mon donorio,	11100 0000110)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked to						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	(1) 0040	<u> </u>	43004	<u> </u>	() 0040	(D. 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.")	100 700					0.000.000
0		402,723	710,188	880,025	602,043	797,720	3,392,699
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	402,723	710,188	880,025	602,043	797,720	3,392,699
5	The portion of total contributions by	102/120	110,100	500,020	002,040	707,720	0,002,000
3	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)						0
6	Public support. Subtract line 5 from line 4		To the second			4	3,392,699
	on B. Total Support		<u> </u>	ananis Languaga da an	<u> </u>	<u> </u>	0,002,000
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	402,723	710,188	880,025	602,043	797,720	3,392,699
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.)	95,447	2,426	117,703	170,607	64,391	450,574
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.				1 1 1 1 1 1 1	12	3,843,273
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		•	ear as a sectio	
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2016 (line					14	88.27 %
15	Public support percentage from 2015 Sc					15	86.95 %
16a	331/3% support test—2016. If the organ box and stop here. The organization qua						
þ	331/3% support test - 2015. If the organ	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the forganization	eets the "facts-	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the	e "facts-and-d	orcumstances' stances" test.	' test, check	this box and s	stop here.
18	Private foundation. If the organization d instructions		box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Schedu	ile A (Form 990 or 990-EZ) 2016						Page 3
Part	• • •						
	(Complete only if you checked the						under Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part I	1.)	
	on A. Public Support	, 					· r
Calen	idar 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			į.		ı	
_	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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified					ı	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			11.2			
	line 6.)	<u> </u>	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	23.55	A Second Section of	X is the	
	on B. Total Support	, 		,	 		
	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,						1
	royalties and income from similar sources .	ļ					
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						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he				, or fifth tax ye		
Secti	on C. Computation of Public Support	rt Percentag	e				_
15	Public support percentage for 2016 (line			3, column (f))	· · · · · ·	15	%
16	Public support percentage from 2015 Sci	hedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests-2016. If the organ	iization did not	cneck the box	k on line 14, ai	na line 15 is m	ore than 33	1/3%, and line

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33½% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)	
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
С	A family member of a person described in (a) above? 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. on B. Type I Supporting Organizations	11b
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.	Yes No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
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).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	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	instructions).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . 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 "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying 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			ì
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			Sec. 1
instructions for short tax year or assets held for part of year):			7.7
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	1 (1 Y)	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	ļĪ		
emergency temporary reduction (see instructions).	6		#
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inf	tegrated Type III supportin	g organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5_	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive		
	(provide details in Part VI). See instructions.	_			
9	Distributable amount for 2016 from Section C, line 6				
_10	Line 8 amount divided by Line 9 amount		(**)	/*··>	
Se	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		<u> </u>		
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:				
а	基 的企业,1995年,1995年,1986年,1986年,1986年	(* 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 *	\$. 1	Y A Y WHY	
b				建 11.00 克 海	
С	From 2013				
d	From 2014				
е	From 2015	A 1 7 7 1 1 1 2 2 5			
f	Total of lines 3a through e		* * * * * * * * * * * * * * * * * * *		
g_	Applied to underdistributions of prior years				
h_	Applied to 2016 distributable amount				
i_	Carryover from 2011 not applied (see instructions)	<u> </u>			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	illianii olimniimineniime or her tihar Uhar him mi rim te tiha	<u> </u>		
4	Distributions for 2016 from				
	Section D, line 7: \$	2.1 k 2. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>	
a_	Applied to underdistributions of prior years			v svičiach)	
<u>b</u>	Applied to 2016 distributable amount		<u> </u>		
	Remainder. Subtract lines 4a and 4b from 4.			**	
5	Remaining underdistributions for years prior to 2016, if			· 集出国际费集	
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			4.	
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 3j	<u> </u>			
•	and 4c.				
8	Breakdown of line 7:			1 (3 () A () () () A () ()	
а					
b	Excess from 2013				
С	Excess from 2014	$f: K \to X$			
d	Excess from 2015				
е	Excess from 2016	A to A to A to A to A to A to A to A to	New Walter State S		

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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 D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public Inspection

	Revenue Service	<u> </u>	orm 990) and its instructions is at www.i	
	f the organization			Employer identification number
	Missions Interna	ational		20-8903588
Par			vised Funds or Other Similar Fur	
	Compl	ete if the organization answered	"Yes" on Form 990, Part IV, line 6.	(b) Funds and other accounts
			(a) Donor advised funds	(b) Funds and other accounts
1		at end of year		
2	•••	ue of contributions to (during year)		
3		ue of grants from (during year) .		
4	Aggregate val	ue at end of year		<u> </u>
5			advisors in writing that the assets he organization's exclusive legal contri	
6			and donor advisors in writing that gra	
			fit of the donor or donor advisor, or t	
			<u> </u>	· · · · · · · L Yes L No
Par		rvation Easements.		
	<u>-</u>		"Yes" on Form 990, Part IV, line 7	•
1		conservation easements held by the		
			tion or education) 🔲 Preservation o	
		of natural habitat	Preservation of	of a certified historic structure
_		on of open space		
2	•		eld a qualified conservation contributi	
		the last day of the tax year.		Held at the End of the Tax Year
а				<u>2a</u>
b			ts	
C			historic structure included in (a)	
d			(c) acquired after 8/17/06, and not	
		•		
3	tax year ►			minated by the organization during the
4		ates where property subject to conse		
5			garding the periodic monitoring, in	
			asements it holds?	
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>			
7	•	enses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$			
8			2(d) above satisfy the requirements of	
	and section 1		· · · · · · · · · · · · · · · · · · ·	
9			conservation easements in its revenu	
				nancial statements that describes the
	· · · · · · · · · · · · · · · · · · ·	accounting for conservation easem		O O
Par			is of Art, Historical Treasures, o	
			"Yes" on Form 990, Part IV, line 8	
1a				s revenue statement and balance sheet
			r assets held for public exhibition, e footnote to its financial statements th	ducation, or research in furtherance o
_	•			
b				revenue statement and balance shee
				ducation, or research in furtherance o
	-	e, provide the following amounts relat		•
	(i) Revenue ii	nciuded on Form 990, Part VIII, line 1		> \$
_				
2				ar assets for financial gain, provide the
	-		SFAS 116 (ASC 958) relating to these	
а	Revenue inclu	uded on Form 990, Part VIII, line 1		• •

b Assets included in Form 990, Part X

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Other Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	ne following that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge programs	
b	☐ Scholarly research		е	☐ Other	r 		
C	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the organization's ex	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part		•					
	Complete if the organization 990, Part X, line 21.					•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:		Amount
c	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amoun		-				=
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xpl <u>anatio</u>	<u>n has been</u>	provided on Part XIII	<u> </u>
Par	t V Endowment Funds.						
	Complete if the organization						
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance		ļ		<u> </u>		
2	Provide the estimated percentage of t	-	nd balanc	e (line 1g	ı, column (a	a)) held as:	
а	Board designated or quasi-endowmer		%				
b	Permanent endowment >	%					
С							
_	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of th	ne organı	zation tha	at are held	and administered for	
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o						. 3b
4	Describe in Part XIII the intended uses		on s endo	wment fi	urius.		
Part			" on Ec-	m 000 r	Dort IV II-	o 11a Soo Form 00	in Dort V line 10
	Complete if the organization						
	Description of property	(a) Cost or of (investm		1	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	·				13/1/19/1	
b	Buildings	·					<u> </u>
c	Leasehold improvements						
d	Equipment		14,069	<u></u>		9,669	4,400
e	Other	· <u> </u>					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	X, columr	n (B), line 1	0c.) ▶	4,400

Part VII	Investments - Other Securities		arm 000 Bort IV lin	o 11h Coo Forn	n 000 Part V line 10
	Complete if the organization ar (a) Description of security or category				
	(including name of security)		(b) Book value		thod of valuation d-of-year market value
(1) Financial					
(2) Closely-h	neld equity interests	· · · · · · · ·			
(A)					
(B)					
(C)	·		- 	<u> </u>	
(D)					
(E)					
(F) (G)				 	
(G) (H)					
	o) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Relati			25.55 (15.46)	<u> </u>
Ture VIII	Complete if the organization an		orm 990 Part IV lin	e 11c. See Forn	990 Part X line 13
	(a) Description of investment	100 0111	(b) Book value		ethod of valuation
	(a) Sessiphene mines men		(B) Book value		d-of-year market value
(1)			1		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>			
Part IX	Other Assets.	1.007 11 5	000 D + 04 1	4410 5	000 D 1V 1 45
	Complete if the organization ar	(a) Description	orm 990, Part IV, lin	ie 11a. See Forn	(b) Book value
		(a) Description	_		(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X,	col. (B) line 15.)		<u></u> ▶	
Part X	Other Liabilities.				
	Complete if the organization ar	swered "Yes" on F	orm 990, Part IV, lin	ie 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value		4	
(1) Federal in	come taxes				
(2)		_		11 1 1 1 1 7	
(3)					ian di
(4)					64. P
(5)					
(7)					
(8)					
(9)					THE SE
	b) must equal Form 990, Part X, col (B) line 25.)	 			
	uncertain tax positions. In Part XIII, pro		tnote to the organization	n's financial statem	ents that reports the
	s liability for uncertain tax positions unc				

Schedule D (For	prm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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-		••••••

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2016

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number Name of the organization 20-8903588 Youth Missions International General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990. Part IV. line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (b) Number of offices in the (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (a) Region region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) expenditures for and investments employees, agents, and independent a program service, describe specific type of region service(s) in the region in the region contractors in the region (1) (2) (3) (4) (5)(6)(7) (8)(9) (10)(11) (12)(13) (14)(15)(16)(17)Sub-total Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV,	מאלו מופון									;			
escription ash assistance	C	0											
rant cash grant disbursement assistance of nonest of nonest of nonest of nonest cash grant disbursement assistance	C	0 0											
(f) Manner of cash disbursement	22 128 Wire transfer	13,862 Wire transfer											
(e) Amount of cash grant	22 128	13,862											
	Mission support	Mission support											
ation (if applicable) (if applicable)	Rrazil	Peru											
(b) IRS code section and EIN (if applicable)	Brazil				a tractical and		"W" "W						
1 (a) Name of organization		(2)	1000 1000 1	(5)	(9)	#		(6)	(10)	(12)	(14)	(2)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part III Grants ar

Cash grant disbursement assistance of nordean assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)

Page	4

Foreign Forms		
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	☐ Yes	✓ No
may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	☐ Yes	☑ No
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	☐ Yes	☑ No
qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	☐ Yes	☑ No
the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	☐ Yes	☑ No
"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	☐ Yes	☑ No
	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990). Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide 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

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.

Open to Public Inspection

Name of the organization	Employer identification number					
Youth Missions International	20-8903588					
Part VI, Section B, Line 11b - Compiled by the staff and reviewed by the President.						
Part VI, Section C, Line 19 - The financial statements are open to public viewing at any time. All financial	als are available via request. Any					
request made for governing documents for our organization or conflict of interest policy will be furnished free of charge.						
request made for governing documents for our organization of connect of interest policy will be furnish	red free of charge.					
Part VI, Section B, Line 12c - The board of directors reviews all of the conflict of interest statements, ar	nd the board chair is responsible for					
identifying any potential conflicts during meetings.						

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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