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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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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.

B	Check if ap	plicable	C Name of organ	lization Si	ster Con	nection	<u> </u>) Employ	er identification n	umber
	Address ch	ange	Doing busines											20-5680815	
\Box	Name chan	ge	Number and s	treet (or P	O box if m	ail is not	delivered to	street address	s)	Room/sur	te	ļ	Telepho	ne number	
	initial return	۱ ا	220 Chatham	Hill Rd										517-937-3907	
	Final return/t	erminated	City or town, s	tate or pro	vince, cour	ntry, and	ZIP or foreig	n postal code	•						
	Amended n	etum	Wenatchee, W	/A 98801									Gross n	eceipts \$	540921
	Application	pending	F Name and add	ress of pri	ncipal offic	er					H(a) Is	this a grou	up return for	subordinates? Yes	 ✓ No
			Craig Reese,	220 Chat	ham Hill I	Rd, We	natchee, V	VA 98801						s included? 🔲 Yes	_
ı	Tax-exemp	t status	₹ 501(c)(3)		501(c) ((insert no) 4947(a)	(1) or	527	7 ` '			a list (see instructio	
J	Website:		erconnection.					<u> </u>			H(c)	Group e	xemption	number >	
ĸ	Form of org		✓ Corporation		Associa	ation [Other ▶		L Yea	r of formati		2007		of legal domicile	WA
Р	art I	Summ	ary												***
				ganızatic	on's miss	ion or	most sign	ificant activ	vities:	Provide	assist	tance to	o widow	s and orphans	in .
ė	I.		Africa through												
ā											177.77.1		2222		
Activities & Governance	2 C	heck th	is box ▶∏ if	the oras	inization	discor	ntinued its	operations	or dis	sposed c	of more	than 2	25% of	its net assets.	
Š			of voting men					-					3		10
æ			of independer										4		9
es			nber of individ										5	· · · · · · · · · · · · · · · · · · ·	<u>_</u>
₹	1		nber of volunt										6	 	
ᅙ			elated busine								• •		7a		12
_	ł.		lated busines						٠.			• •	7b		
	<u> </u>	et unie	lated busines.	3 taxabit	3 111001116	110111	01111 330-	1, 11110 34	<u>···</u>	 .	_ · _ · _ ·	rior Yea		Current Ye	
		antribu	tions and ara	nto (Dort	VIII line	16\				<u>}</u> -					
ë			tions and grai					· · · ·		· ·			517432		535352
ē	9 P	rogram	service rever ent income (Pa	ue (Pan	VIII JULE	79)_		7.0		 -				 	
Revenue										· -			8061		5569
	11 C														
	12 T	otal rev	enue-add line	es 8 thre	<u> (igh 1,1((r</u>	nust e	quallPart \	/III-dolumn	(A), lir	ne 12)			<u>525493</u>		540921
			nd sımilar am										<u>477326</u>		454830
		Benefits paid to or for members (Part X column (A) line 4)													
S	15 S											10637		16815	
Š	16a P	rofessio	onal fundraisir	ng fees (Part IX, c	column	ı (A), line '	11e)		· · L					
Expenses	b T	otal fun	draising expe	nses (Pa	art IX, col	lumn (l	D), line 25)				· 🖔	<u> </u>	<u> </u>		<u> </u>
ш	17 C	ther ex	penses (Part I	X, colun	nn (A), lin	ies 11a	a–11d, 11f	–24e) .					91694		92730
	18 T	otal exp	oenses. Add li	nes 13-	17 (must	equal	Part IX, co	olumn (A), li	ine 25	i) . [579657		564375
	19 R	Revenue	less expense	s. Subtr	act line 1	18 fron	n line 12						(54164)		(23454)
5 9	3									-	Beginning	g of Cun	ent Year	End of Ye	ar
19 E	20 T	otal ass	sets (Part X, lir	ne 16)						[401293		378961
Y AS	21 T	otal liab	oilities (Part X,	line 26)						[1122
Net Assets or	22 1	let asse	ts or fund bal	ances. S	Subtract I	line 21	from line	20		[401293		377839
Р	art II	Signa	ture Block								-				
				I have exa	mined this	return, ı	ncluding acc	ompanying sc	hedules	s and state	ments, a	nd to the	best of	my knowledge and	belief, it is
			lete Declaration												
_		<u> </u>	2	ार	<u>t</u>						-		12	3-2019	
Si	an	Sign	nature of officer		~							Date			
	ere			٠,٠	175	T	CEASLL	a e							
			A NAGE A e or print name ar	nd title			LECENTAL	<u> </u>							
_		,	pe preparer's na			Prepa	er's signatur	e		Da	ite		T	PTIN	
	aid	"					•						Check self-em	₩ 1	
	eparer	F					_ _					Ţ			
U	se Only											$\neg \neg$	s EIN ▶		
14	ov the IDC		address ► s this return v	with the	nranarar	ehowa	abovo? /	see instruct	tions)			Phon	e no		n D Na
_								oce monuc	110(15)		• •	• •	<u>· · · </u>	Ye:	
Fo	r Paperwo	ork Redu	ıction Act Noti	ce, see t	ne separa	ate insi	tructions.			Cat N	lo 11282	2Y		Form	990 (2016)

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Form 99	0 (2016)				Page 2								
Part			Accomplishments	n thin Dort III									
	Briefly describe the orga			n this Part III	<u> </u>								
٠,				ic financial assistance, home building, and									
	micro-enterprise develop												
2	Did the organization und	dertake any sign	nificant program services during	g the year which were not listed on the									
	prior Form 990 or 990-E	Z?			☐ Yes ☑ No								
3	If "Yes," describe these	new services or	n Schedule O.										
3	services?	ies Min											
	If "Yes," describe these	-											
4	expenses. Section 501(c)(3) and 501(c)(ervice accomplishments for each (4) organizations are required to for each program service report	ch of its three largest program services, to report the amount of grants and allow rted.	, as measured by cations to others,								
4a	(Code:) (Exp	enses \$	340205 including grants of \$) (Revenue \$)								
	Sponsorship of widows and orphans for basic living, providing funding for critical needs, etc.												
	Provide goats, chickens, cows to widows												
	Provide training, spiritual	and emotional s	support through seminars for wid	lows and orphans									
	Provide scholarships for	orphans to atten	id an African university										
			•										
4b	(Code:) (Exp	enses \$	91064 including grants of \$) (Revenue \$)								
	Build and repair homes for widows and orphans												

				·									
					·								
4c	(Code:) (Exp	enses \$	23561 including grants of \$) (Revenue \$)								
	Davalan training conta-												
	Develop training center Provide for micro-enterproperties	rise loans and ad											
	Trovide to more emerge	,100,100,10,01,10,10											
				·									
		,											
4d	Other program services	(Describe in Sc	chedule O.)										
	(Expenses \$			evenue \$)									
4e	Total program service e	xpenses >	454830										

OIIII 3	0 (2010)			Page -
Part	Checklist of Required Schedules			
1 (Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_		1	✓	<u> </u>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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		1
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, VII, VIII, IX, or X as applicable.	. ;		,,,
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	, er en ere	/
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	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		140	_	
Ī	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

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

Form 99	0 (2016)			Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	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	-		<u> </u>
	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	}		ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		 •
	\$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
	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		<u>/</u>
о 25а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		 √
200	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			
	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	ļ	✓
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,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	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,	à T	\$ 2	*
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		. 2	* 1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
-	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		1
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? <i>If</i> "Yes," <i>complete Schedule N</i> ,	55	-	
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
00	complete Schedule N, Part II	32	<u> </u>	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	
	or IV, and Part V, line 1	34		1
3 5a	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			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			!
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	√ 000	(2016)
		ron	π 330	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •		
4		10.0 °	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		'8. Á	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		. ***	3000
С	reportable gaming (gambling) winnings to prize winners?	- 34	Sair	86. E 14
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	***	****
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- AL	300 3 C	was stalled.
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	.A. ≸	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\$ A	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100		-
·u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a	1	
b	If "Yes," enter the name of the foreign country: Burundi, Africa	70	. ·	14 L
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	37 - 3	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		}
7	Organizations that may receive deductible contributions under section 170(c).	*	1 4	4 4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1 1	
	and services provided to the payor?	7a		1
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 which it was			
	required to file Form 8282?	7c	** 1	√
d	If "Yes," indicate the number of Forms 8282 filed during the year		1.2	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	├	✓_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	 -	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11,	. * *	.3.)
	sponsoring organization have excess business holdings at any time during the year?	8	2. sin	1. W.
9	Sponsoring organizations maintaining donor advised funds.	10	<i>(</i> 9	77
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	L	Land Sta
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:		3 2	1. 8
а	Initiation fees and capital contributions included on Part VIII, line 12	17 13		3 3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:		, F	
а	Gross income from members or shareholders	121	ľ " ·	»
b	Gross income from other sources (Do not net amounts due or paid to other sources		∛ . €	.4
	against amounts due or received from them.)			(A 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		,
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	2 .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	2 e **
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1	, ~ê, c	
b	Enter the amount of reserves the organization is required to maintain by the states in which			. × -:
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	E. 3.6.	} #	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	ļ	1

Form 99	<u> </u>			Page 6					
Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.					
Section	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	<u>. ப</u>					
3601	on A. doverning body and management	-	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	~ 12 m/s	· ·	, 75 - ;					
	If there are material differences in voting rights among members of the governing body, or	13 } 算 2	*						
	if the governing body delegated broad authority to an executive committee or similar	***							
	committee, explain in Schedule O.		13 m						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9		* :						
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							
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?.								
6	Did the organization have members or stockholders?	6		✓					
7a	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?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		355					
_	the year by the following:		1:	Ž.					
а	The governing body?	8a		389					
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	✓_	<u>L</u>					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,)					
		r	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1						
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		<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		✓					
14	Did the organization have a written document retention and destruction policy?	14		✓					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, a-2,	**************************************						
а	The organization's CEO, Executive Director, or top management official	15a		1					
b	Other officers or key employees of the organization	15b	✓	<u> </u>					
16a									
h	with a taxable entity during the year?	16a	* ¥5,	✓					
J		16b	« ' ' _						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► WA,MI, IL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	c)(3)s	only)					
	☐ 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 financial statements available to the public during the tax year.	erest	polic	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >						
_•	Daniel Kurtz, 3551 Timber Lane Drive, Jackson, MI 49203 517-937-3907								

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т.	ас	10	•

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	ompensated	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 no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Officer Institutional trustee Individual trustee		Key employee	Former Highest compensated employee Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Craig Reese, President	40	1		√						
(2) Patrick Patterson, Chairman	1	1		1						
(3) Joy Buconyori, Vice-President	50	1		✓						11058
(4) Joshua Brooks, Director	1	1								
(5) David Goodnight, Director	1	1								
(6) Daniel Kurtz, Treasurer	6	1		1						-
(7) Diane Kurtz, Director	2	1		1						
(8) Nancy Nelson, Director	11	1								
(9) David Smetters, Director	1	1								
(10) Susan Rice, Secretary	11	1		1						
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(continu	Jed)
		1	Ì		•	C)			1			
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(F)
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportal compensation		Estimated amount of
		week (list any			_		or/trus		from	related		other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	黄	Former	the	organizati		compensation
		related organizations	eg è	Ĕ	ĕ	3	og §g	₫	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization
		below dotted	약	ğ	l	ş	a g		(2 1000 111100)		- [and related
		line)	E	Ę		8	ğ		l			organizations
			ď	ře	l		Highest compensated employee	ĺ	l			
(15)		 		-	-	├—	-	├-	 	ļ		
119/		 			l	ļ	l		İ			
(16)		 		-	-	-	-	├-	ļ		-+	
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(17)												
						L						
(18)		ļ					!	1		-	7	
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(19)		ļ						ļ	ļ			
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(22)		 	 		-	-		-				
3		†	1				[ļ	ł		1	
(23)												
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(24)												
	 	ļ		_		L		L.				
(25)							}					
	Sub-total	<u> </u>	Ĺ		<u> </u>	L			 			
1b c	Total from continuation sheets to Part		 n A	•	•		•		<u> </u>			11058
d	Total (add lines 1b and 1c)			•	•		•					11050
-2	Total number of individuals (including but						above	2) 14/	ho received m	ore than \$1		11058
-	reportable compensation from the organi		10 11	1030	, 1131	.cu	above	5) VV	no received in	Jie man w	100,000	7 01
												Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee,	key e	emp	oloyee, or high	est compe	ensated	
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ivıdı	ıal					3 7
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	nper	nsatio	n a	nd other comp	ensation fi	rom the	
	organization and related organizations	greater the	an \$1	150,	000	? /	f "Ye	s,"	complete Sch	edule J fo	or such	
	ındividual											4 1
5	Did any person listed on line 1a receive of									ation or in	dıvidua	
	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	nedu	ile J 1	or s	uch person		<u>· · · </u>	5 🗸
	on B. Independent Contractors									 .	<u> </u>	
1	Complete this table for your five highest compensation from the organization Rep											
	year.	Joil Compe	nsanc	א יוכ	Ji ti	ie c	alellu	iai y	real eliuling wit	II OF WILLIAM	me org	janization s tax
	(A)							Г	(B)			(C)
	Name and business add	iress						}	Description of s	ervices		Compensation
												
								_			ļ	
								-			 	
	Total number of independent contractor	ore (include	no hi	ıt n	ot !	limit	ed to	\ th	nea listed abo	al who	 	× *** ** ** ** *
~	received more than \$100,000 of compens	•	-					, 111	iode lidted abt	JVE) WIIU	1.0	
				<u> </u>							<u> </u>	, 'S. ""

Form **990** (2016)

Part	VIII .	Statement of Revenue Check if Schedule O contains a response or	note to any line i	n this Part VIII		
			(A) Total reve		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,				
Contributi and Other	g h	and and the amounts making deal about	535352 . ► 5	35352		
Program Service Revenue	2a b c d	Business	Code			
rogr	f g	All other program service revenue . Total. Add lines 2a–2f				
	3	Investment income (including dividends, int and other similar amounts) Income from investment of tax-exempt bond proceed	. ▶	5569		
	5	Royalties	. ▶			
	6a b c	Gross rents Less: rental expenses Rental income or (loss)				
	7a	Net rental income or (loss)	ner			
	С	Less: cost or other basis and sales expenses . Gain or (loss)		11		
Revenue	8a	Net gain or (loss)	**************************************			
Other Rev	b c ga	See Part IV, line 18	. •			
	b	See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Gross sales of inventory, less returns and allowances a				
	c	Less: cost of goods sold b Net income or (loss) from sales of inventory . Miscellaneous Revenue Busines	. Þ	the Manager of the state of the		
	11a b c	All other revenue				
	d	All other revenue	. •			***************************************
	12	Total revenue. See instructions	. •	640921		

Part IX	Statement	of Functional	Expenses

	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	454830	454830		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	11058		11058	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	4635		4635	
9 10 11	Other employee benefits	1122		1122	
a b c d	Management	10987		10987	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		,	***	
12 13 14 15	Advertising and promotion	13280		13280	
16 17 18	Occupancy	4861		4861	
19 20 21 22 23	Conferences, conventions, and meetings Interest	1662		1662	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	Burundi national office expenses Wire trans, bank, donor credit card fees	55874 6066		55874 6066	
c d e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	564375	454830	109545	

29

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31 32

33

or Fund

Net Assets

Form 990 (2016) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 1 2 2 401293 378961 3 3 4 Accounts receivable, net . . 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 Prepaid expenses and deferred charges . . . 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 401293 378961 17 17 1122 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 1122 Balances complete lines 27 through 29, and lines 33 and 34. 2 4 27 210451 27 150195

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and

Capital stock or trust principal, or current funds

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

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

complete lines 30 through 34.

378961 Form **990** (2016)

227644

377839

190842

401293

401293

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	(20.0)					30 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	•		
1 (Total revenue (must equal Part VIII, column (A), line 12)	1			54	10921
2	Total expenses (must equal Part IX, column (A), line 25)	2			56	<u> 4375</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			(2:	3454)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			40	1293
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7	l			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			37	77839
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ lŝ		* , .85c %	,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in)	', %	
	Schedule O.			7, « .		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or ,		,,,,	Î.Î.
	reviewed on a separate basis, consolidated basis, or both:		á	٠., l) Q-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		3	£: 1 1		. ,
b	Were the organization's financial statements audited by an independent accountant?		· _	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		1	٠,
	separate basis, consolidated basis, or both:		ľ	* 13	1	, ‡
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				. :	د دسیا
С	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			2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 🖁	l	, -	3
	Schedule O.		82	- 1	ž . 2.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth				
	the Single Audit Act and OMB Circular A-133?			3a 📗		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			- 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	;	3b		
				Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name	of the organization					Employer identification	number	
_	r Connection			•		20-568		
Par							ns.	
	organization is not a private fou		-		-	·		
1	☐ A church, convention of ch ☐ A school described in sect							
2 3	☐ A hospital or a cooperative		•			• •		
4	A medical research organize hospital's name, city, and s	ation operated in co					iii). Enter the	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	☐ A federal, state, or local go ☑ An organization that normatescribed in section 170(b)	ally receives a subs	tantial part of its supp				n the general public	
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research or or university or a non-land university:	ganization described grant college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) ope ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normal receipts from activities rela support from gross investre acquired by the organization	ated to its exempt fu ment income and un	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its	
11	☐ An organization organized	and operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).		
12	An organization organized							
	of one or more publicly su Check the box in lines 12a	through 12d that de	scribes the type of sup	porting o	rganizati	on and complete line	s 12e, 12f, and 12g.	
а	Type I. A supporting of the supported organization supporting organization	ation(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting of control or management organization(s). You m	t of the supporting o	organization vested in	the same	with its s persons	supported organizati that control or man	on(s), by having age the supported	
C	Type III functionally ir its supported organizate						ally integrated with,	
d	Type III non-functionally requirement (see instru	integrated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
e	 Check this box if the of functionally integrated, 						e II, Type III	
f								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the c	rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))		ment?	instructions)	instructions)	
				165	140			
(A) —								
(B) 								
(C)								
(D)								
(E)								
Tota	al			1 2	\$4 · ** **		l	

Part							
	 (Complete only if you checked the Part III. If the organization fails to 						unaer
Section	on A. Public Support	quality unde	i the tests iis	ited below, p	lease comple	ne Fart III.)	
	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.")	741625	859863	513588	517432	535352	3167860
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	74.023	053503	313300	317432	33332	3107000
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	741625	859863	513588	517432	535352	3167860
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)						400000
6	Public support. Subtract line 5 from line 4			is i			2767860
	on B. Total Support	(1)0040	(1) 0040	() 0044	(0 0045	1 4 3 0040 T	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	741625	859863 5651	513588 8578	517432 8061	535352 5569	3167860 29796
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1007	3031	3370	0001	3303	23730
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.	c. (see instruction	ons)			12	3197656
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			•	ear as a section	
Secti	on C. Computation of Public Suppo		<u> </u>	· · · · · · ·		<u> </u>	
14	Public support percentage for 2016 (line			1. column (fl)		14	86.6 %
15 16a	Public support percentage from 2015 Sc 331/3% support test—2016. If the organ	hedule A, Part	II, line 14 .			15 3 ¹ /3% or more.	84.2 %
_	box and stop here. The organization qua	alifies as a publ	icly supported	organization			🕨 🗸
b	331/3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst umstances" te	ances" test, ch	neck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets th meets the "fac	e "facts-and-d ts-and-circum	circumstances stances" test.	" test, check	this box and s	top here.
18	Private foundation. If the organization d				a, or 17b, chec	k this box and	see

Schedul	e A (Form 990 or 990-EZ) 2016						Page 3
Part	•	e box on line	e 10 of Part I	or if the orga		•	
Section	on A. Public Support			, p			
	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	(2) 2012	(2) 2010	(0, 20))	(0) = 0.10	(0) 2010	(1)
	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 7a	Total. Add lines 1 through 5 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
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						
С	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					ear as a section	

ect	on C. Computation of Public Support Percentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%
ect	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)	17	%
18	invosition involte percentage from zero estreament, in and in the contract of	18	%
19a	331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is mo		
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support	ted or	ganization . 🕨 🔲
b			
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly sup	porte	d 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?
- 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.
- 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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Scriedu	ie A (ruilli 330 di 330-122) 2010		rage J
Part	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?	Ye:	s No
h	A family member of a person described in (a) above?	11a	+-
	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	†
	on B. Type I Supporting Organizations		
		Ye	s 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
		Ye	s 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 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?	Ye	
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	ion 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	instructio	ns).
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. 		
2	Activities Test. Answer (a) and (b) below.	Ye	s 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	

instructions).

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 rt V Type III Non-Function Part V Type III Non	jan	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			ns A through E.	
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)	
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	T		
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		722	
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	1 3 3		
2 Enter 85% of line 1.	2	1 & X	4	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2 M	,	
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
emergency temporary reduction (see instructions)	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations (d	continued)		
Section	on D - Distributions					Current Yea	ar
1	Amounts paid to supported organizations to accomplish e	exempt purpo	ses				
2	Amounts paid to perform activity that directly furthers exe	mpt purpose	s of suppo	rted			
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supp	orted orga	nızatıons			
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.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organiz	ation 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					·	
		<i>(</i> :\			(ii)	(iii)	
Se	ection E - Distribution Allocations (see instructions)	(۱) Excess Dist	ributions	Underdis	stributions	Distributab	le
	}	EXCESS DISI	Houdions	Pre	-2016	Amount for 2	016
1	Distributable amount for 2016 from Section C, line 6		(** ×2		1 73		
	Underdistributions, if any, for years prior to 2016	., * Ya. :				13 2 A. A.	
2	(reasonable cause required—explain in Part VI). See						
	instructions.	, ^Ç\$					
3	Excess distributions carryover, if any, to 2016:	. %	\$	£: ;	ئۇ د		<u> </u>
a		24	. %	B XV	. N		7%
b		N N	7 8 3	5.	3 3	16 .	7.7
C	From 2013	1 1/2 1/2		ás.	8* 1.5		*;,
d	From 2014	21	· % 3	(. Y	1. 7	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	·
e	From 2015	7.1.14	7 1				. *******
f	Total of lines 3a through e			10 4			, , , , , , ,
g	Applied to underdistributions of prior years	* 726	3 7				201
h	Applied to 2016 distributable amount	. 8	, 3, .	\$ 3.4°	1	~~~	
i	Carryover from 2011 not applied (see instructions)			75. 8 -3	-2' - 2'	š, *	77. 7
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u>×-×:</u>		74. K	45 1 201	* * *
4	Distributions for 2016 from	* ***	<u>.X</u> "X	λ			
•	Section D, line 7:	**		į , į,	', . w .		
a	Applied to underdistributions of prior years	, , , , , , , , , , , , , , , , , , ,	- 1	/			7. 73
b	Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·	2 1	X: : 1 X		<u></u>
С	Remainder, Subtract lines 4a and 4b from 4.		<u> </u>	Ŷ.	7. 92. 18	: 1 (A) (A) (A)	, ,
- 5	Remaining underdistributions for years prior to 2016, if		* Ya .				M . "
•	any. Subtract lines 3g and 4a from line 2. For result						7956
	greater than zero, explain in Part VI. See instructions.						· / 價
6	Remaining underdistributions for 2016. Subtract lines 3h	**		€X. ;:	A . 3		·
•	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	-ARRIV			- 185 X	0 : 47	. , 🏄
•	and 4c.						(* **.3462
8	Breakdown of line 7:	, j	*		y N		
a	Diodrico III	J. 1.	- 1 mg	· :	· · · · · · · · · · · · · · · · · · ·		<u>.</u>
<u>b</u>	Excess from 2013		2: 18:	<u> </u>			
	Excess from 2014	87 2 Xry		1,37			***
d	Excess from 2015	* 1	1.12	· · · ·	3 27	E W	, ", .
<u>u</u>	Excess from 2016		7. 7, W	, -5,,, ,		\$ - \$ 13 By.s	
	LAUGOS (IUIII ZUTU	, 346		<u> </u>		I 300 - 30 - 1 - 1 / 1 / 1 - 1	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Sister Connection Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Page	2
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Part	III Organizations Maintaining	Colle	ections of	Art, Hist	torical	Treasures,	or Ot	her Similar A	ssets (cc	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):									
à	☐ Public exhibition			d	☐ Loar	n or exchang	je prog	rams		
b	☐ Scholarly research			е	☐ Othe	er				
C	☐ Preservation for future generations									
4	Provide a description of the organizat	tion's	collections a	and expla	un how	they further	the org	ganızation's exe	mpt purp	ose in Part
_	XIII.					1.1-4-1-14		.,		
5	During the year, did the organization assets to be sold to raise funds rather	than	to be mainta							es 🗌 No
Part										
	Complete if the organization	ansv	vered "Yes	" on For	m 990,	Part IV, line	9, or	reported an a	mount or	ı Form
40	990, Part X, line 21. Is the organization an agent, trustee	ouet.	odian or oth	or intern		lau aaatulkud		404		
18	included on Form 990, Part X?	, cusi	oulan or ou	ier intern	lediary i	or contribut	ions oi	other assets r	_	I N-
b	If "Yes," explain the arrangement in Pa								1 €	es 🗌 No
U	ii res, explain the arrangement iii r	ai i Aii	i and compi	ete tile lo	MOWING	labie.			Amount	
С	Beginning balance						10			
d	Additions during the year						10	 		
е	Distributions during the year						16	,		
f	Ending balance						11			
2 a	Did the organization include an amount									
	If "Yes," explain the arrangement in P	art XII	I. Check her	e if the ex	kplanatio	on has been	provid	ed on Part XIII .	<u> </u>	
Par	Endowment Funds.		1 407		200	5	40			
	Complete if the organization		vered Yes Current year		m 990, or year	(c) Two year		(d) Three years bar	ok l (a) Faur	r years back
10	Beginning of year balance	(a)	- year	(0) 711	or year	(c) I wo year	5 Dack	(d) Tiree years bar	ck (e) roui	years back
b	Contributions	ļ				 			-	
C	Net investment earnings, gains, and					 			-	
	losses			ļ					ł	
d	Grants or scholarships									
е	Other expenditures for facilities and		·							
	programs									
f	Administrative expenses					ļ				
g	End of year balance	Ļ		<u> </u>						·
2	Provide the estimated percentage of t				e (line 1	g, column (a	i)) held	as:		
а	Board designated or quasi-endowme			%						
b	Permanent endowment ► Temporarily restricted endowment ►	%	%							
C	The percentages on lines 2a, 2b, and			00%						
За					zation th	nat are held	and ad	lministered for t	he	
	organization by:			J						Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganiz	zations listed	as requi	red on S	Schedule R?			3b	
4	Describe in Part XIII the intended use			on's endo	owment	funds.				
Par					000	Dawl N.J. P	. 44.	C F 000	N Dor± V	line 40
	Complete if the organization	ans								
	Description of property		(a) Cost or o (investre			or other basis (other)		Accumulated epreciation	(d) Boo	ok value
1a	Land						, 5 ³ .			
b	Buildings									
c	Leasehold improvements									
d	Equipment									
<u>e</u>	Other	•	L		<u> </u>		<u></u>			
Total	. Add lines 1a through 1e. (Column (d) r	nust e	equal Form 9	90, Part J	X, colum	nn (B), line 10	Oc.)	<u> ▶ </u>		_

	(a) Description of security or categor	у	(b) Book value	(c)	orm 990, Part X, line 12. Method of valuation
·	(including name of security)			Cost or	end-of-year market value
-	derivatives				
	neld equity interests			 	
3) Other					
(A) (B)				 	
(C)				 	
(D)					
(E)					
(E) (F)				 	
(G)				-	
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments-Program Relate	d.		, 3 7 -3	*** <u> </u>
	Complete if the organization ans		m 990. Part IV. lir	ne 11c. See Fo	orm 990. Part X. line 13.
	(a) Description of investment		(b) Book value		Method of valuation
	·			Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			· · · · · · · · · · · · · · · · · · ·		
(7)					
(8)		<u> </u>			·····
<u> </u>					
(9)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			1 (
(9)	Other Assets.				
(9) Total. (Column (Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii		orm 990, Part X, line 15.
(9) Total. (Column (Part IX	Other Assets. Complete if the organization ans		m 990, Part IV, lii		
(9) Total. (Column (Part IX	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii		orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii		orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii		orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii		orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii	ne 11d. See Fo	orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii		orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii	ne 11d. See Fo	orm 990, Part X, line 15.
(9) Fotal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lii	ne 11d. See Fo	orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	swered "Yes" on For (a) Description	m 990, Part IV, lii	ne 11d. See Fo	orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization ans	swered "Yes" on For (a) Description	m 990, Part IV, lii	ne 11d. See Fo	orm 990, Part X, line 15.
(9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans mn (b) must equal Form 990, Part X, o Other Liabilities.	swered "Yes" on For (a) Description		ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value
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Part			ue per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	540921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d	1 24	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	540921
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, F.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2. * 3	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 12.)	5	540921
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990,		•	
1	Total expenses and losses per audited financial statements		1	564375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
-	Prior year adjustments			
b	Other losses			
C				
d	Other (Describe in Part XIII.)	<u> </u>		
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1	· · · · · · ·	3	564375
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 _	, Š.,	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	متر ، .	
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	5	564375
Part	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any add	ıtıonal ınformation.	
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Schedule D (For	m 990) 2016 P.	age 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name C	or the organization				Empi	oyer identification number
	Connection					20-5680815
Part	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	olete if the organizatio	n answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for th	e grants or as	ords to substantiate the amessistance, and the selection	ount of its grants and criteria used to awai	other of the · □Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	ion's procedures for monit	toring the use of its	grants and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d a program service, describe specific type service(s) in the regio	expenditures for of and investments
(1)	Burundi, Africa	1	22	Program Services	Assist widows & orph	ans 340205
(2)				Program Services	Build/repair widow ho	mes 91064
(3)				Program Services	Training ctr / micro-en	t. 23561
(4)						
(5)						
(6)						
(7)						
(8)						_
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total			, 4 , 3	18 1 18 1 E.	454830
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

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 & Ann Both II and I (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region 7 (b) IRS code section and EIN (if applicable) ,53k 100 (a) Name of organization (9) Part II **.**... (2) 16) 9 12 <u>ත</u> <u>U</u> ල **₹** 8

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 Enter total number of other organizations or entities

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Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

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 4V, line 16. Part III can be duplicated if additional space is needed. (h) Method'of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (program admin.) (e) Manner of cash disbursement 340205 in person 91064 in person 6790 in person (d) Amount of cash grant (c) Number of recipients 140 approx 250 approx 687 (b) Region (1) Financial aid to widows/orphan Burundi, Africa Burundi, Africa Burundi, Africa (2) Homes for widows / orphans (a) Type of grant or assistance (3) Micro-enterprise funds Part III £ (14) $\mathbf{\epsilon}$ <u>6</u> (12) (13) (12) (18) € <u>(5</u> 9 6 (16) (17) <u>@</u>

Page	4

Part	V	Foreign Forms		
1,	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Trust	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign twith a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	 ✓ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I (see Instructions for Form 8621).	☐ Yes	☑ No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; do not file with Form 990)	☐ Yes	☑ No
			Schedule F (For	m 990\ 201

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Ρ	aı	t '	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.

Funds are wired to our bank account in Burundi. The Burundi office staff, including the Director, administrators and social workers account
for the funds and maintain distribution records. Periodic financial reports from the Burundi office are provided to the US President and
Treasurer. The President and other US staff take periodic trips to Burundi and have opportunity to see first hand how funds are being used.
An independent audit of the Burundi financial records is performed annually and reported to the US board.
Recipients of sponsorship funds or houses are profiled by our social workers and home administrator to provide a needs assessment
prior to connecting a widow with a sponsor or providing a home.
Micro-enterprise loan fund records are maintained by the Burundi administrator of the program and reported to the President and
Treasurer.

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.

20**16**

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

Sister Connection	20-5680815
Part VI A 2 - FAMILY OR BUSINESS RELATIONSHIPS	
Daniel Kurtz and Diane Kurtz are husband and wife.	
bunic harz and brane harz are negotine wile.	
Part VI A 9 - DIRECTORS NOT AVAILABLE AT ORGANIZATION ADDRESS	
Joy Buconyori, P.P. 667, Bujumbura, Burundi, Africa	
Part VI B 11a, 11b - FORM 990 PROVIDED TO DIRECTORS	
The Form 990 and associated schedules are provided to the directors for review and input prior to filing	
The solutions and associated solutions are president to the areators for residual input prior to this	<u>'u'.</u>
Part VI C 19 - PUBLIC DISCLOSURE	
Audited financials and Form 990 are made available upon request.	
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