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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public

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.

| Dep | artment of t | the Treasury le Service | | | secunty numbers | | | _ | | Inspection |
|--------------------------------|--------------|---|------------------------------------|----------------|--------------------------|---|-----------------|--|-------------------|-------------------------------------|
| A | | | ndar year, or tax year | | Form 990 and its in | | and ending | | | |
| <u>-</u> | | | | | JANUARY 1 | | | | MBER 31 | , 20 16 er identification number |
| В | Check if a | | C Name of organization | CROSSRO | ADS INTERNATION | IAL STUDENT | MINISTRIES | | D Employ | |
| H | | fress change Doing business as | | | | | | | | 35-2384776 |
| 吕 | | ame change Number and street (or P O box if mail is not delivered to street address) Room/suite | | | | | | | E Telephoi | |
| 님 | Initial retu | | 3807 6TH AVENUE | | 1715 | | <u> </u> | | | 308-293-3033 |
| | | n/terminated | City or town, state or pr | | try, and ZIP or foreign | postal code | | | • | |
| 님 | Amended | Ī | KEARNEY, NE 68845 | | | | | , | G Gross re | |
| Ш | Application | , , | F Name and address of p | | | | | | | subordinates? Yes Mo |
| | | | GREGORY D SWINNI | | OR | | | 4 '' | | included? Yes No |
| | Tax-exem | | ✓ 501(c)(3) | 501(c) (|) ◀ (insert no) | 4947(a)(1) or | 527 | 4 | | list (see instructions) |
| <u>J</u> | Website: | | W.CROSSROADSINT | | | | | | exemption | |
| _ | | | ✓ Corporation ☐ Trust | Associat | ion | L Yea | ar of formation | 1 | M State | of legal domicile |
| P | art l | Summ | | | | | | | | |
| _ | 1 | - | scribe the organizat | | _ | | | | | |
| Governance | 1 - | | ES IS A RELIGIOUS O | | | | | | | |
| naı | | | PUS MINISTRIES TO | | | | | | | |
| Ver | | | is box ▶□ if the org | | | | sposed of | more thar | | its net assets. |
| ဖွ | | | of voting members o | | | | | | 3 | |
| مخ | 1 | | of independent votin | _ | _ | | - | | 4 | 0 |
| Activities & | 1 | | nber of individuals ei | | | 116 (Part V, line | e 2a) . | | 5 | 2 |
| Ž | | | nber of volunteers (e | | | | | <i>.</i> | 6 | 75 |
| Ą | 7a | Total unre | elated business reve | nue from F | Part VIII, column (| C), line 12 . | | | 7a | 0 |
| | b | Net unrel | ated business taxab | le income | from Form 990-T | line 34 | <u> </u> | . <u></u> | 7b | 0 |
| | 1 | | | | | | | Prior Y | ear | Current Year |
| • | 8 (| Contribut | ions and grants (Par | t VIII, line 1 | 1h) | | | | 70,797 | 77,309 |
| 킱 | 9 1 | Program | service revenue (Par | t VIII, line 2 | 2g) | | | | 0 | 0 |
| Revenue | 10 | Investme | nt income (Part VIII, | column (A) | , lines 3, 4, and 7 | d) | [| | 0 | 0 |
| Œ | 11 (| Other rev | enue (Part VIII, colur | nn (A), line | s 5, 6d, 8c, 9c, 1 | Oc, and 11e) | [| | 0 | 0 |
| | 12 | Total reve | enue-add lines 8 thr | ough 11 (m | ust equal Part VII | l, column (A), lir | ne 12) | | 70,797 | 77,309 |
| | 13 | Grants ar | nd similar amounts p | aid (Part I) | (, column (A), line | s 1–3) | | | 0 | 0 |
| | 14 1 | Benefits ₁ | oald to or for member | ers (Part IX | , column (A), line | 4) | | | 0 | 0 |
| Ś | 15 | Salaries, d | other compensation, | employee b | enefits (Part IX, co | olumn (A), lines | 5–10) | | 55,592 | 57,777 |
| nse | 16a | Professio | nal fundraising fees | (Part IX, co | olumn (A), line 11 | e) | | | 0 | 0 |
| Expenses | Ь. | Total fund | draising expenses (P | art IX, colu | ımn (Đ) r-line, 25) 1 | | 100 | | | |
| ũ | 17 | | oenses (Part IX, colu | | | | | | 0 | 0 |
| | | | enses. Add lines 13- | | | | 5) . [| | 81,920 | 85,592 |
| | | | less expenses. Subt | | | | ´ — | | - 11,122 | - 8,283 |
| 58 | | | | Tü | 41 | 10 | Beg | ginning of Cu | ırrent Year | End of Year |
| ets (| 20 | Total ass | ets (Part X, line 16) | ! | 475 415 115 114 | | | | 38,736 | 29,331 |
| ASS | 21 | | ılıtıes (Part X, line 26 |) ! | . OGDEN | | | | 1,266 | 145 |
| Net Assets or Fund Balances | 22 | | ts or fund balances. | · | ne 21 from line 20 | | | | | |
| | art II | | ure Block | | | · _ · · · · · · · · · · · · · · · · · · | | | | |
| | | | | amined this r | eturn, including accom | panving schedule | s and stateme | nts, and to t | he best of n | ny knowledge and belief, it is |
| tru | ie, correct, | , and compl | ete Declaration of prepare | er (other-than | officer) is based on all | information of whi | ch preparer ha | as any know | ledge | , |
| | | | | (2 | | | | | Jun | 20, 2010 |
| Sig | an Ì | Sign | ature of officer | | and the same | | | Da | | , |
| | ere | | REGORY D | S C/A | INNEY. | DIR | ECTOR | 0 | | |
| | | | or print name and title | | 2/1-4 | 127.00 | <u> </u> | | | |
| | | | pe preparer's name | | Preparer's signature | | Date | | | PTIN |
| | aid | | • | | · - | | | | Check L | J II |
| | epare | I | | | | | | E | n's ElN ▶ | |
| Us | se Only | | | | | | | | one no | |
| Ma | v the IR | | ddress ► s this return with the | preparer s | shown above? (se | e instructions) | | | ALIE NO | · · Yes No |
| | | | ction Act Notice, see | | | | Cat No | 11282 | <u> </u> | Form 990 (2016) |

| orm 99 | 90 (2016) | Page 2 |
|--------|--|--------|
| Part | | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: To share the gospel of Jesus Christ with international students and to equip them for effective ministry within the church and Christian ministries around the world. B. To assist churches, campus ministries, Bible Colleges, and individuals to respond to the needs of international students and their families. Crossroads International Student Ministries will educate, equip, and | |
| | mobilize these groups to reach out to the international students in their region and beyond. | |
| 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 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ☑ No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | DOCUMENT ATTACHED AS ATTACHMENT #1 | |
| 4b | (Code.) (Expenses \$ including grants of \$) (Revenue \$ | |
| 4c | (Code.) (Expenses \$including grants of \$) (Revenue \$ |) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ▶ | |

| 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," | | Yes | No |
| • | complete Schedule A | 1 | √ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | |
| 3 | 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 | | ✓ |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule D, Part III </i> | 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 | 11e | | ✓ |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ✓ |
| | 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 b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | - | ✓ |
| | 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 | | ✓ |
| 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 | | · · |
| 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 | | <u>·</u> |
| 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 | | <u>·</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | <u>·</u> |
| 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 | _ | ✓ |
| | | Forn | ₁990 | (2016) |

| Part | | | | Page 4 |
|------|---|-----|-----|------------|
| | Checking of Frequency (Commission) | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | 1 |
| 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 | | | <u> </u> |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 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 | | √ |
| đ | 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 | | | |
| | 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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 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 | | √ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | \ |
| 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, | 00 | | _ |
| | Part I | 31 | _ | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | i | | |
| 33 | complete Schedule N, Part II | 32 | | ✓ |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓_ |
| 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 | | ✓ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ✓ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | √ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 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 | _ | ✓ |

Form **990** (2016)

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | | -5- |
|------|--|--------------------|-------------|-----|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | | . [|
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments | to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | ax returns? . | 2b | ✓ | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | ructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | ? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So | chedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature of | | [| | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or | or other financial | | | |
| | account)? | | 4a | | ✓_ |
| b | If "Yes," enter the name of the foreign country: | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fil | nancial Accounts | | | |
| | (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | • | _5a | | ✓_ |
| þ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | r transaction? | 5b | | ✓_ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,0 | | | | |
| | 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). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly for goods | | | |
| | and services provided to the payor? | | 7a | | ✓ |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property f | or which it was | | | |
| | required to file Form 8282? | | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b | | 7e | | ✓_ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | | 7f | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | • | 7g | | ✓_ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | aintained by the | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers | on? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | l I | 1 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . | 10b | , , | | |
| 11 | Section 501(c)(12) organizations. Enter: | المما | | | |
| a | Gross income from members or shareholders | 11a | , | ļ | |
| b | against amounts due or received from them.) | 446 | | | |
| 40 | - | 11b | 40- | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of "Yes" and the amount of tax exempt interest received at approach during the year. | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 12- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | - |
| j_ | Note. See the instructions for additional information the organization must report on Schedule Enter the amount of reserves the organization is required to maintain by the states in which | ∌ U . | | | |
| b | the organization is licensed to issue qualified health plans | 125 | | | |
| _ | Enter the amount of reserves on hand | 13b | | | |
| 140 | | | 145 | | / |
| 14a | 3 1 3 | | 14a | | ✓_ |
| b_ | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S | <u>criedule O </u> | 1 <u>4b</u> | | |

| Form 99 | 00 (2016) | Page 6 |
|-------------------|--|--------------------|
| 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 | |
| Section | on A. Governing Body and Management | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | Yes No |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . 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 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? | 4 |
| 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: | |
| a b 9 | The governing body? | 8a 🗸 8b 🗸 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue Code.) |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a √ 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 12a b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a ✓ 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 | 12c ✓ |
| 13 14 15 | Did the organization have a written whistleblower policy? | 13 |
| | The organization's CEO, Executive Director, or top management official | 15a 🗸 15b 🗸 |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |
| | on C. Disclosure | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed NEBRASKA 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. | n 501(c)(3)s only) |
| 19 | ✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 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 policy, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re GREGORY D SWINNEY PO BOX 305 KEARNEY, NE 68848 PH. 308-293-3033 | cords: ► |

| orm | 990 | 1201 | 6) |
|-----|-----|------|----|

Page 7

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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. | | | | | | | | | | |
|--|--|---|---|---------|--------------|------------------------------|--|---------------------------------|-----------------|--------------------------|
| (C) | | | | | | | | | | |
| (A) | (B) | / | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than our | | Reportable | Reportable | Estimated |
| | hours per week (list any | office | box, unless person is both an officer and a director/trustee) | | | tee) | compensation | compensation from related | amount of other | |
| | hours for | 아 d | Inst | Officer | Key | Hıg | Former | the | organizations | compensation |
| | related organizations | Individual trustee or director | Institutional trustee | ĘĘ | Key employee | nest | l de | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | 현함 | mai | • | ploy | e con | | (** 25 1000 111100) | | and related |
| | line) | uste | trus | ļ | 8 | pen | ļ | ļ | | organizations |
| | | " | tee | | | Highest compensated employee | | | | |
| | | | <u> </u> | | | | - | | | |
| (1) GREGORY D SWINNEY | 40 | | | | | _ | 1 | | | |
| 3807 6TH AVE KEARNEY, N4 68845 | NONE | ✓ | | | ✓ | / | | 46,333 | | |
| (2) CHRISTINE SUE DALLAKOTI | 20 | ļ | | | | | | | | |
| 2437 WEST SUNSET DR LITTLETON, CO 80120 | NONE | | | | ✓ | | _ | 10,434 | | |
| (3) BOB MILLIKEN | NONE | , | | 1 | | | ł | Į. | | |
| 12550 S 114TH ST, PAPILLION, NE 68046 | | ✓ | | | | _ | <u> </u> | ļ | | |
| (4) DAVID EMPSON | NONE | | | | | | | | | |
| 95 E COUNTRY RD 1000 s, CLAYTON, IN | <u> </u> | 1 | <u> </u> | | | | <u> </u> | | | |
| (5) GERALD ARNOLD, JR | NONE | , | | | | | | | | |
| 78613 464 A AVE, LITCHFIELD, NE 68852 | | ✓ | | _ | | - | <u> </u> | | | |
| (6) TRISH UDELL | NONE | , | | | | | l | | | |
| 606 W BRIARBROOK LN, CARL JUNCTION, MO | 110115 | ✓ | | - | | | - | | | |
| (7) BOB GAILEY | NONE | 1 | | | | | | | | |
| 20 NW 12 TERRACE, GAINESVILLE, FL 32601 | NONE | - | - | - | | | ┢ | | | |
| (8) DAVID LEISTER | NONE | 1 | | 1 | | | ļ | | | |
| 11626 WOODHARBOR, SAN ANTONIO, TX 78249 | NONE | - | - | | | | | | | |
| (9) HARI DALLAKOTI | NONE | 1 | | | | | | | | |
| 308 BROADWAY, DENVER, CO (10) ALBERTO RODRIGUEZ-BAEZ | NONE | | - | | - | | | | | |
| 306 HAMPTON, BOERNE, TX 78006 | NONE | 1 | | | | | | | | |
| (11) | | | | - | | _ | | | | |
| <u> </u> | | 1 | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | - | - | \vdash | · | | |
| | | <u> </u> | | | | | | <u> </u> | | |
| (14) | | | | | | | | | | |
| | | | l | ļ | l | | l | | ŀ | |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | ees/ | _ | | lighes | st C | ompensated E | mployees (co | ntinued) |
|-------------------------|---|-------------------------------|--------------------------------|-----------------------|---------|----------------|------------------------------|-------------------------|--|---------------------------|-----------------------------|
| | | | | | _ (0 | • | | | | | |
| | (A) | (B) | (do n | | Posi | | than c | ne | (D) | (E) | (F) |
| | Name and title | Average | box, ι | ınles | s pe | rson | is both | n an Reportable Reporta | | | Estimated |
| hours per officer and a | | | | | | | | ` | compensation from | compensation from related | om amount of other |
| | | hours for | Individual trustee or director | ls. | Officer | ξ _e | em Hig | Former | the | organizations | compensation |
| | | related | lvid | 黃 | cer | / en | hes | mer. | organization | (W-2/1099-MIS | · 1 |
| | | organizations below dotted | tor | ջ | | Key employee | 8 0 | ` | (W-2/1099-MISC) | | organization and related |
| | | line) | ST | 🛱 | | yee | 嚴 | | | | organizations |
| | | | tee | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | " | | | te d | l | 1 | | |
| (15) | | | | | | | | | | | |
| 32 | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| 3 | | | 1 | | | | Ì | Ì | | | |
| (17) | | | | | | _ | | | | | |
| 7 | | | | li | | | | | | | |
| (18) | | | | $\vdash \vdash$ | | _ | | _ | | | |
| 119 | | | | | | | | | | | |
| (40) | · · · · · · · · · · · · · · · · · · · | | | \vdash | _ | - | | _ | | | |
| (19) | | | | | | | | | | | |
| (00) | | <u> </u> | | \vdash | | | | _ | | . | |
| (20) | | | | | | | | | | | |
| (D.1) | | <u> </u> | | | | | | _ | | | |
| (21) | | | | | | | | | ļ | | |
| | | | | _ | | | | | | | |
| (22) | · | | | | | | | | | | |
| | | | | | | | | | | | |
| (23) | | | | 1 1 | | | <u>'</u> | 1 | 1 | | |
| | | | | | | | <u> </u> | | | | |
| (24) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| | | | | | | <u>.</u> | | | <u> </u> | | |
| 1b | Sub-total | | | | | | | > | 56,767 | | |
| С | Total from continuation sheets to Part | VII, Sectio | n A | | | | | ▶ | 0 | | |
| d | Total (add lines 1b and 1c) | | | | | | | ▶ | 56,767 | | |
| 2 | Total number of individuals (including but | | | | | | above | e) w | ho received me | ore than \$100 | .000 of |
| | reportable compensation from the organi | | | | | - | | , | NONE | | , |
| | | | | | | | _ | _ | | | Yes No |
| 3 | Did the organization list any former of | ficer, direc | tor, c | r tr | uste | e, | kev e | emp | olovee, or high | est compens | |
| | employee on line 1a? If "Yes," complete 3 | | | | | | | | | | . 3 🗸 |
| 4 | For any individual listed on line 1a, is the | | | | | | | n a | nd other comp | ensation from | |
| • | organization and related organizations | | | | | | | | | | |
| | individual | | | | | | | -, | | | . 4 |
| 5 | Did any person listed on line 1a receive of | r accrue co | mne | neat | ion | froi | m anv | , un | related organiz | ation or indivi | |
| 3 | for services rendered to the organization' | | | | | | | | | anon or marvi | · 5 🗸 |
| Sootie | | | | | | | | | | · · · · · | <u> </u> |
| | n B. Independent Contractors | | <u></u> | | | | | | ara that recove | al mara than (| 0100 000 of |
| 1 | Complete this table for your five highest compensation from the organization. Rep | | | | | | | | | | |
| | year. | on compe | nsauc | ,,,,, | וו ונ | IC (| alenu | ai y | real ending wit | ii Oi widiiii die | organization s tax |
| | | | | | | | | г— | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | (C) Compensation |
| | Traine and publicos add | | | | | | | _ | | | |
| NONE | | | | | | | | NO | NE | | 0 |
| | | | | • | | | | ↓ | | ـــ | |
| | | | | | | | | Ļ_ | | | |
| | | | | | | | | | _ | | |
| | | | | | | | | <u></u> | | | |
| 2 | Total number of independent contractor | | | | | | | th | ose listed abo | ove) who | |
| | received more than \$100,000 of compens | ation from | the or | gan | ızat | ion | | | | | |

| Program Service Revenue and Other Similar Amounts | 1a b c d e f g h | Federated campaigns 1a Membership dues 1t Fundraising events 1c Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Total revenue | Part VIII . (B) Related or exempt function revenue | Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---------------------------------------|--|---------------------------------------|---------------|--|----------------------------|--|
| Contributions, Gifts, and Other Similar A | b c d e f g h | Membership dues | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 77,309 | | | |
| Contributions, Gifts, and Other Similar A | c d e f g h | Fundraising events | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 77,309 | | | |
| Contributions, Gifts, and Other Similar A | d e f g h | Related organizations | 77,309 Business Code | 77,309 | | | |
| \rightarrow | e f g h | Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f | 77,309 Business Code | 77,309 | | | |
| \rightarrow | f g h 2a b c d | All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f. | 77,309 Business Code | 77,309 | | | |
| \rightarrow | g h 2a b c | and similar amounts not included above 1: Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f | Business Code | 77,309 | | | |
| \rightarrow | h 2a b c | Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f | Business Code | 77,309 | | į | |
| \rightarrow | h 2a b c | Total. Add lines 1a-1f | Business Code | 77,309 | | | |
| \rightarrow | 2a b c | | Business Code | 77,309 | | | |
| Program Service Revenu | b c d | | | | | | |
| Program Service Rev | b c d | | | | | | |
| Program Service | c d | | - | | | | |
| Program Serv | d | | - | | | | |
| Program S | е | | - | | | | |
| Progra | | | f T | _ | | | |
| ě | f | All other program service revenue. | | | | | |
| | g | Total. Add lines 2a-2f | | 0 | | | |
| 1 | 3 | Investment income (including div | | | | | |
| Ì | | and other similar amounts) | L | 0 | 0 | 0 | 0 |
| | 4 | Income from investment of tax-exempt | | <u> </u> | 0 | 0 | 0 |
| Į | 5 | Royalties | (ii) Personal | | 0 | 0 | 0 |
| | 60 | Gross rents | 0 0 | | | | |
| 1 | 6a b | Less: rental expenses | 0 0 | | | | |
| į | c | Rental income or (loss) | 0 0 | | | | |
| | d | Net rental income or (loss) | | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from sales of (i) Securities | (II) Other | | | | |
| | | assets other than inventory | 0 0 | | |) | |
| | b | Less. cost or other basis and sales expenses . | 0 0 | | | | |
| 1 | С | Gain or (loss) | 0 0 | | | | |
| ŀ | d | Net gain or (loss) | . <u> </u> | 0 | o | 0 | 0 |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a0 | | | | |
| ₹ | b | | b0 | | | | |
| | C | Net income or (loss) from fundraisin | | 0 | | 0 | 0 |
| | 9a | Gross income from gaming activities | l l | | | | |
| | 4- | | a 0 | | | | |
| 1 | b | Less: direct expenses | b 0 | 0 | 0 | | |
| | | Gross sales of inventory, less | | | | 0 | |
| | | returns and allowances | a 0 | | | | |
| | b | Less: cost of goods sold | b 0 | | | | |
| | С | Net income or (loss) from sales of in | ventory ► | 0 | O | 0 | 0 |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | 00 | | | | |
| } | b | | · | | | | |
| | C | All all all and an arrangement | . | | | | |
| } | d | All other revenue | | | | | |
| | е 12 | Total. Add lines 11a–11d Total revenue. See instructions. | | 77 200 | | | |
| — | 14 | Total levelluc. Obe instructions. | · · · · · · · · · · · · · · · · · · · | 77,309 | 0 | 0 | Form 990 (2016) |

| Form 99 | 0 (2016) | | | _ | Page 10 |
|---------|---|-----------------------|------------------------------|---|----------------------------------|
| Part | | | | | |
| Sectio | n 501(c)(3) and 501(c)(4) organizations must com | | | | |
| | Check if Schedule O contains a respons | se or note to any lin | e in this Part IX . | <u> </u> | |
| | 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 | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 56,767 | 0 | 0 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 0 | 0 | 0 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes | 0 | 0 | 0 | 0 |
| 11 | Fees for services (non-employees): | _ | | | |
| а | Management | 0 | 0 | 0 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| C | Accounting | 0 | 0 | 0 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e f | Professional fundraising services See Part IV, line 17 Investment management fees | 0 | 0 | 0 | 0 |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | 0 | 0 | 0 |
| 12 | Advertising and promotion | 2611 | | _ | |
| 13 | Office expenses | 2389 | | | |
| 14 | Information technology | 444 | | | |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 0 | 0 | 0 | 0 |
| 17 | Travel | 4397 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 0 | 0 | 0 | 0 |
| 20 | Interest | 6514 | 0 | | |
| 21 | Payments to affiliates | 0 | 0 | | |
| 22 | Depreciation, depletion, and amortization . | 0 | 0 | 0 | 0 |
| 23 | Insurance | 178 | 0 | 0 | 0 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | ADMINISTRATION - PHONE ETC | 3829 | | | |
| b | STUDENT PROGRAMS INTERNATIONAL | 2944 | | | |
| С | | | | | |
| d | | | | | |
| е | All other expenses | 5,519 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 85,592 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0 | 0 | o | 0 |

Part IX Statement of Functional Expenses

| Sectio. | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns. A | II other organization | s must complete co | lumn (A). |
|----------|--|-----------------------|------------------------------|---|--------------------------------|
| | Check if Schedule O contains a respon | se or note to any lir | ne in this Part IX . | | [|
| | 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 | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | . 0 | 0 | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | 56,767 | 0 | 0 | |
| 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 | | 0 | 0 | 0 | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | | | U | |
| _ | section 401(k) and 403(b) employer contributions) | o | o | o | • |
| 9 | Other employee benefits | 0 | 0 | 0 | |
| 10 | Payroll taxes | 0 | 0 | 0 | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 0 | 0 | 0 | |
| b | Legal | 0 | 0 | 0 | |
| ¢ | Accounting | 0 | 0 | 0 | |
| d | Lobbying | 0 | 0 | 0 | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f g | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column | 0 | 0 | 0 | |
| 9 | (A) amount, list line 11g expenses on Schedule O.) | o | o | o | • |
| 12 | Advertising and promotion | 2611 | | <u> </u> | |
| 13 | Office expenses | 2389 | | | |
| 14 | Information technology | 444 | | | |
| 15 | Royalties | 0 | 0 | 0 | |
| 16 | Occupancy | 0 | . 0 | 0 | |
| 17 | Travel | 4397 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | _ | _ | _ | |
| 40 | | 0 | 0 | 0 | |
| 19 20 | Conferences, conventions, and meetings Interest | 6514 4917 0 | 0 | 0 | |
| 21 | Payments to affiliates | 0 | 0 | 0 | |
| 22 | Depreciation, depletion, and amortization . | 0 | 0 | 0 | |
| 23 | Insurance | 178 | 0 | 0 | |
| 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 | ADMINISTRATION - PHONE ETC | 3829 | | | |
| b | INTE Phyras | 2944 | | | |
| c d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 65,592 | | - | |
| 26 | Joint costs. Complete this line only if the | 23,302 | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here I if | | | | |
| | following SOP 98-2 (ASC 958-720) | ا ما | nl | ո | • |

| Pledges and grants receivable, net | Pá | art X | Balance Sheet | | | | |
|--|------------|-------|---|-------------------------------|--------|-----|------------------|
| 1 | | | Check if Schedule O contains a response or | note to any line in this Par | | • • | <u></u> <u>.</u> |
| 2 Savings and temporary cash investments | | | , | | | | |
| Pledges and grants receivable, net | \neg | 1 | Cash-non-interest-bearing | | 10,188 | 1 | 11,531 |
| 3 Pledges and grants receivable, net | | 2 | Savings and temporary cash investments | [| 29,501 | 2 | 17,801 |
| A Accounts receivable, net 0 4 0 0 | | 3 | | 0 | 3 | 0 | |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4858()(11), persons described in section 4858()(8)(8), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part I of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—bries rescurities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intargible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Total assets. See Part IV, line 11 18 Grants payable and accrued expenses 1,266 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, injulgest compensated employees, and dragualified persons. Complete Part IV of Schedule L 27 Unrestructed net assets 0 22 0 10 Total liabilities. Add lines 17 through 25 10 Total liabilities. Add lines 17 through 25 10 Total relatives, and other payable to unrelated third parties 10 Cher liabilities. Add lines 17 through 25 10 Capital stock or trust principal, or current funds 10 Capital stock or trust principal, or current funds 10 Capital stock or trust principal, or current funds 11 Capital stock or trust principal, or current funds 12 Capital stock or trust principal, or current funds 13 Total net assets or fund balances 14 Secretary restricted net assets 15 Capital stock or trust principal, or current funds 16 Capital stock or trust principal, or current funds 17 Capital stock or trust pr | i | 4 | | | 0 | 4 | _0 |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4858()(11), persons described in section 4858()(8)(8), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part I of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—bries rescurities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intargible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Total assets. See Part IV, line 11 18 Grants payable and accrued expenses 1,266 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, injulgest compensated employees, and dragualified persons. Complete Part IV of Schedule L 27 Unrestructed net assets 0 22 0 10 Total liabilities. Add lines 17 through 25 10 Total liabilities. Add lines 17 through 25 10 Total relatives, and other payable to unrelated third parties 10 Cher liabilities. Add lines 17 through 25 10 Capital stock or trust principal, or current funds 10 Capital stock or trust principal, or current funds 10 Capital stock or trust principal, or current funds 11 Capital stock or trust principal, or current funds 12 Capital stock or trust principal, or current funds 13 Total net assets or fund balances 14 Secretary restricted net assets 15 Capital stock or trust principal, or current funds 16 Capital stock or trust principal, or current funds 17 Capital stock or trust pr | i | 5 | Loans and other receivables from current and t | former officers, directors, | | | |
| 6 Loans and other recevables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(f)(f)[B, and continuting employers and sponsoning organizations of section 50f(s)(f) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L. 0 7 7 0 0 8 Inventiones for sale or use 9 9 Prepaid expenses and deferred charges 0 9 9 0 0 10c 10c 10c 10c 10c 10c 10c 10c 10c | | | | | | | |
| 4958(f)(1), persons described in section 4958(p)(3)(B), and contributing employers and sponsoromy organizations of section 501(p)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L | ļ | | Complete Part II of Schedule L | [| 0 | 5 | 0 |
| 4958(f)(1), persons described in section 4958(p)(3)(B), and contributing employers and sponsoromy organizations of section 501(p)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L | | 6 | Loans and other receivables from other disqualified pers | ons (as defined under section | | | |
| organzations (see instructions). Complete Part II of Schedule L | | - | 4958(f)(1)), persons described in section 4958(c)(3)(B), ar | nd contributing employers and | | | |
| 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Loans and other payables to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 28 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paci-nor capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets fund balances 35 Total liabilities and net assets fund balances 36 Total liabilities and net assets fund balances 37 Total liabilities and net assets fund balances 38 Total liabilities and net assets fund balances 39 Total liabilities and net assets fund balances | | | | | | | |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11b Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Investments—program-related. See Part IV, line 11 15 Investments—program-related. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total iliabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets for fund balances 34 Total liabilities and end assets/fund balances 35 Total liabilities and end assets/fund balances 35 Total relations and | ts | | organizations (see instructions). Complete Part II of Sche | edule L | 0 | 6 | 0 |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11b Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Investments—program-related. See Part IV, line 11 15 Investments—program-related. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total iliabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets for fund balances 34 Total liabilities and end assets/fund balances 35 Total liabilities and end assets/fund balances 35 Total relations and | SS | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| 10a | الخ | 8 | | F | 0 | | 0 |
| ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 19 Deferred revenue 10 19 0 10 18 0 10 18 0 10 19 0 10 18 0 10 19 0 10 19 0 10 10 10 0 11 1 0 11 1 0 12 0 13 1 0 14 1 10 0 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 1,266 17 145 18 Grants payable 19 Deferred revenue 10 19 0 10 18 0 10 19 0 10 19 0 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | 9 | · | | 0 | 9 | 0 |
| b Less: accumulated depreciation 10b 0 0 10c 0 0 10c 11 Investments – publicly traded secreties 0 11 0 12 0 0 13 10 14 11 10 13 10 14 11 10 13 10 14 11 11 10 15 15 15 15 15 | | 10a | | i i i | | 1 | |
| 11 Investments — publicly traded securities 0 11 0 12 0 0 12 0 0 13 10 14 13 10 14 14 0 15 0 14 15 16 15 16 15 16 16 16 | | | • | | | | |
| 12 Investments — other securities. See Part IV, line 11 | | b | • | | | | |
| 13 Investments | | | • | | | | |
| 14 | | | | | | | · |
| 15 Other assets. See Part IV, line 11 0 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 39,689 16 29,332 17 Accounts payable and accrued expenses 1,266 17 145 18 Grants payable 0 18 0 18 0 19 0 0 19 0 0 0 19 0 0 0 0 0 0 0 0 0 | | _ | · • | | | | |
| 17 | | | _ | | | | |
| 17 Accounts payable and accrued expenses 1,266 17 145 18 Grants payable 0 18 0 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 25 0 26 Total liabilities. Add lines 17 through 25 1,266 26 145 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 0 28 0 29 Permanently restricted net assets 0 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds 0 32 0 33 Total liabilities and net assets/fund balances 33,689 34 30,308 | | | • | | | | |
| 18 Grants payable 0 18 0 0 19 0 0 20 10 0 20 10 0 20 10 0 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 2 | | | | | | | |
| 19 Deferred revenue 0 19 0 0 20 0 0 20 0 20 0 20 0 20 0 20 | | | , - | | | | |
| Tax-exempt bond liabilities | | ļ. | | | | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here Date of the part of the pa | | | | | | | |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | • | | | | |
| trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | " | l | | | | | |
| Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that gollow SFAS 117 (ASC 958), check here Organizations that gollow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that on the follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check | Ĕ. | 22 | trustees key employees highest comper | nsated employees, and | | | |
| Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that gollow SFAS 117 (ASC 958), check here Organizations that gollow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that on the follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check | ≣ | | | | 0 | 22 | 0 |
| 24 Unsecured notes and loans payable to unrelated third parties | Ë | 23 | • | i i | | 23 | 0 |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | | | 0 | 24 | 0 |
| parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | | | | | |
| of Schedule D | | | parties, and other liabilities not included on line | s 17-24). Complete Part X | | | |
| Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | | · | | 0 | 25 | 0 |
| Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | | 26 | Total liabilities. Add lines 17 through 25 | <u>.</u> | 1,266 | 26 | 145 |
| 34 Total liabilities and net assets/fund balances | s | | | | | | |
| 34 Total liabilities and net assets/fund balances | Š | | • | | | 07 | |
| 34 Total liabilities and net assets/fund balances | <u>=</u> | | | | | | · · · · · |
| 34 Total liabilities and net assets/fund balances | B | | · · · · · · · · · · · · · · · · · · · | | | _ | |
| 34 Total liabilities and net assets/fund balances | 핕 | 29 | | | | 29 | 0 |
| 34 Total liabilities and net assets/fund balances | 乓 | | | 30), Check here Dand | | | |
| 34 Total liabilities and net assets/fund balances | s or | 30 | - | | 0 | 30 | 0 |
| 34 Total liabilities and net assets/fund balances | set | | | | | - | 0 |
| 34 Total liabilities and net assets/fund balances | As | 1 | | | | 1 | 0 |
| 34 Total liabilities and net assets/fund balances | <u>e</u> t | 1 | - ' | | 38,736 | 33 | 30,453 |
| | ~ | | Total liabilities and net assets/fund balances . | <u> </u> | 39,689 | 34 | 30,308 |

| Form 99 | 00 (2016) | | Page 12 |
|---------|--|----------|-----------|
| Par | XI Reconciliation of Net Assets | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | \square |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 77,30 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 65,59 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | -8,28 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 | | 38,73 |
| 5 | Net unrealized gains (losses) on investments | | |
| 6 | Donated services and use of facilities | | |
| 7 | Investment expenses | | |
| 8 | Prior period adjustments | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | |
| | 33, column (B)) | | 30,45 |
| 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> |
| | | | Yes No |
| 1 | Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in |), | |
| _ | Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | _ ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | |
| _ | Separate basis Consolidated basis Both consolidated and separate basis | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | _ ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | |
| | separate basis, consolidated basis, or both: | | l |
| | Separate basis Consolidated basis Both consolidated and separate basis | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | |
| | · | 2c | _ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 0- | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | |
| L- | | 3a | _ / _ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |
| | required addition addition, explain with in confedure of and describe any steps taken to undergo such addits. | 3b | - 1 |

Form **990** (2016)

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. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ 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 **CROSSROADS INTERNATIONAL STUDENT MINISTRIES** 35-2384776 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E) Total

| Part | Support Schedule for Organiza | tions Descr | ibed in Sect | ions 170(b)(1 | I)(A)(iv) and | 170(b)(1)(A)(v | /i) |
|-------|---|---------------------------------|----------------------------------|---------------------------------|-----------------|------------------------|--------------|
| | (Complete only if you checked th | | | | | | |
| | Part III. If the organization fails to | | | | | | , |
| Sect | on A. Public Support | | | | | | |
| Caler | 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.") | | † | 4 | | } | } |
| 2 | Tax revenues levied for the | | | | 1 | | 1 |
| | organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | | | | | |
| Caler | idar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | ļ | ļ | | | <u> </u> |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. | • | • | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | | | - | | |
| Coati | organization, check this box and stop her on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2016 (line 6 | | | 11 column (fl) | | 14 | % |
| 15 | Public support percentage from 2015 Sch | | | | | 15 | |
| 16a | 331/3% support test—2016. If the organization | | | | | 1 | |
| | box and stop here. The organization qual | | | | | | |
| b | 33 ¹ / ₃ % support test—2015. If the organization this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization | ets the "facts | -and-circumst umstances" te | ances" test, ch | neck this box a | and stop here . | . Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in | tion meets th neets the "fac | ie "facts-and-i ts-and-circum | circumstances stances" test. | " test, check | this box and | stop here. |
| 18 | supported organization | d not check a | | , 16a, 16b, 17a | • | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| | | | | | | | |
|-------------|---|--------------|-----------------|-----------------|--------------|-----------------|---------------------|
| | on A. Public Support | , | | , | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | j | | Ì | į | 1 |
| • | received. (Do not include any "unusual grants") | ļ | | | | | ļ. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | } | | | | • |
| | furnished in any activity that is related to the | 1 | ì | j | | 1 | |
| _ | organization's tax-exempt purpose | ļ | | | | ļ | ļ |
| 3 | Gross receipts from activities that are not an | | | | { | ł | |
| | unrelated trade or business under section 513 | | ļ | | | | |
| 4 | Tax revenues levied for the | | l | | | | |
| | organization's benefit and either paid | | } | | | | |
| _ | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | l | | | | |
| | furnished by a governmental unit to the organization without charge | | <u> </u> | { | 1 | • | |
| 6 | Total. Add lines 1 through 5 | <u> </u> | | | | | |
| 6 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| 7.4 | received from disqualified persons . | | 1 | } | | | 1 |
| b | Amounts included on lines 2 and 3 | | | | | | |
| U | received from other than disqualified | | 4 | ļ | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | Į | 1 | | |] |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | <u> </u> | | l | l | <u></u> | <u> </u> |
| | 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 | | | ļ | | | |
| 10a | Gross income from interest, dividends, | | | | | | 1 |
| | payments received on securities loans, rents, | | ļ |) i | | | l |
| | royalties and income from similar sources . | <u> </u> | <u> </u> | | | | ļ |
| O | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | ı | } |
| | acquired after June 30, 1975 | | | ļ | | | ļ |
| _ | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| • • | activities not included in line 10b, whether | | ł | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | ļ | | | | ļ |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | Ĺ <u> </u> | <u> </u> | | | | |
| 14 | First five years. If the Form 990 is for the | - | | | = | | |
| | organization, check this box and stop he | | | | | | · · · > 🖸 |
| | on C. Computation of Public Suppor | | | 0 1 (0) | | T.= T | |
| 15 | Public support percentage for 2016 (line 8 | | | | | 15 | <u>%</u> |
| 16 Secti | Public support percentage from 2015 Schoon D. Computation of Investment In | | | | | 16 | % |
| 17 | Investment income percentage for 2016 (| | | v line 13 colum | mp (fl) | 17 | 0/ |
| 18 | Investment income percentage from 2015 | | | - | | 18 | <u>%</u> |
| 19a | 331/3% support tests—2016. If the organ | | | | | | |
| ısa | 17 is not more than 331/3%, check this box | | | | | | |
| ь | 331/3% support tests—2015. If the organiz | | _ | | | _ | |
| | line 18 is not more than 331/3%, check this I | | | | | | |
| 20 | Private foundation. If the organization di | | _ | | · · | • • | |

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

- 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.
- 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.)

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| Part | IV Supporting Organizations (continued) | | | |
|----------|---|------------|---------|--|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | 11 |
| а | 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? | 110 | | |
| h | A family member of a person described in (a) above? | 11a 11b | ļ | ├ |
| | 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 | | L | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | j |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | ll l |
| | 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, | | | |
| <u> </u> | supervised, or controlled the supporting organization. | 2 | | L |
| Secti | on C. Type II Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 162 | NO |
| - | 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 executation provide to each of its supported executations, by the last day of the lifth month of the | | Yes | No |
| • | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | i |
| • | | 2 | احتصم | |
| 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 | | | j |
| | 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 | instruc | ctions | s). |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity | (see ins | structi | ons). |
| 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. | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 2a_ | اختيت | سن |
| b | 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 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? Provide details in Part VI. | 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 Org | <u>jan</u> | izations | | | |
|--|------------|----------------------------|--------------------------------|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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) | | |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| instructions for short tax year or assets held for part of year): | | | | | |
| a Average monthly value of securities | 1a | | | | |
| b Average monthly cash balances | 1b | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | <u></u> | | | |
| 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, | ŀ | | | | |
| see instructions) | 4 | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 Multiply line 5 by .035. | 6 | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Section C - Distributable Amount | | | Current Year | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 Enter 85% of line 1 | 2 | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | | |
| 5 Income tax imposed in prior year | 5 | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | 1 | | | | |
| emergency temporary reduction (see instructions). | 6 | | | | |
| 7 Check here if the current year is the organization's first as a non-functional | ly in | tegrated Type III supporti | ng organization (see | | |
| instructions) | | | | | |

| Section D - Distributions Current Year | | | | | | |
|--|---|-----------------------------|--|---|--|--|
| | Section D - Distributions | | | | | |
| 1 | Amounts paid to supported organizations to accomplish | | | <u> </u> | | |
| 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. | | | <u> </u> | | |
| | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | | | |
| 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 | | | | | |
| 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: | | | | | |
| a | | | | | | |
| b | | | | | | |
| С | From 2013 | | | | | |
| d | From 2014 | | | | | |
| e | From 2015 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| <u>h</u> | Applied to 2016 distributable amount | | | <u> </u> | | |
| i_ | Carryover from 2011 not applied (see instructions) | | | | | |
| <u> j </u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2016 from Section D, line 7: | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2016 distributable amount | | | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3 _j and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | | | | | | |
| b | Excess from 2013 | | | | | |
| С | Excess from 2014 | | | | | |
| d | Excess from 2015 | | | | | |
| e | Excess from 2016 | | | | | |
| | | | | | | |

| Schedule A (F | Form 990 or 990-EZ) 2016 Page 8 |
|---|--|
| 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.) |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016 Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization **CROSSROADS INTERNATIONAL STUDENT MINISTRIES** 34-2384776 Cash and non cash donors of more than \$5000 Calendar Year 2016 Highlands Ranch CO 80126 \$7,200 Mountainview Christian Church 40 E Highlands Ranch Pkwy Roger & Ann Elmore 8011 Waterford Ct Lincoln NE 68508 \$5,500 A Dallakoti Entreprises 303 S Broadway STE 200 Denver CO 80209 \$5,500 Brad Randel 72037 Rd 391 Indianola NE 69034 \$5,494 OFFICERS, DIRECTORS AND KEY EMPLOYEES Calendar Year 2016 **BOARD OF DIRECTORS** Jerry Arnold Jr. 78613 464 A Ave Litchfield NE 68852 Alberto Baez 306 Hampton Boerne TX 78006 Bob Milliken 1619 S 25th St Lincoln NE 68502 David Leister 11626 Woodharbor San Antonio TX 78249 Trish Udell 104 Rocky Cir Joplin MO 64834 Hari Dallakoti 2347 W Sunset Dr Littleton COÿ 80120 Dave Empson 95 East County Rd Clayton IN 46118 KEY EMPLOYEES Greg Swinney 3807 6th Ave Kearney NE 68845 Christy Dallakoti 2347 W Sunset Dr Littleton CO 80120 NARRATIVE OF THE THREE LARGEST PROGRAMS OF Crossroads International with Budget Estimate Calendar Year 2016 "The largest program for Crossroads International Student Ministries in 2016 is that of Conventions, Meetings, and Conferences. After serving in campus ministry for 26 years, the Executive Director, Greg Swinney, started Crossroads to focus solely on ministry to international students. The growth trend of internationals in college in the US showed a steep upward path increasing

exponentially with no sign of stopping. Many of the One million plus internationals - reportedly near 66% - left the US after two or more years

Cat No 51056K

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

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

| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|---|------------------------------------|
| Name of the organization | Employer identification number |
| CROSSROADS INTERNATIONAL STUDENT MINISTRIES | 35-2384776 |
| in college having never been inside an American home. For this reason, Crossroads started as a resource | e for campus ministers |
| across the country to get training and materials in starting or building international student outreach. At | tending conventions |
| with thousands in attendance (i.e. the North American Christian Convention and the International Conference | ence on Missions) |
| annually, there were opportunities to present workshops, host exhibit booths, and otherwise get exposur | e that help is available through |
| the Crossroads ministry. | |
| | |
| "The second largest program for Crossroads International Student Ministries in 2016 is Training Resource | es and related Travel Expenses. |
| Of the approximate \$77,000 expense budget, ~8.6% went towards training ministries across the United St | ates on how to start |
| international student ministries on college campuses. With over one million international students attended | lingcollege in the |
| United States in 2016, Christian campus ministers saw the need to reach out to these students so far fron | n home and family |
| and demonstrate the love as taught by Jesus Christ. Numerous campus ministers contacted the Crossr | oads Executive |
| Director requesting him to come to their campus for a period of days to help them train their staff and sta | |
| to international students and visiting scholars. This includes training on cultural differences, starting ""C | |
| groups to meet the needs of international students wanting to improve their English conversation skills, I | |
| | |
| and Bible teaching, and finding Friendship Families to connect with students to experience American cult | ture in a ramity |
| environment (not a home stay program but a friendship building program). | |
| | |
| The third largest program expenditure (about 4% of total spent for the year) for Crossroads International S | tudent Ministries in 2016 |
| was for promotional expenses including training/resources to recruit ministry workers both paid and volume | nteer across the United States. |
| This first full year of the Crossroads Ministry required development of fundraising materials, website deve | lopment, advertising and marketing |
| The third largest program expenditure (4.2% of total spent for the year) for Crossroads International Stude | nt |
| Ministries in 2016 was for promotional expenses including training/resources to recruit ministry workers be | ooth |
| paid and volunteer across the United States. | |
| | |
| Part VI - Section A - 2 | |
| Board member Hari Dallakoti is the husband of a key staff member, Christine Dallakoti. In all board meetin | gs he abstains from any votes or |
| issues that pertain to staffing and salary discussion. Christine was a previous board member who resigne | d as a board member to accept |
| the invitation to serve as a part-time minster to international students. | |