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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

| <u>A</u> | For the | 2016 calendar year, or tax year beginning January 1 , 2016, and en | ding Dece | mber 31 | , 20 ₁₆ | | | |
|---|--------------|---|---|------------------------------------|----------------------------------|--|--|--|
| В | Check if a | pplicable C Name of organization Student Work Development Foundation, Inc. | | D Employ | er identification number | | | |
| Address change Doing business as 51-016 | | | | | | | | |
| П | Name cha | | /suite | E Telephor | | | | |
| $\overline{\Box}$ | Initial retu | · • • | | | 405-329-2990 | | | |
| $\overline{\Box}$ | | /terminated | | <u> </u> | 100 027 2770 | | | |
| \exists | Amended | | | G Gross receipts \$ 815,153 | | | | |
| \exists | | n pending F Name and address of principal officer | H/a) In this a | 4 | subordinates ⁷ Yes No | | | |
| _ | Дррисанс | Max D. Barnett, P. O. Box 2100, Norman, Oklahoma 73070-2100 | i i | | s included? Yes No | | | |
| _ | Tax-exem | | | | list. (see instructions) | | | |
| <u>'</u> | Website: | | | p exemption | | | | |
| _ | | ganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of form | | · | of legal domicile KS | | | |
| _ | art I | Summary | 1975 |) W State | or legal domicile KS | | | |
| | | Briefly describe the organization's mission or most significant activities: Stud | tont Work Day | olonment [| Foundation Inc | | | |
| ۵ | | | | | | | | |
| Activities & Governance | | primary purpose is to assist in providing training and support for individuals and | groups in aisc | ipiesnip, e | ducation, | | | |
| Ē | 1 | evangelism, and missions to help produce more effective discipleship ministries. Check this box I if the organization discontinued its operations or dispose | d of more the | - OE0/ of | | | | |
| o Ve | | | | 1 1 | _ | | | |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1a) | h\ | | 5 | | | |
| Se | | rotal number of individuals employed in calendar year 2016 (Part V, line 2a) | b) | . 5 | 5 | | | |
| ξ | 1 | | | · - | 9 | | | |
| Ċţ | 1 | | | · — | 7 | | | |
| ٩ | ľ | | | - 1 | 0 | | | |
| | <u>b</u> | Net unrelated business taxable income from Form 990-T, line 34 | Prior \ | . 7b | Current Year | | | |
| | | Contributions and greats (Part VIII. line 1b) | | | | | | |
| Revenue | | Contributions and grants (Part VIII, line 1h) | - | 260,162 | 336,452 | | | |
| Ven | 1 | Program service revenue (Part VIII, line 2g) | _ | 143,713 | 152,510 | | | |
| æ | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | <u> </u> | 318,272 | 327,602 | | | |
| | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u> </u> | 127 | (1,411) | | | |
| | | Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) | + | 722,274 | 815,153 | | | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 416,097 | 328,555 | | | |
| | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u> </u> | 0 | U | | | |
| Expenses | 1 | Professional fundraising fees (Part IX, column (A), line 11e) | | 105,141 | 213,948 | | | |
| en | 3 | Fotal fundraising expenses (Part IX, column (D), line 25) ► 0 | | 0 | | | | |
| Ä | | Diller 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 402 (2) | | | | |
| | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 183,636 | 257,697 | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 704,874 | 800,200 | | | |
| or Ses | | nevertue less expenses. Subtract line 18 from line 12 | Beginning of C | 17,400 | 14,953 End of Year | | | |
| ts o | 20 | Fotal assets (Part X, line 16) | 2039 01 0 | | | | | |
| Asse Bala | 21 | Fotal liabilities (Part X, line 26) | | 6,310,584 | 6,726,239 | | | |
| Net Assets of Fund Balance | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 0 | 4 704 000 | | | |
| | art II | Signature Block | | 6,310,584 | 6,726,239 | | | |
| | | ies of perjury, I declare that I have examined this return, including accompanying schedules and st | atomonts, and to | the best of s | ny kaoudadan and balief it is | | | |
| | | and complete. Declaration of preparer (other than officer) is based on all information of which preparer | | | ny knowledge and belief, it is | | | |
| | | W. BB. H | <u> </u> | May 15, | | | | |
| Sig | n | Signature of officer | | ate | 214 | | | |
| He | _ | May D Bassett | | | | | | |
| Type or print name and title | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | Date | т | PTIN | | | |
| Pa | | MI AC | May 15.201 | Check [| <u> </u> | | | |
| | epare | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | m's EIN ▶ | P01477791 | | | |
| Us | se Only | Firm's name ► Firm's address ► 6301 Waterford Blvd., Ste. 408, Oklahoma City, OK 73118 | | | (40E) 2E4 E00E | | | |
| Ma | v the IR | S discuss this return with the preparer shown above? (see instructions) | | none no | (405) 254-5005 ✓ Yes ☐ No | | | |
| _ | <u> </u> | | t. No. 11282Y | | Form 990 (2016) | | | |



| Part | |
|------|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission. |
| | Student Work Development Foundation, Inc. primary purpose is to assist in providig training and support for individuals, and groups in discipleship, education, evangelism, and missions to help produce more effective |
| | disciplantia ministria |
| | discipleship ministries. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| 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 measured by |
| 7 | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code:) (Expenses \$ 294,407 including grants of \$ 294,407) (Revenue \$) |
| | Student Work Development Foundation, Inc. provides assistance to IRC section 501 (c) 3 organizations within the |
| | U. S. such as the Baptist Collegiate Ministries and various colleges and universities. The Navigators, The Christian Challenge, |
| | The Campus Ventures, and Church's that reach out to college students and international students to help them learn to |
| | evangelize young men and women with the Gospel of Jesus Christ and disciple them in the Word of God |
| | |
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| | |
| 4b | (Code:) (Expenses \$ 169,746 including grants of \$) (Revenue \$ 72,235) |
| | The Sullivant Retreat Center is a part of Student Work Development Foundation, Inc., and is used for fostering an |
| | environment for discipleship, evangelism, teaching, and training of college and university campus organizations and churches to accomplish Student Work Development Foundation, Inc.'s purpose of helpeing produce more |
| | effective discipleship ministries and spreading the Gospel of the Lord Jesus Christ. |
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| 4c | (Code) (Expenses \$1,350 including grants of \$1,350) (Revenue \$) |
| | Student Work Development Foundation, Inc. provides assistance to an individual who helps with the chapter of |
| | Fellowship of Christian Athletes in Des Moines, IA. This chapter was short on funds. This monetary assistance |
| | was to help the chapter. |
| | |
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| | • |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| 40 | (Expenses \$ 32,798 including grants of \$ 32,798) (Revenue \$) Total program service expenses ▶ 400,201 |

| Part | Checklist of Required Schedules | | | . ago t |
|------|--|-----|----------|----------|
| • | In the organization described in section 501(a)(2) or 4047(a)(1) (ather than a principle foundation) Q. 15 (1)(a) II | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | ~ | |
| 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</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | V |
| 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 | | , |
| 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 | | v |
| 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 | | \ \ |
| 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 | | , |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | , |
| 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 | | , |
| 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 | | , |
| 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 | | |
| 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 | | , |
| 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 | | ~ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ~ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | , |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | , |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ~ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | \ \ | |
| 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 | | , |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | , |
| 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 | | , |
| | | 13 | لييا | <u> </u> |

| Part | Checklist of Required Schedules (continued) | | | |
|------|--|-----|--------------------|--|
| • | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ~ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | / | |
| 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 | | , |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 00 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ~ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ~ |
| 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 | | , |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ~ |
| 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 | | ~ |
| 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): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ~ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| 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? <i>If "Yes," complete Schedule M</i> | 30 | | ~ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | ~ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | _ |
| | complete Schedule N, Part II | 32 | | ~ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </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 | | | |
| 00 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," 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, | | | |
| 00 | Part VI | 37 | L | ~ |
| 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 | _ | |
| | | | n 9 9 0 | (2016) |

Form **990** (2016)

| an | | | | r |
|--------------|---|-------------|----------|----|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1a b c | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| 2a | reportable gaming (gambling) winnings to prize winners? | 1c | | • |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | <i>'</i> | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ~ |
| b 4a | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 3b | _ | |
| та | over, a financial account in a foreign country (such as a bank account, securities account, 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 Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ~ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| c 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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 a | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 00 | | |
| | and services provided to the payor? | 7a | | 1 |
| c b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| d | required to file Form 8282? | 7c | | ~ |
| e | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | ~ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7f | | ~ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| ь 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9b | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 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: | | | |
| a b | Gross income from members or shareholders | | | |
| 12a b | against amounts due or received from them.) | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | V |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | | L |

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | See ins | truct | ions. |
|--------------|--|-------------|--------|----------|
| Saati | Check if Schedule O contains a response or note to any line in this Part VI | <u>····</u> | • | . 🔽 |
| Secu | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 5 | | | 110 |
| 10 | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| 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 | V | |
| 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 | | , |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ~ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ~ |
| 6 | Did the organization have members or stockholders? | 6 | | ~ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | v |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | , |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | ~ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ~ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | , |
| <u>Secti</u> | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | | |
| | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | ~ |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ~ | |
| b 40- | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40 | | <u> </u> |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ~ |
| b c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12b | | |
| 13 | describe in Schedule O how this was done | 12c | | · |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | V |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 14 | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | |
| a b | Other officers or key employees of the organization | 15b | | 1 |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 130 | | |
| | with a taxable entity during the year? | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure | , | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed Kansas 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. | า 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. | | | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | • | |

| orm | 990 | (2016) | |
|-----|-----|--------|--|
| | | | |

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. | | | | | | | | | | |
|--|--|--|-------|-------------------------------|--|----------------------------------|--|-----------------------------------|---|--------------------------|
| (A) Name and Title | (B) Average hours per week (list any | (do n box, office | ot ch | Pos neck ss pe d a d | C) sition more erson | e than o is both or/trust | one n an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated |
| | hours for related organizations below dotted line) | urs for employee Plated Inzations A dotted | | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | | |
| (1) Max Barnett | 10 | | | | | | | | | |
| President | | | _ | ~ | | | ļ | 7,900 | 0 | 0 |
| (2) Richard Jaques | | | | ١, | | | | | | |
| Vice President | | | | ~ | ļ | | | 0 | 0 | 0 |
| (3) Charles Yohn Secretary/Treasure | | | | , | | | | _ | _ | |
| | | | - | ř | | | ╁ | 0 | 0 | 0 |
| (4) Bob Anderson Board Member | | _ | | | | | | | | • |
| (5) John Kelsey | | _ | | ├ | \vdash | | - | 0 | 0 | 0 |
| Board Member | | ~ | | İ | | | | 0 | 0 | 0 |
| (6) Robert Pruett | | | | | | | - | • | 0 | |
| Board Member | | ~ | | | | | | 0 | o | 0 |
| (7) Neil Walker | <u> </u> | | | | | | | | | |
| Board Member | 1 | ~ | | | | | | l 0 | o | 0 |
| (8) Brett Yohn | | | | | | | | | | |
| Board Member | | > | | | | | | o | o | 0 |
| (9) Michael Stewart | 30 | | | | | | | | | |
| Key Employee | | | | | ~ | | | 53,600 | 0 | 0 |
| (10) Charlie Anne Cooksey | 40 | | | | | | | | | |
| Key Employee | | | | | ~ | | | 58,730 | 0 | 0 |
| (11) | [| | | | | | | | | |
| (12) | | | | - | | | | | - | |
| (13) | | | | | | | | | | |
| (14) | | | | | | _ | | | | |

| Part | VII Section A. Officers, Directors, Trus | tees, Key E | mploy | yees | , ar | nd H | ighes | st C | ompensated E | mployees (conti | nued) | | |
|------|--|--|---|--|---------|--------------|------------------------------|---------------------------------------|--|--|----------------|--|---------------|
| • | (A) Name and title | | (B) Average hours per hours per officer and a director/ti | | | | | an | (D) Reportable compensation from | (E) Reportable compensation from related | | | |
| | | week (list any hours for related organizations below dotted line) | . ~ ~ | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | f org an | other npensal rom the ganizati d relate anizatio | e on ed |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | ļ | | |
| (22) | | | | | | | , | ļ | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | <u></u> | | | | | | | | | | |
| 1b | Sub-total | | on A | <u> </u> | • | | • | ▶ | 120,230 | 0 | | | 0 |
| d | Total (add lines 1b and 1c) | <u></u> | | | | | | <u> </u> | 120,230 | O | | | 0 |
| 2 | Total number of individuals (including bureportable compensation from the organ | | to th | ose | list | ed a | above | e) w | rho received m 0 | ore than \$100,0 | 00 of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | | | est compensat | | Ye | s No |
| 4 | For any individual listed on line 1a, is the organization and related organizations | sum of re | portal | ble d | com | nper | nsatio | n a | and other comp | ensation from t | he | | |
| 5 | undividual | | | | | | | | | | 4 | - | V |
| | for services rendered to the organization | | | | | | | | | | | | ' |
| 1 | Complete this table for your five highest compensation from the organization. Repare. | | | | | | | | | | | | tax |
| | (A) Name and business add | dress | | | • | | | | (B) Description of s | ervices | | C) :nsatior | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent contractor | ors (includi | na hi | ıt n | ot I | limıt | ed to | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | nose listed ah | ove) who | | | |
| - | received more than \$100,000 of compens | | | | | | | . u | n | 5.6, WIIO | | | |

| Part | VIII | Statement of Revenue | | | | 2 11/11 | | |
|--|---------|---|----------|-----------------------|-------------------|------------------------------------|----------------------------------|---|
| <u> </u> | | Check if Schedule O contains | a resp | onse or note to | (A) Total revenue | (B) | (C) | (D) |
| | | | | | i otal revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | 0 | | | | |
| Gra | b | Membership dues | 1b | 0 | | | | |
| fts, | C | Fundraising events | 1c | 0 | | | | |
| ilai | d | Related organizations | 1d | 0 | | | | |
| Sir | e f | Government grants (contributions) All other contributions, gifts, grants, | 1e | 0 | | | | |
| utic her | ' | and similar amounts not included above | | | | | | |
| di El | _ | Noncash contributions included in lines 1a | - | 336,452 | | | İ | ļ |
| Son | g h | Total. Add lines 1a-1f | | · | 336,452 | | | |
| | | Totali Add Inico Ta Tr | · · · · | Business Code | 330,432 | | | |
| Program Service Revenue | 2a | Sullivant Retreat Center | Ì | 90009 | 72,235 | 72,235 | | 0 |
| æ | b | Life Impact Conference | | 90009 | 80,275 | 80,275 | 0 | 0 |
| rice | С | | | | 0 | 0 | 0 | 0 |
| Sen | d | | | | 0 | 0 | 0 | |
| E | е | | | | 0 | 0 | 0 | 0 |
| ogra | f | All other program service revenu | ie. | | 0 | 0 | 0 | 0 |
| <u> </u> | g | Total. Add lines 2a-2f | <u> </u> | ▶ | 152,510 | | | |
| | 3 | Investment income (including | | | | | | |
| | | • | | • | 327,602 | 0 | 0 | 327,602 |
| | 4 | Income from investment of tax-exe | mpt bo | nd proceeds ▶ | 0 | 0 | 0 | 0 |
| | 5 | Royalties | · · | | 0 | 0 | 0 | 0 |
| | | <u> </u> | | (II) Personal | | = | | |
| | 6a | Gross rents | | | | | | ļ |
| | b | Less: rental expenses | | | | | İ | |
| | C | Rental income or (loss) Net rental income or (loss) | | | | | | |
| | d 7a | Gross amount from sales of (i) Security | ies I | (II) Other | 0 | 0 | 0 | 0 |
| | ,,, | assets other than inventory | | (1) 0 11 101 | | | | |
| | ь | Less: cost or other basis | | | | | | |
| | | and sales expenses . | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | 🕨 | 0 | 0 | 0 | 0 |
| Other Revenue | 8a | Gross income from fundraising | | | | | | • |
| eVe | | events (not including \$ | | | | | | |
| Ğ. | | of contributions reported on line 1 | | | | | | |
| 重 | | See Part IV, line 18 | | | | | | |
| ō | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from fundra Gross income from gaming activ | | events . ► | - 0 | | 0 | 0 |
| | 3a | See Part IV, line 19 | | | | | | |
| | Ь | Less: direct expenses | | | | | | |
| | C | Net income or (loss) from gamin | | vities . ▶ | 0 | 0 | 0 | |
| | _ | Gross sales of inventory, | | | | | | |
| | | returns and allowances | | 5,286 | | | | |
| | ь | Less: cost of goods sold | . b | | | | | |
| | C | Net income or (loss) from sales | | | (1,411) | (1,411) | 0 | 0 |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | 0 | 0 | 0 | |
| | b | | | | 0 | 0 | 0 | 0 |
| | С | | | | 0 | 0 | 0 | 0 |
| | d | All other revenue | | | 0 | 0 | 0 | 0 |
| | е | Total, Add lines 11a-11d | | | 0 | | <u> </u> | |
| | 12 | Total revenue. See instructions | <u></u> | <u></u> . > | 815,153 | 151,099 | 0 | |
| | | | | | | | | Form 990 (2016) |

Form **990** (2016)

Part IX Statement of Functional Expenses

| Part IX Statement of Functional Expenses | | | | |
|--|-----------------------|------------------------------------|-------------------------------------|----------------------------------|
| Section 501(c)(3) and 501(c)(4) organizations must com | | | | |
| Check if Schedule O contains a respons | | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 | 294,407 | 294,407 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,350 | 1,350 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | 32,798 | 32,798 | | |
| Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0 120,230 | 120,230 | 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) | o | 0 | 0 | 0 |
| 7 Other salaries and wages | 61,437 | 61,437 | 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 | 32,281 | 32,281 | 0 | 0 |
| 11 Fees for services (non-employees): | T | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 4,774 | 0 | 4,774 | . 0 |
| c Accounting | 0 | 0 | 0 | 0 |
| d Lobbying | 0 | 0 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | 0 | 0 | 0 |
| f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column | 0 | 0 | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | o | 0 | o | 0 |
| 12 Advertising and promotion | 0 | 0 | 0 | _0 |
| 13 Office expenses | 8,959 | 3,520 | 5,439 | 0 |
| 14 Information technology | 2,004 | 0 | 2,004 | 0 |
| 15 Royalties | . 0 | 0 | 0 | 0 |
| 16 Occupancy | 0 | 0 | 0 | 0 |
| 17 Travel | 3,474 | 3,357 | 117 | |
| Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | c |
| 19 Conferences, conventions, and meetings . | 169,076 | 169,076 | 0 | 0 |
| 20 Interest | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| Depreciation, depletion, and amortization . | 0 | 0 | 0 | |
| 23 Insurance | 16,585 | 16,585 | 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.) | 05.45- | 07.45 | | ····· |
| a Grounds b Utilities | 25,425 | 25,425 | 0 | |
| a Markman's Comp | 18,793 6,057 | 18,793 6,057 | 0 | |
| d CDC Defunds | 2,550 | 2,550 | | |
| e All other expenses | 2,550 | 2,330 | 0 | |
| 25 Total functional expenses. Add lines 1 through 24e | 800,200 | 787,866 | 12,334 | |
| 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 | 555,230 | | ,301 | |
| following ŠOP 98-2 (ASC 958-720) | 0 | 0 | 0 | Form 990 (2016 |

Part X Balance Sheet

| • | | Check if Schedule O contains a response or note to any line in this Pai | rt X | | |
|------------------|-----|---|--|----------|------------------------|
| | _ | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | 233,724 | 1 | 544,626 |
| | 2 | Savings and temporary cash investments [| 109,788 | 2 | 53,844 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 0 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| 7 | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | 0 | 5 | 0 |
| ts | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | 499,529 | 7 | 404,789 |
| As | 8 | Inventories for sale or use | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a | Land, buildings, and equipment: cost or | - | | |
| | | other basis. Complete Part VI of Schedule D 1,948,198 | | | |
| | b | Less: accumulated depreciation 10b 0 | 1,948,198 | 10c | 1,948,198 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | 3,519,345 | 12 | 3,774,782 |
| | 13 | Investments-program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 6,310,584 | 16 | 6,726,239 |
| | 17 | Accounts payable and accrued expenses | 0 | 17 | 0 |
| | 18 | Grants payable | 0 | | 0 |
| | 19 | Deferred revenue | 0 | | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | |
| ij | | trustees, key employees, highest compensated employees, and | | | |
| iab | | disqualified persons. Complete Part II of Schedule L | 0 | | 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 | | 05 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 25 26 | 0 |
| _ | 20 | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | U | 20 | 0 |
| Ses | | complete lines 27 through 29, and lines 33 and 34. | <u>. </u> | | |
| <u>la</u> | 27 | Unrestricted net assets | 4,362,386 | | 4,778,041 |
| Ba | 28 | Temporarily restricted net assets | . 0 | 28 | 0 |
| Ē | 29 | Permanently restricted net assets | 1,948,198 | 29 | 1,948,198 |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | 0 | 30 | 0 |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | 0 |
| Net Assets | 32 | Retained earnings, endowment, accumulated income, or other funds . | 0 | 32 | 0 |
| Se | 33 | Total net assets or fund balances | 6,310,584 | | 6,726,239 |
| | 34 | Total liabilities and net assets/fund balances | 6,310,584 | 34 | 6,726,239 |
| | | | | | Form 990 (2016) |

| | | | | | · J - · - |
|------|--|---------|----------------|--------------|---------------|
| Part | XI Reconciliation of Net Assets | | | | |
| • | Check if Schedule O contains a response or note to any line in this Part XI | | <u> </u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 81 | 5,153 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 80 | 0,200 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 1 | 4,953 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 6,31 | 0,584 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 19 | 9,493 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 20 | 1,209 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 6,72 | 6 <u>,239</u> |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <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," ex | olain I | n | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | ~ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | oiled o | or | | 1 |
| | 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 | d on | a 🗀 | | |
| | separate basis, consolidated basis, or both: | | 1 | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| ¢ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | ntant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plaın ı | n | | |
| | Schedule O. | | | | |
| За | , , , , , , , , , , , , , , , , , , , | forth i | n | | |
| | the Single Audit Act and OMB Circular A-133? | | · 3a | | ~ |
| b | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | L | |
| | | | For | n 990 | (2016) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

| | | | = | | | | | i - | | | |
|----|------------|------|--|------------------------|---|--|--|-------------------------------------|------------|-----------------------------|---|
| | | | Development Foundation, Ir | | | | | 51-01 | | | - |
| | rt I | | Reason for Public Char | | | | | | ns. | | - |
| _ | _ | | ation is not a private founda | | • | | - | · · | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | • | | | • • | | | |
| 3 | | | ospital or a cooperative hos | | | | | | | 41 | |
| 4 | | | nedical research organization pital's name, city, and state | | injunction with a nosp | oitai desc | ribea in s | ection 1/U(b)(1)(A)(| iii). Ent | er the | |
| _ | | | · · | ************* | - allaca as very are the | | | d by a gayaramant | alait | dosoubod in | |
| 5 | | | organization operated for taction 170(b)(1)(A)(iv). (Comp | | college or university | owned o | roperate | o by a government | ai unii | described in | ı |
| | | | | • | | | - 470(h) | (4)(A)(.) | | | |
| 6 | | | ederal, state, or local goverr organization that normally | | | | | | | anaral muhlum | |
| 7 | | | cribed in section 170(b)(1) | | • | port from | a govern | nmental unit of fron | i ine ge | eneral public | ; |
| _ | | | | | • | D4-11 \ | | | | | |
| 8 | | | ommunity trust described in | - • | | · · | | | | | |
| 9 | | | agricultural research organi | | | | | | | | |
| | | | university or a non-land-grai versity: | nt college of agri | culture (see instruction | ms). ⊏me | r the nan | ie, city, and state of | the co | nege or | |
| 10 | | | organization that normally r | ecewes: (1) more | than 331,0% of its su | inport fro | m contril | outions membershir | foos | and gross | , |
| | J | rece | eipts from activities related | to its exempt fur | nctions—subject to co | ertain exc | eptions, | and (2) no more that | า 331/39 | % of its | |
| | : | sup | port from gross investment | income and unr | elated businéss taxal | ole incom | e (less se | ection 511 tax) from | busine | sses | |
| 11 | | | uired by the organization at organization organized and | • | | | - | • | | | |
| 12 | | | organization organized and organized and | • | • | | | | m. out 1 | ha nurnaaa | |
| 14 | | | onganization organized and one or more publicly suppo | | | | | | | | |
| | | | eck the box in lines 12a thro | • | | • | | | | | |
| | a [| _ | Type I. A supporting organ | • | • • • • • | | _ | • | - | • | • |
| • | | | the supported organization | • | • | • | | | | | |
| | | | supporting organization. Ye | | | | | | 000 01 1 | | |
| ı | b [| | Type II. A supporting organ | = | • | | | supported organizati | on(s), b | v having | |
| • | | | control or management of t | | | | | | | | |
| | | | organization(s). You must | | • | | | | - . | | |
| | c [| | Type III functionally integ | = | | | onnection | n with, and functions | ally inte | grated with, | |
| | _ | | its supported organization(| | | | | | • | | |
| (| d [| | Type III non-functionally i | ntegrated. A su | pporting organization | operated | d in conne | ection with its suppo | rted or | ganization(s) |) |
| | | | that is not functionally integ | | | | | | | | |
| | | | requirement (see instruction | ns). You must c | omplete Part IV, Sec | tions A a | and D, ar | nd Part V. | | | |
| (| e [| | Check this box if the organ | ization received | a written determination | on from th | ne IRS th | at it is a Type 1, Type | e II, Typ | e III | |
| | | | functionally integrated, or T | ype III non-func | tionally integrated sur | oporting o | organizat | ion. | | | |
| 1 | | | the number of supported o | | | | | | | | |
| | g Pr | rovi | de the following information | about the supp | orted organization(s). | | | | | | _ |
| | (i) N | Name | e of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 | | rganization ir governing | (v) Amount of monetary support (see | | Amount of | |
| | | | | | above (see instructions)) | | ment? | instructions) | | support (see structions) | |
| | | | | | | \ | | | | | |
| | | | | | | Yes | No | | | | - |
| A) | | | | | | [| ĺ | | | | |
| | | | | | | | - | | | | - |
| B) | | | | | | | ļ | | 1 | | |
| | | | | | | | | | | | - |
| C) | | | | | | |] | | | | |
| | | | | - | | | | | | | - |
| D) | | | | | | | | | | | |
| | | | | | | | | | | | - |
| E) | | | | | | |] | | | | |
| ot | al | | | | | | | | | | - |
| | | | | | | | | | | | |

| Schedu | te A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|--|--|--|---|---|-----------------|--|--|
| Part | | | | | | | |
| • | (Complete only if you checked th | | | | | | lify under |
| 04: | Part III. If the organization fails to | qualify under | the tests list | ted below, ple | ease comple | te Part III.) | |
| | on A. Public Support | (-) 0040 | (L) 0010 | (-) 0014 T | (4) 0015 | (-) 0016 | (A Total |
| | 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.") | 390,360 | 3,034,809 | 247,237 | 260,162 | 336,452 | 4,269,020 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 390,360 | 3,034,809 | 247,237 | 260,162 | 336,452 | 4,269,020 |
| | · · · · · · · · · · · · · · · · · · · | 390,360 | 3,034,807 | 247,237 | 260,162 | 330,432 | 4,207,020 |
| 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) | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 4,269,020 |
| | on B. Total Support | () 2040 T | #1.0040 | () 0044 | (N 0045 | (1) 0040 | (D. T. 1-1 |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 390,360 | 3,034,809 | 247,386 | 260,162 | 336,452 | 4,269,020 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | | | | | | |
| _ | sources | 42,940 | 150,603 | 207,036 | 318,272 | 327,602 | 1,046,453 |
| | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | 0 | | | | ^ |
| | activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets | 0 | 0 | 0 | 0 | 0 | 0 |
| | activities, whether or not the business is regularly carried on Other income. Do not include gain or | 1,972 | 2,490 | 0 | 0 | (1,411) | 3,315 |
| 10 | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 | 2,490 | | | | |
| 10 11 12 | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction | 2,490 ns) | 137 | | (1,411) | 3,315 5,315,473 72,235 |
| 10 | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction e organization' | 2,490 ns) s first, second | 137 | 127 | (1,411) 12 ear as a section | 3,315 5,315,473 72,235 1 501(c)(3) |
| 10 11 12 13 | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction e organization' re | 2,490 ns) s first, second | 137 | 127 | (1,411) | 3,315 5,315,473 72,235 1 501(c)(3) |
| 10 11 12 13 Secti | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction e organization' re | 2,490 ns) s first, second | 137 d, third, fourth, | 127 | (1,411) 12 ear as a section | 3,315 5,315,473 72,235 1 501(c)(3) |
| 10 11 12 13 Secti | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction e organization te | 2,490 ns) s first, second | 137 | or fifth tax ye | (1,411) 12 ear as a section | 3,315 5,315,473 72,235 1 501(c)(3) |
| 10 11 12 13 Secti | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction e organization' re | 2,490 ns) s first, second dided by line 1 | 137 | or fifth tax ye | (1,411) 12 ear as a section | 3,315 5,315,473 72,235 1 501(c)(3) • □ 80 % 85 % |
| 10 11 12 13 Secti | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,972 (see instruction e organization' re | 2,490 ns) | 137 | or fifth tax ye | (1,411) 12 ear as a section | 3,315 5,315,473 72,235 1 501(c)(3) • □ 80 % 85 % check this |
| 10 11 12 13 Secti | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | (see instruction e organization' re | z,490 ns) | 137 I, third, fourth, I, column (f)) on line 13, an organization n line 13 or 16a | or fifth tax ye | (1,411) 12 ear as a section 14 15 1/3% or more, (| 3,315 5,315,473 72,235 1 501(c)(3) |
| 10 11 12 13 Secti 14 15 16a | activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | (see instruction e organization' re | 2,490 ns) | 137 | 127 | (1,411) 12 Par as a section 14 15 1/3% or more, or more, or more, or 16b, and | 3,315 5,315,473 72,235 1 501(c)(3) |

| 7a | 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |
|----|--|
| b | 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |
| 3 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |
| | Schedule A (Form 990 or 990-EZ) 2016 |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | | | | |
|--------------|---|---------------------------------------|--|------------------|-------------------|------------------|--------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | - | • | | | | |
| _ | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | <u> </u> | ļ | | | | |
| 4 | Tax revenues levied for the | | 1 | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 7a | Total. Add lines 1 through 5 | | | <u> </u> | | | |
| ra | received from disqualified persons . | | ! | | | | |
| _ | , | <u>.</u> | - | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | 1 | ļ | | , | | |
| | or 1% of the amount on line 13 for the year | | ' | | | | |
| С | Add lines 7a and 7b | | | _ | | | |
| 8 | Public support. (Subtract line 7c from | · · · · · · · · · · · · · · · · · · · | | | | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | <u> </u> | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | · | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| _ | · | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | [| 1 | | |
| | (Explain in Part VI.) | | | ! | | | ļ |
| 13 | Total support. (Add lines 9, 10c, 11, | | | <u> </u> | <u> </u> | | |
| | and 12.) | | | | <u></u> | | L |
| 14 | First five years. If the Form 990 is for the | | n's first, secon | d, third, fourth | n, or fifth tax y | ear as a section | on 501(c)(3) |
| | organization, check this box and stop he | | | <u></u> | · · · · · | <u> </u> | 🕨 🗆 |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2016 (line | | - | | | | % |
| 16 | Public support percentage from 2015 Sci | | | · · · · · · | · · · · · · | 16 | % |
| <u>Secti</u> | on D. Computation of Investment In | | | v line 12 | mn (fl) | 17 | |
| | Investment income percentage for 2016 (Investment income percentage from 2019) | | | | | | <u>%</u> |
| 18 19a | 33 ¹ / ₃ % support tests—2016. If the organ | | | | | | |
| 134 | 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 | | | | | | |
| 20 | Private foundation. If the organization d | = | _ | | - | | _ |

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.)

| Casti | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P | art v | <u>.) </u> | |
|-------|--|-------|---|------|
| Secti | on A. All Supporting Organizations | | V | - Na |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | Yes | No |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 5c | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | _ | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to | 1 | I | 1 |

determine whether the organization had excess business holdings.)

10b

| Schedu | le A (Form 990 or 990-EZ) 2016 | | | age 5 |
|-------------|--|------------|----------|---------|
| Part | | | <u> </u> | uge 🛡 |
| • | | | Yes | No |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 44. | | |
| b | A family member of a person described in (a) above? | 11a 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | Yes | No |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 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 i | nstru | ction | s). |
| a b c | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | struct | ıons). |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3h | | |

| | | _ |
|---|-----|---|
| Р | age | ю |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|--|-------|--------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | - · · · · · · | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y int | egrated Type III support | ing organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|--------------|--|---------------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | rted | | |
| | organizations, in excess of income from activity | | | |
| 3_ | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | |
| | (provide details in Part VI). See instructions. | - | | |
| 9_ | Distributable amount for 2016 from Section C, line 6 | | | |
| 10_ | Line 8 amount divided by Line 9 amount | · · · · · · · · · · · · · · · · · · · | 4*** | |
| S | 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 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| _3_ | Excess distributions carryover, if any, to 2016: | | | |
| <u>a</u> | | | | - |
| <u> </u> | 5 0010 | | | |
| c | From 2013 | | | |
| <u>d</u> _ | From 2014 | | | |
| <u>e</u> | From 2015 | | | |
| <u>f</u> _ | Total of lines 3a through e | | | |
| <u>g</u> | Applied to underdistributions of prior years Applied to 2016 distributable amount | | | |
| <u>'''</u> | Carryover from 2011 not applied (see instructions) | | | |
| - | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from | | | |
| • | Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| <u>_</u> | Applied to 2016 distributable amount | | | |
| | 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 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| е | Excess from 2016 | | | |

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| rau | 16 | u |

| Schedule A (F | orm 990 or 990-EZ) 2016 Page 6 |
|---------------|---|
| 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.) |
| Part II Line | 10 |
| These amo | unts are attributable to the revenue generated from the sale of Real Purpose of Life Publications which is a part of |
| Student Wo | ork Development Foundation, Inc. The revenue generated from the sale of Real Purpose of Life Publications is used |
| with college | e and university students and churches across the country to spread the Word of Christ. |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 51-0168187 Student Work Development Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

| Schedul | e D (Form 990) 2016 | | | | | | | | Page 2 |
|---------|--|--|-------------|--------------|-----------------------|-----------|------------------------|---|-------------|
| Part | Organizations Maintaining | Collections of | Art, His | torical 1 | reasures, c | or Otl | ner Similar A | ssets (continu | ıed) |
| .3 | Using the organization's acquisition, a collection items (check all that apply): | | | | | | | | |
| а | ☐ Public exhibition | | d | □ Loan | or exchange | progr | ams | | |
| b | Scholarly research | | | ☐ Othe | = | - | | | |
| | ☐ Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization XIII. | on's collections | and expla | ain how t | hey further th | e orga | anization's exe | mpt purpose ir | n Part |
| 5 | During the year, did the organization sassets to be sold to raise funds rather t | | | | | | | | 7 No |
| Part | | | amou do p | | o organization | 1 0 00 | | | <u> </u> |
| гаги | Complete if the organization | • | " on For | m 000 t | Part IV line (|) or 1 | oported an a | mount on For | m |
| | 990, Part X, line 21. | | | | | | - | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | ot Yes |] No |
| b | If "Yes," explain the arrangement in Pa | rt XIII and comp! | ete the fo | flowing to | able: | | | | |
| | | | | | | | <i>F</i> | Mount | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | 1 | | |
| 2a | Did the organization include an amount | | art X. line | 21. for e | scrow or cus | | account liabilit | v? ☐ Yes ☐ | Ī Nα |
| | If "Yes," explain the arrangement in Pa | | | | | | | | <u> </u> |
| Par | | | | 1-1-1-1-1-1 | р. | | | | |
| | Complete if the organization | answered "Yes | " on For | m 990 I | Part IV line 1 | 10 | | | |
| | | (a) Current year | | or year | (c) Two years t | | (d) Three years bad | k (e) Four years | back |
| 1a | Beginning of year balance | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (-,- | | (0, 1110, 1111) | + | | (4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, | |
| | A | | | | | | | | |
| b | Net investment earnings, gains, and | | | | | | _ | | |
| С | losses | | | | \ \ | Ì | | Ì | |
| | - | | | | | -+ | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| | · - | | ļ | | | | | | |
| f | Administrative expenses | | | | ļ <u> </u> | ↓ | | | |
| g | End of year balance | ····· | L | | L | | | | |
| 2 | Provide the estimated percentage of the | • | | e (line 1g | ı, column (a)) | held a | ıs: | | |
| а | Board designated or quasi-endowment | · · · · · · · · · · · · · · · · · · · | % | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | ne organi | zation the | at are held ar | nd adr | ministered for t | | |
| | organization by: | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related org | | | | | | | 3b | <u> </u> |
| 4 | Describe in Part XIII the intended uses | | on's endo | wment f | unds. | | | | |
| Part | | | | | | | | | |
| | Complete if the organization | answered "Yes | on For | m 990, l | Part IV, line | 11a. S | See Form 990 | , Part X, line 1 | 10. |
| | Description of property | (a) Cost or o | | | or other basis other) | | Accumulated preciation | (d) Book value | 9 |
| 1a | Land | | | | | | | 1.94 | 18,198 |
| b | Buildings | | | | <u> </u> | | | | |
| c | Leasehold improvements | | | | | | _ | | |
| ď | Equipment | | | <u> </u> | | | | | |
| - | Other | <u> </u> | | | | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1,948,198

| Part VII | Investments – Other Securities. Complete if the organization answ | | rm 990 Part IV lir | ne 11b. See Form | 990 Part X line 12 |
|--------------------------|---|---|-------------------------|-----------------------|---------------------------------------|
| | (a) Description of security or category | | (b) Book value | | hod of valuation |
| | (including name of security) | | | Cost or end | -of-year market value |
| (1) Financial | | | | | |
| | eld equity interests | | 3,774,782 | Cost | |
| (3) Other | | | | - | |
| (A) (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | *************************************** | | | |
| (G) | | **** | | | · · · · · · · · · · · · · · · · · · · |
| (H) | | | | _ | |
| Total. (Column (b |) must equal Form 990, Part X, col (B) line 12) ▶ | | 3,774,782 | | |
| Part VIII | Investments - Program Related | | | | |
| | Complete if the organization answ | wered "Yes" on Fo | m 990, Part IV, lir | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book vatue | | hod of valuation |
| | | | | Cost or end | -of-year market value |
| (1) | · | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answ | | m 990, Part IV, lir | e 11d. See Form | |
| (4) | |) Description | | | (b) Book value |
| (1) | | | | | _ |
| (2) | | | | | |
| (4) | | | | | *** ** *** |
| (5) | | | · | | |
| (6) | | | | | - |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | nn (b) must equal Form 990, Part X, co | ol. (B) line 15.) | <u></u> | <u> ▶</u> | |
| Part X | Other Liabilities. | 1.007 11 5 | 000 5 . 07 ! | 44.0 | 5 000 D 4 W |
| | Complete if the organization answ | wered "Yes" on Foi | m 990, Part IV, IIr | ie 11e or 11f. See | e Form 990, Part X, |
| 1. | line 25. (a) Description of liability | (b) Book value | | | · |
| (1) Federal in | · · · · · · · · · · · · · · · · · · · | (b) BOOK Value | — | | |
| (2) | | | | | |
| (3) | | | | | |
| | | | $\overline{}$ | | |
| (5) | | | | | |
| (4) (5) (6) (7) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | o) must equal Form 990, Part X, col. (B) line 25) | | | | |
| 2. Liability for | uncertain tax positions. In Part XIII, provi | de the text of the footn | ote to the organization | n's financial stateme | ents that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Schedule | D (Form 990) 2016 | | | | Page 4 |
|----------|---|---------------|---|----------|---|
| Part | · · · · · · · · · · · · · · · · · · · | ents | With Revenue per | Retu | <u>-</u> |
| • | Complete if the organization answered "Yes" on Form 990, | | • | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | |] | |
| С | Recoveries of prior year grants | 2c | |] | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| | Add lines 2a through 2d | | | 2e | |
| | Subtract line 2e from line 1 | | | 3 | |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| | Other (Describe in Part XIII.) | 4b | | _ | |
| | Add lines 4a and 4b | | | 4c | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | |
| Part 2 | <u> </u> | | • | er Re | turn. |
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| | Total expenses and losses per audited financial statements | | | 1 | · |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | T | | |
| | Donated services and use of facilities | <u>2a</u> | | 4 | |
| | Prior year adjustments | 2b | | 4 | |
| | Other losses | _ | + | 4 | |
| | Other (Describe in Part XIII.) | | | 4 | |
| | Add lines 2a through 2d | | | 2e | |
| | Subtract line 2e from line 1 | · · | | 3 | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ١. | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| | Other (Describe in Part XIII.) | ъ | ' | - | |
| | Add lines 4a and 4b | | | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information. | <i>ie</i> 10. | <i>)</i> | 5 | |
| | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar | A 4 · [| Port IV lines 1b, and 0b | o: Dort | V line 4: Port V line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | | |
| | | to pi | ovide any additional il | 11011110 | MOII. |
| inese a | re LLC units given to SWDF by a charitable remainder annuity trust. | | | | |
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| chedule D (For | rm 990) 2016 | Page 5 |
|----------------|---|---|
| | Supplemental Information (continued) | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

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

| | nent of the Treasury Revenue Service | on about Sche | edule F (Form 9 | 990) and its instructions is at | www.irs.gov/form99 | Open to Public Inspection |
|--------------|--|-----------------------|----------------------------|---|--|-------------------------------|
| Name o | of the organization | | | | Er | mployer identification number |
| Stude Par | nt Work Development Foundation | | ios Outsido | the United States. Comp | | 51-0168187 |
| rai | Form 990, Part IV, line | | ies Outside | the Officed States. Comp | piete ii the organiza | ation answered "Yes on |
| 1 | For grantmakers. Does the | | | | | |
| | assistance, the grantees' eligrants or assistance? | | | | criteria used to av | |
| | grants or assistance: | | | | | · · ☑Yes ☐No |
| 2 | For grantmakers. Describe | | the organizati | on's procedures for monit | oring the use of i | its grants and other |
| | assistance outside the Unite | ed States. | | | | |
| 3 | Activities per Region. (The fo | ollowing Part | I. line 3 table o | can be duplicated if addition | nal space is needed | 4) |
| | (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in the | (e) If activity listed in | n (d) is (f) Total |
| | | offices in the region | employees, agents, and | region (by type) (such as, fundraising, program services, | a program service describe specific ty | pe of and investments |
| | | | independent contractors | investments, grants to recipients located in the region) | service(s) in the re- | egion in the region |
| | ·· | | in the region | | | |
| (1) | Europe | 0 | 0 | Grant Making | 0 | 32,798 |
| (2) | | | | | | |
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| (3) | | | · | | | |
| (4) | | | | | | |
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| (13) | | | | | | |
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| (1.4) | | | | | | |
| (15) | | | <u> </u> | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a | Sub-total | 0 | _ 0 | | | 32,789 |
| þ | Total from continuation sheets to Part I | | | | | |
| | SHOELS TO FAIL I | 1 0 | 0 | | | 1 0 |

c Totals (add lines 3a and 3b)

32,798

Page 2

Schedule F (Form 990) 2016

| | section and EIN | | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|-----------------|--------|-------------------------|--------------------------|---------------------------------------|--|--|---|
| (E) | | Europe | General Support | 32,789 Check | Check | 0 | | |
| (2) | | | | | | | | |
| (2) | | | | | | | | |
| (4) | | | | | | | | |
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| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Schedule F (Form 990) 2016

| Part III Grants and Other As | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered Part III can be duplicated if additional space is needed. | ials Outside the is needed. | he United States | S. Complete if the | organization ansv | vered "Yes" on Form 990, Part IV, line 16. | 0, Part IV, line 16. |
|---------------------------------|---|-----------------------------|--------------------------|---------------------------------------|----------------------------------|--|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | , | | | | | | |
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| (17) | | | | | | | |
| (18) | | - | | | | | |
| | | | | | | Sch | Schedule F (Form 990) 2016 |

| Schedul | the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | | | | | | | |
|---------|---|-------|------|--|--|--|--|--|
| Part | V Foreign Forms | | | | | | | |
| 1 | the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign | ☐ Yes | ₽ No | | | | | |
| 2 | may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign | ☐ Yes | ☑ No | | | | | |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | ☐ Yes | ☑ No | | | | | |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ☐ Yes | ☑ No | | | | | |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | ☐ Yes | ☑ No | | | | | |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) | ☐ Yes | ☑ No | | | | | |

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| Supplemental Information | Supp | lemental | Information |
|--------------------------|------|----------|-------------|
|--------------------------|------|----------|-------------|

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

| Double Line O |
|---|
| Part 1 Line 2 |
| Student Work Development Foundation, Inc. grants funds only to foreign organizations similar in purpose to Student Work Development |
| Foundation, Inc., which are recognized as being charities by the foreign country and/or tax exempt by IRS. Student Work Development |
| Foundation, Inc. does not monitor the use of the funds by each foreign charitiable organization but it does request that any foreign |
| charitable organization that Student Work Development Foundation, Inc. makes grants to provide it with periodic reports as to how the |
| grant is being used in order to insure that such funds are being used for purposes similar to that of Student Work Development |
| Foundation, Inc. Student Work Development Foundation, Inc. also makes reasonable efforts to monitor the charitable or tax exempt |
| status of the foreign organization it grants funds to. |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection 2016

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Student Work Development Foundation, Inc.

Part I

Name of the organization

Employer identification number

51-0168187

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance General Support General Support General Support General Support ✓ Yes 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? 31,400 16,902 78,135 48,096 51-0168187 73-0658201 51-0168187 73-062188 (b) EIN 1320 W. Lindsey St. Norman, OKSWD (1) OK Baptist Collegiate Ministries (4) SWDF - CO Christian Challenge (3) Chinese Trinity Baptist Church 1 (a) Name and address of organization P O Box 2100, Norman, OK P O Box 2100, Norman, OK (2) SWDF- Seminary 901 N Peters, Norman, OK or government Part II N 12 3 9 E 8 ව 6

Schedule I (Form 990) (2016

Cat No 50055P

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

| | | | | ' | | L | | | | · · | | · | | | | • | | - |
|---|--|---|---|---|---|---|---|---|---|--|--|--|---|---|------|-------|---|------------------------------|
| | (f) Description of noncash assistance | | | | | | | | onal information. | ch are recognized as | it does request that any charitable | nts to provide it with periodic reports as to how the grant is being used in order to insure that such funds are | onable efforts to monitor the | | | | | Schedule I (Form 990) (2016) |
| | (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | n (b); and any other additi | izations similar in purpose to Student work Development Foundation, Inc. which are recognized as | h charitable organization, but | the grant is being used in orde | ndation, Inc., also makes reaso | | | | | |
| | (d) Amount of noncash assistance | | | | | | | | ne 2; Part III, columi | e to Student work Deve | use of the funds by eac | odic reports as to how | Vork Development Four | | | | | |
| | (c) Amount of cash grant | | | | | | | | required in Part I, Iii | tions similar in purpos | does not monitor the u | s to provide it with perior | idation, Inc. Student V | | | | | |
| onal space is neede | (b) Number of recipients | | | | | | | | ide the information | funds only to organiza | ment Foundation, Inc., | ation, Inc., make grants | ork Development Four | to. | | | : | |
| Part III can be duplicated it additional space is needed. | (a) Type of grant or assistance | - | 2 | 3 | 4 | S | 9 | 7 | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | Student Work Development Foundation, Inc., grants funds only to organ | being tax-exempt by the IRS. Student Work Development Foundation, Inc., does not monitor the use of the funds by each charitable organization, but it does request that any charitable | organization that Student Work Development Foundation, Inc., make gra | being used for purposes similar to that of Student Work Development Foundation, Inc., Student Work Development Foundation, Inc., also makes reasonable efforts to monitor the | tax-exempt status of the organization it grants funds to. | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number

| Studen | nt Work Development Foundation, Inc. 51-016818 | | | | | | | | |
|--------|--|-------------------------------|--|---|-------------|--|--------------------------------|-----|----|
| Part | Types of Property | | | _ | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contr amounts report Form 990, Part V | rted on | Metho noncash c | (d) d of dete ontributio | | |
| 1 | Art—Works of art | | | | | | | | |
| 2 | Art—Historical treasures | | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household | | | | | | | | |
| | goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities-Publicly traded | | | | | | | | |
| 10 | Securities—Closely held stock . | | | | | | | | |
| 11 | Securities—Partnership, LLC, | | | | | | | | |
| | or trust interests | V | | | | | | | |
| 12 | Securities - Miscellaneous | | | _ | | | | | |
| 13 | Qualified conservation | | | | | | | | |
| | contribution — Historic | | | | | | | | |
| | structures | | | | | | | | |
| 14 | Qualified conservation | | | | | | | | |
| | contribution—Other | | | | | | | | |
| 15 | Real estate — Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate—Other | | | | | | | | |
| 18 | Collectibles | | | | | ļ | | | |
| 19 | Food inventory | | | | | <u> </u> | | | |
| 20 | Drugs and medical supplies | | | | | ļ | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | <u> </u> | | | |
| 23 | Scientific specimens | | | | | <u> </u> | | | |
| 24 | Archeological artifacts | | | ļ | | | | | |
| 25 | Other ► () | | | | | | | | |
| 26 | Other ► () | | | | | | | | |
| 27 | Other ► () | | | | | | <u> </u> | | |
| 28 | Other ► () Number of Forms 8283 received | l by the or | anization during the tax i | year for contribu | itions for | | | | |
| 23 | which the organization completed | | | | | 29 | | | |
| | on and organization completed | | _,,, | | | | | Yes | Nο |
| 30a | During the year, did the organiza | tion receive | hy contribution any prope | erty reported in 1 | Part I line | e 1 throug | h [| | |
| Jua | 28, that it must hold for at least t | | | | | | | | ' |
| | to be used for exempt purposes | | | | | | 30a | | ~ |
| b | If "Yes," describe the arrangement | | | | | | 1000 | | |
| 31 | | | ptance policy that requir | es the review | of anv n | onstandar | a l | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | | | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | |
| | contributions? | | | | | | | | _ |
| b | If "Yes," describe in Part II. | • | | | | • | 32a | † | Ė |
| 33 | If the organization didn't report ar | amount in | column (c) for a type of pro | perty for which o | column (a) | is checked | si. | | 1 |
| | describe in Part II. | | (-) -: | , , | (+/ | | | | |

| Schedule M (Form 990) (2016) Page 2 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | | | |
| These are L | LC units given to Student Work Development Foundation, Inc. by a charitable remainder annuity trust | | | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Student Work Development Foundation, Inc. 51-0168187 Part III, 4d Other Program Services Student Work Development Foundation, Inc., provides assistance to IRC section 501 (c) (3) organization outside the U.S. such as Connexxion Campus Ministries located in Europe to evangelize young men and women with the Gospel of the Lord Jesus Christ and disciple them in the Word of God. Part IV, Governance, Management and Disclosure, Section A, Line 2 Charles Yohn is Secretary/Treasurer of Student Work Development Foundation, Inc. Brett Yohn is a Board Member of Student Work Development Foundation, Inc. Charles and Brett have a "Family" relationship. Part VI, Governance, Management and Disclosure, Section B, Line 11a and Line 11b Student Work Development Foundation, Inc. provides the return preparer with a draft version for the Form 990 with all supporting documentation for review The return preparer: (1) reviews the Form 990 with all supporting documentation, (2) makes any changes thereto: and (3) provides Student Work Development Foundation, Inc. with the revised version of the Form 990 for its review. Student Work Development Foundation, Inc., disctributes the revised version of the the Form 990 to the President and Vice-President and Board Members for review. If there are no changes to the Form 990, then Student Work Development Foundation, Inc., delivers a final version of the Form 990 to an officer of Student Work Development Foundation, Inc. with signature authority for his or her signature. If there are changes to the Form 990, then the return preparer makes such changes and provide Student Work Development Foundation, Inc. with a revised version of the Form 990 for review, approval and signature. Part VI, Governance, Management and Disclosure, Section C, Line 19 Student Work Development Foundation, Inc. makes its governing documents and financial statements available to the public by providing members of the public with copies of any of these documents upon request. Part IX, Reconciliation of Net Assets, Line 9 This change is the result of income and gain on investments and negotiable debt instruments

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