Return of Organization Exempt From Income Tax

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

A	A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30, 2017										
-B	Check if applicat	C Name of organization HOLT INTERNATIONAL CHILDREN'S		D Employer identifi	cation number						
	Addr chan	SERVICES INC.	j								
	Name chan			23-7257390							
	Initia returi	At a large of the state of the	/suite	E Telephone numbe	r						
	Fınal returi	250 COUNTRY CLUB ROAD		541-68	7-2202						
	termi ated			G Gross receipts \$	28,684,899.						
[3	Amer	ded FIGENE OR 97401		H(a) Is this a group re	eturn						
	Application F Name and address of principal officer PHILLIP LITTLETON for subordinates? Yes X No										
_	Pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
	I Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)										
_	J Website: ► WWW.HOLTINTL.ORG H(c) Group exemption number ►										
		<u> </u>	Year of	formation 1971	M State of legal domicile: OR						
LP	art I	Summary									
33 9	, 1	Briefly describe the organization's mission or most significant activities SEE SCHEDULI	E O		··· -						
5013 5013											
7	2	Check this box If the organization discontinued its operations or disposed of rendered to the following members of the governing body (Part VI, line 1a) RECEIV		nan-25% of its net as:	sets. 14						
> § ? ?			<u> </u>	70 /	14						
≥ ₹	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part VIII e 2a) AN 2 2	0040	OSO-SX 6 6	136						
MAK	5 6	Total number of individuals employed in calendar year 2016 (Part Vame 2a) AN 2 2 7 Total number of volunteers (estimate if necessary)	2019	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10000						
	72	Total consists of business are some from Book VIII column (C) line 10			0.						
בֿץ װ	{ ' _b	Net unrelated business taxable income from Form 990-T, line 34 OGDEN,	, UT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.						
	1 -			Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		16,044,758.	16,910,600.						
Several Property of the Control of t	9	Program service revenue (Part VIII, line 2g)		8,991,696.	8,926,254.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		400,417.	873,325.						
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,509.	-10,850.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,456,380.	26,699,329.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,706,035.	7,736,635.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
Ų	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,124,500.	8,005,684.						
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		130,692.	95,051.						
a C	b	Total fundraising expenses (Part IX, column (D), line 25) 4,452,397.									
ц	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	9,600,693.	9,854,946.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	24,561,920.	25,692,316.						
_	19	Revenue less expenses. Subtract line 18 from line 12	+	894,460.	1,007,013.						
Net Assets or	E	Tabel accepts (Dark V. Ivan 40)	Begi	nning of Current Year 20,199,715.	End of Year 19,801,409.						
Ssel	20	Total assets (Part X, line 16)	<u> </u>	8,153,463.	6,083,468.						
let A	21	Total liabilities (Part X, line 26)	\vdash	12,046,252.	13,717,941.						
Ē	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		12,010,101.	10,117,511.						
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atement	ts, and to the best of my	knowledge and belief, it is						
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared			, who was a second of the seco						
	,, 00,,0		F								
Sig	เก	Signature of officer	1/_	Date	1						
He		PHILLIP LITTLETON, PRESIDENT AND CEO Thelip with	tor	01/8	09/2019						
		Type or print name and title		7	7						
	-	Print/Type preparer's name	Da	te Check	PTIN						
Pai	d	WENDY CAMPOS	712/	/04/18 II self-employ	red P00448102						
Pre	parer	Firm's name MOSS ADAMS LLP		Fırm's EIN ▶	91-0189318						
Use	Only	Firm's address > 975 OAK STREET SUITE 500									
_		EUGENE, OR 97401		Phone no.541	-686-1040						
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

H "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 experiment of program services accomplishments for each of its three largest program services, as measured by experiment of grants and allocations to others, the total expensive revenue, if any, for each program service reported. decode(legeoness		1990 (2016) SERVICES INC.	23-7257390	Page 4
### Briefly describe the organization's mission Briefly describe the organization of Strict Briefly	Pa			·
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	<u>4e</u>	Total program service expenses ► 10,211,724.	-	m 990 (2016)

Form 990 (2016) SERVICES INC.

[Part: IV] Checklist of Required Schedules

_	**			
• **			'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	х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4_	Х	<u> </u>
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 98-197 If "Yes," complete Schedule C, Part III	5		X
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	-	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			İ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	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	1	x	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	A BEST	明理 的制
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	摄影		
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		\vdash
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
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	l .		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ ا		•
	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,		_v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- '		
19	complete Schedule G. Part III	19		х
	COMPLETE SCHEDULE G. Fall III		990	(2016)
				/

SERVICES INC.

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 17 If "Yes," complete Schedule I, Parts I and II х 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 29 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 Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24<u>a</u> Schedule K If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 25<u>a</u> transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 х 25b Schedule L. Part I 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." Х 26 complete Schedule L, Part II 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 Х 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 Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 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," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х 36 If "Yes." complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Note. All Form 990 filers are required to complete Schedule O

X

Form 990 (2016)

14a

orm	990 (2016) SERVICES INC. 23-725739	0	P	age 5			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			X			
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 83			-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
" с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-				
	filed for the calendar year ending with or within the year covered by this return 2a 136						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х				
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).	J					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х			
С	14 No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	•	<u> </u>			
7	-						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х Х	-			
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С			-	l			
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year [7d]			ļ <u> </u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h		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		<u> </u>			
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12						
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
a	Gross income from other sources (Do not net amounts due or paid to other sources against						
b	amounts due or received from them)						
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		ı	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		[
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
a	Note. See the instructions for additional information the organization must report on Schedule O			-			
h	Enter the amount of reserves the organization is required to maintain by the states in which the	,					
	expension to leave a hours of the organization is required to maintain by the states in which the			ĺ			

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

SERVICES INC. 23-7257390 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 14 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. 14 b 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 Х 2 officer, director, trustee, or key employee? 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 Did the organization have members or stockholders? 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PHILLIP LITTLETON - 541-687-2202 250 COUNTRY CLUB ROAD, EUGENE, 97401

SERVICES INC.

Form 990 (2016)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	Jigu			C)	ipo:	·our	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any	<u> </u>		Ī				from the	from related organizations	other compensation
	hours for	r direc				pa Ba		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		۵	pensal		(W-2/1099-MISC)		organization
	organizations	nal tru	in a t		ptoye	rcom)				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN D RYAN	1.00	_	╀	٦	<u>×</u>	1 0	<u> </u>			
CHAIRMAN		х		х				0.	0.	0.
(2) JON R HANSON	1.00									
VICE-CHAIRMAN		х		х				0.	0.	0.
(3) YOLAINE MARIE DAUPHIN	1.00									
SECRETARY		х		х				0.	0.	0.
(4) REBECCA BRANDT	1.00									
DIRECTOR		х	L					0.	0.	0.
(5) MARGARET FITCH-HAUSER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DONNA GIZBERT	1.00			ŀ						
DIRECTOR		Х						0.	0.	0.
(7) CLAYTON E HENDERSON	1.00									
DIRECTOR		Х		<u> </u>		ļ	<u> </u>	0.	0.	0.
(8) TARA LINH LEAMAN JD	1.00				Ì					
DIRECTOR		Х	L	<u> </u>	L	<u> </u>	L	0.	0.	0.
(9) KIM S LEE	1.00									
DIRECTOR	ļ	Х		<u> </u>	ļ	ļ	<u> </u>	0.	0.	0.
(10) KENNETH T MATSUURA	1.00									
DIRECTOR	ļ	Х	_	<u> </u>	_	_	<u> </u>	0.	0.	0.
(11) CHUCK MITMAN	1.00							_		
DIRECTOR	ļ <u>. </u>	Х	_	<u> </u>		_		0.	0.	0.
(12) MICHAEL G SPRENGER	1.00								_	_
DIRECTOR		Х	_	<u> </u>		<u> </u>	_	0.	0.	0.
(13) ZOE LAINSON THOMPSON	1.00				l					
DIRECTOR		х	<u> </u>			_	<u> </u>	0.	0.	0.
(14) JEFFREY M WEINKAUF	1.00			ĺ					•	•
DIRECTOR	10.00	х				<u> </u>		0.	0.	0.
(15) PHILLIP L LITTLETON	40.00							151 142		21 052
PRESIDENT & CEO	1.00			Х		-		151,142.	0.	31,053.
(16) KEVIN SWEENEY	40.00							100 007	_	17 600
VP OF FINANCE & ADMINISTRATION	40.00	\vdash	\vdash	X	_	\vdash		122,867.	0.	17,608.
(17) SUSAN FITZ-GERALD	40.00					x		102 400	0.	17 09F
VP OF POLICY & EXTERNAL AFFAIRS 632007 11-11-16	<u> </u>		ш		Щ	Λ.	Щ	103,488.	U.]	17,985. Form 990 (2016)

SERVICES INC.

Part	VII Section A. Officers, Directors, Trus		loy	ees,			ghes	it C	ompensated Employee	s (continued)			
٠	(A)	(B)	(C)		(D)	(E)		(F)					
	Name and title	Average	Position (do not check more than one		Reportable	Reportable	6	Estimat	ed				
		nours per box, u		, unle:	ss pe	rson I	s both	an	compensation	compensation	a	mount	-
		week (list any	_			T SOLO	17.003	100,	from	from related	1	other	
		hours for	ndividual trustee or director				L		the organization	organizations (W-2/1099-MISC)		npens from th	
		related	e or d	ig ig			sated		(W-2/1099-MISC)	(44-2/1099-141130)	- 1	ganıza	
		organizations	ruste	nstitutional trustee		, g	臣		(** 27 1033 10100)			nd rela	
		below	dual t	liona	_	ey employee	stco	 				ganızat	
		line)	Indivi	Instit	Officer	e ke	Highest compensated employee	Former				•	
											1		
											-		
											1		
	· ·												
							i						
									:				
					İ								
											1		
											-		
1b 8	Sub-total	•				•		<u> </u>	377,497.	0		66	646.
	Total from continuation sheets to Part VI	I. Section A						·	0.	0			0.
	Total (add lines 1b and 1c)	•						·	377,497.	0		66	646.
_	otal number of individuals (including but n	ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization						•		. ,	•			3
			·									Yes	No
3 [Old the organization list any former officer,	director, or tru	stee	e. ke	v en	olan	vee.	or l	highest compensated en	nplovee on			
	ne 1a? If "Yes," complete Schedule J for s			,	,		,,		g	,	3	\ <u> </u>	х
	for any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		1	
	and related organizations greater than \$150	*							•	3	4	Х	
	Old any person listed on line 1a receive or a									ual for services			l i
	endered to the organization? If "Yes." com	-				-			· J · · · · · · · · · · · · · · · · · ·		5		X
	on B. Independent Contractors	DICTO COMOGUIC		<i>31 UU</i>		<i></i>	<i></i>						
1 (Complete this table for your five highest co	mpensated ind	epei	nder	nt co	ontra	acto	's th	nat received more than \$	100.000 of compens	ation f	rom	
	he organization. Report compensation for	· •											
	(A)				· <u>.</u>			Ī	(B)			(C)	
	Name and business	address							Description of s	ervices	Comp		n
NEWSO	NG MINISTRIES INC							\dashv					
	MITH ROAD, BALL GROUND, GA 3010	7						ļ	PERFORMANCE ARTIST		2	703	917.
	RINT COMMUNICATIONS							7				· · · ·	
-	PIERCE PARKWAY, SPRINGFIELD, OR	97477						ļ	PRINTING			229	640.
$\overline{}$	APRINT							寸		· · · · · · · · · · · · · · · · · · ·			
	APRIETO STREET FIGENE OF 9740	2						ļ	PRINTING			101	815

Form 990 (2016)

132,527.

131,000.

BLACKBAUD

Total number of independent contractors (including but not limited to those listed above) who received more than

DATA PROCESSING

CONCERT PROMOTIONS

PO BOX 930256, ATLANTA, GA 31193

LMG CONCERTS LLC, 400 E EVERGREEN

BOULEVARD SUITE 317, VANCOUVER, WA 98660

\$100,000 of compensation from the organization

HOLT INTERNATIONAL CHILDREN'S 23-7257390 SERVICES INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 30,119. 1 a Federated campaigns 1a Grants 1b b Membership dues 188,286. c Fundraising events d Related organizations e Government grants (contributions) All other contributions, gifts, grants, and 16,692,195. similar amounts not included above 174,004 g Noncash contributions included in lines 1a-1f \$ 16,910,600 h Total. Add lines 1a-1f Business Code 2 a ADOPTION FEES 8,146,143 8,146,143 624100 Program Service Revenue TOUR FEES 561520 571,256 571,256 ADOPTEE SERVICES 624100 154,655 154,655 TRANSPORTATION FEES 480000 54,200. 54,200. All other program service revenue 8,926,254. Total. Add lines 2a-2f Investment income (including dividends, interest, and 266,353. 266,353 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,821,539. 602,603. assets other than inventory b Less cost or other basis 596,749 1,220,421 and sales expenses 5,854 601,118 c Gain or (loss) 606,972. 606,972. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 188,286. of including \$ contributions reported on line 1c) See 114,668. Part IV, line 18

0. b Less direct expenses 10,000 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 32,631. and allowances 23,530. b Less cost of goods sold 9,101 9,101 Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code MISCELLANEOUS INCOME 251 900099 11 a

144,870.

10.000

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

b Less direct expenses

Part IV, line 19

c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See

251

26,699,329

-30,202

853,374. Form 990 (2016)

٥.

-30,202.

10,000.

251.

632009 11-11-16

8,935,355

Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A) T	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,313,303.	3,313,303.		
2	Grants and other assistance to domestic			1	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	4,423,332.	4,423,332.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	272 701		272 701	
_	trustees, and key employees	272,701.		272,701.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	rpersons described in section 4958(c)(3)(B)	6,171,481.	4,633,773.	714,227.	823,481
7 8	Other salaries and wages Pension plan accruals and contributions (include	0,171,401.	4,033,773.	714,227.	023,401
8	section 401(k) and 403(b) employer contributions)	309,882.	227,618.	36,196.	46,068
9	Other employee benefits	742,417.	524,823.	105,799.	111,795
10	Payroll taxes	509,203.	366,185.	76,542.	66,476
11	Fees for services (non-employees)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,	
''	Management				
b	Legal	68,569.	49,003.	15,607.	3,959
c	Accounting	41,049.	1,274.	39,775.	
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17	95,051.			95,051
f	Investment management fees	79,751.		79,751.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,561,412.	936,149.	410,842.	214,421
12	Advertising and promotion	3,826,425.	1,076,239.	18,323.	2,731,863
13	Office expenses	1,121,404.	422,983.	579,645.	118,776
14	Information technology				
15	Royalties				
16	Occupancy	416,512.	212,813.	194,999.	8,700
17	Travel	1,035,956.	762,620.	103,816.	169,520
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	W			
20	Interest	70,009.		70,009.	
21	Payments to affiliates	252 225	170 005	50.000	20.000
22	Depreciation, depletion, and amortization	260,996.	179,905.	50,289.	30,802
23	Insurance	203,530.	2,412.	201,118.	
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 0.)				
а	TOURS	487,658.	487,658.		
b	CHILD CARE & MEDICINE	432,118.	432,118.		
c	STAFF DEVELOPMENT	117,549.	69,847.	40,107.	7,595
d	MISCELLANEOUS/OTHER	77,808.	35,469.	18,449.	23,890
е	All other expenses	54,200.	54,200.		
25	Total functional expenses. Add lines 1 through 24e	25,692,316.	18,211,724.	3,028,195.	4,452,397
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	2,604,350.	840,000.	0.	1,764,350

632010 11-11-16

Form **990** (2016)

Pai	Part X Balance Sheet							
•		Check if Schedule O contains a response or not	e to an	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			364,072.	1_	620,697.	
	2	Savings and temporary cash investments			2,068,819.	2	2,223,954.	
	3	Pledges and grants receivable, net			58,956.	3	59,124.	
	4	Accounts receivable, net			1,162,403.	4	1,304,074.	
	5	Loans and other receivables from current and fo						
		trustees, key employees, and highest compensa	ited em	ployees Complete				
	ł	Part II of Schedule L	45,184.	5	0.			
	6	Loans and other receivables from other disqualit	,		-			
		section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary				
Ø	İ	employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7		
As	8	Inventories for sale or use		3,293.	8	3,293.		
	9	Prepaid expenses and deferred charges			1,636,542.	9	1,614,496	
	10a	Land, buildings, and equipment, cost or other		[•			
		basis. Complete Part VI of Schedule D	10a	4,887,063.				
	ь	Less accumulated depreciation	10b	1,730,347.	4,465,213.	10c	3,156,716.	
	11	Investments - publicly traded securities	10,395,233.	11	10,819,055.			
	12	Investments - other securities See Part IV, line 1		12				
	13	Investments - program-related See Part IV, line		13				
	14	Intangible assets			_14			
	15	Other assets See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal	(4)	20,199,715.	16	19,801,409		
	17	Accounts payable and accrued expenses			1,102,505.	17	1,397,284	
	18	Grants payable			18			
	19	Deferred revenue			4,391,127.	19	4,252,484	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I	⊃art IV	of Schedule D		21		
ý	22	Loans and other payables to current and former	officer	s, directors, trustees,	-			
<u>I</u>		key employees, highest compensated employee	s, and	disqualified persons.				
Liabilities		Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrela	ted thu	d parties	2,200,000.	23	0.	
	24	Unsecured notes and loans payable to unrelated	third p	parties	<u>-</u> .	24		
	25	Other liabilities (including federal income tax, pa	yables	to related third				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of				
		Schedule D		_	459,831.	25	433,700.	
	26	Total liabilities. Add lines 17 through 25			8,153,463.	26	6,083,468.	
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗓 and				
Ś		complete lines 27 through 29, and lines 33 an	d 34.	_	 		 	
ĕ	27	Unrestricted net assets		<u> </u>	7,769,092.	27	9,144,461.	
gag	28	Temporarily restricted net assets	1,087,742.	28	1,327,180.			
<u> </u>	29	Permanently restricted net assets	3,189,418.	29	3,246,300.			
Ē		Organizations that do not follow SFAS 117 (A	SC 958	i), check here 🕨 🔲 📗	•			
b		and complete lines 30 through 34.		 _				
ets	30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund					30		
YSS(31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	or other funds		32			
Z	33	Total net assets or fund balances		<u> </u>	12,046,252.	33	13,717,941.	
	34	Total liabilities and net assets/fund balances			20,199,715.	34	19,801,409.	

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

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2c

За

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs_gov/form990_

OMB No 1545-0047

2016

Open to Public Inspection (

Name of the organization HOLT INTE

HOLT INTERNATIONAL CHILDREN'S

Employer identification number

23-7257390 SERVICES INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ui). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (n) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) Total

· Pa	(Complete only if you checked	_		-			•
	fails to qualify under the tests						
	ction A. Public Support			1	1		r — —
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		-				
	Total. Add lines 1 through 3					-	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				1		
	on line 1 that exceeds 2% of the				'		
	amount shown on line 11,				j		
	column (f)			_		-	<u>. </u>
	Public support. Subtract line 5 from line 4					<u> </u>	L
	·	() 0040	T #1.0010	1 (10014	(0.0015	1 ()0010	(0 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources		 			<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			<u> </u>		 	
	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc. (see instruction	one)	1	<u> </u>	12	I
	First five years. If the Form 990 is for	-	-	d fourth or fifth to	ax vear as a section		
IJ	organization, check this box and stop		a mar, accord, triii	a, routin, or marte	m year as a section	. 55 (6)(6)	
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2016 (I		·	column (fl)		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o			n line 13, and line	14 is 33 1/3% or m		
. Ju	stop here. The organization qualifies	_				_,	▶ □
h	33 1/3% support test - 2015. If the o		_		line 15 is 33 1/3%	or more, check the	ıs box
-	and stop here. The organization qual					,	▶
172	10% -facts-and-circumstances test		•		e 13, 16a, or 16b, a	and line 14 is 10%	or more.
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					ou the organ	•
H	10% -facts-and-circumstances test	_	•	• •	=	17a, and line 15 is	10% or
L)	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶ □

Schedule A (Form 990 or 990-EZ) 2016

18 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 SERVICES INC.

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.)

Sec	ction A. Public Support	<i>3.5.1.</i> , p.64.65	1010 1 411 11 1							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants ")	13,388,652.	13,548,192.	10,816,916.	16,044,758.	16,910,600.	70,709,118.			
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the organization's tax-exempt purpose	6,884,644.	8,167,950.	5,996,840.	9,021,091.	8,958,885.	39,029,410.			
3	Gross receipts from activities that				, ,		_			
_	are not an unrelated trade or bus-		j							
	iness under section 513	150,939.	173,287.	15,079.	62,268.	114,920.	516,493.			
4	Tax revenues levied for the organ-	, , , , ,				, ,	'			
7	ization's benefit and either paid to									
	or expended on its behalf									
-	The value of services or facilities						<u>-</u>			
þ	furnished by a governmental unit to									
	the organization without charge									
_		20,424,235.	21,889,429.	16,828,835.	25,128,117.	25,984,405.	110,255,021.			
	Total. Add lines 1 through 5	20,424,233.	21,003,423.	10,020,033.	23,120,117.	25,504,405.	110,233,021.			
78	Amounts included on lines 1, 2, and	201,005.	155,290.	32,185.	79,887.	133,404.	601 771			
	3 received from disqualified persons	201,003.	133,290.	32,103.	73,007.	133,404.	601,771.			
L	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the	405 055		79,989.	139,430.	19,551.	724,825.			
	amount on line 13 for the year	485,855.	155,290.				1,326,596.			
	Add lines 7a and 7b	686,860.	155,290.	112,174.	219,317.	152,955.				
	Public support. (Subtract line 7c from line 6) ction B. Total Support						108,928,425.			
		4 > 2040	# 1 0040	4 > 0044	100015	4 > 004 0	(0.T.)			
	ndar year (or fiscal year beginning in)	(a) 2012 20,424,235.	(b) 2013 21,889,429.	(c) 2014 16,828,835.	(d) 2015 25,128,117.	(e) 2016 25,984,405.	(f) Total 110,255,021.			
	Amounts from line 6	20,424,235.	21,009,429.	10,020,035.	25,126,117.	25,964,405.	110,255,021.			
10a	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties	101 001	020 425	170 046	0.60 7.05	066 353	4 405 505			
	and income from similar sources	181,284.	239,137.	172,246.	268,705.	266,353.	1,127,725.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975						<u> </u>			
	Add lines 10a and 10b	181,284.	239,137.	172,246.	268,705.	266,353.	1,127,725.			
11	Net income from unrelated business activities not included in line 10b,	1				;				
	whether or not the business is	1								
	regularly carried on									
12	Other income Do not include gain or loss from the sale of capital	1								
	assets (Explain in Part VI.)	ļ								
13	Total support. (Add lines 9, 10c, 11, and 12)	20,605,519.	22,128,566.	17,001,081.	25,396,822.	26,250,758.	111,382,746.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,			
	check this box and stop here						▶□			
Sec	ction C. Computation of Publi	c Support Per	centage			•				
15	Public support percentage for 2016 (li	ne 8, column (f) dıv	vided by line 13, co	olumn (f))		15	97.80 %			
16	Public support percentage from 2015	Schedule A, Part I	II, line 15			16	97.85 %			
Sec	ction D. Computation of Inves	tment Income	Percentage		·,					
17	7 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 1.01 %									
18	8 Investment income percentage from 2015 Schedule A, Part III, line 17									
19a	33 1/3% support tests - 2016. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17				
	more than 33 1/3%, check this box ar	d stop here. The	organization quali	fies as a publicly s	upported organiza	tion	ightharpoons x			
b	33 1/3% support tests - 2015. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is moi	re than 33 1/3%, a	nd			
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization				
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2016 SERVICES INC.

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	. All S	Supporting (Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9b		
<u>9c</u>		1
10a		
<u> </u>		
10b		

Pa	Tt IV. Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		-	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		l	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion 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 of the organization had more than one supported organization,		<i>'</i>]
	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		<u> </u>
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 carned out the purposes of the supported organization(s) that operated,		<u> </u>	لـــا
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		L	Г.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,	İ
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	ton Divin Type in eappering organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	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		١	-
	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		•	Í
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)		Г <u></u>
2	Activities Test Answer (a) and (b) below Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No i
а			,	
	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,			1 1
	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		- ;	1
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	•	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below		- ,	-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لـــــا
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

2

3

4

5

Schedule A (I	Form 990 or	990-F7\ 2016

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

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	dule A (Form 990 or 990-EZ) 2016 SERVICES INC.			23-7257390	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	· · · · · · · · · · · · · · · · · · ·	
<u>Secti</u>	on D - Distributions			Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(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				
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributa Amount for	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reason-			•	-
	able cause required- explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2016	-			
а				.=	
b	<u> </u>			7	
С	From 2013	-	· //		!
d	From 2014		-		
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				[
h	Applied to 2016 distributable amount		,		
i	Carryover from 2011 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2016 from Section D,	,			ĺ
	line 7 \$				
а	Applied to underdistributions of prior years				[
b	Applied to 2016 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4		-		
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result greater			[
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions				
	Excess distributions carryover to 2017. Add lines 3j				
	and 4c				
8	Breakdown of line 7				
а	·				
	Excess from 2013				
_	Excess from 2014				
	Excess from 2015				
	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(See Separate man notions), trien				
• ;	Section 501(c)(4), (5), or (6) organizat	ons Complete Part III.			
Nam	ne of organization HOLT INTERN	NATIONAL CHILDREN'S		Emp	loyer identification number
	SERVICES II				23-7257390
Pa	rt I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	l campaign activities in	Part IV. ▶ \$	
Ďa	et I D. Commisso if the our	anization is avament unda	r section FO1/a\/2	<u> </u>	
		anization is exempt unde		/	
	Enter the amount of any excise tax	•		> \$	
	Enter the amount of any excise tax			▶ \$	·
	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
	Was a correction made?				└─ Yes └─ No
	If "Yes," describe in Part IV.	anization is everent unde	rocation FO1/a)	woont coation E01/a	1/0/
		anization is exempt unde		· · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expended	, ,	•		
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for sec	ction 527	
	exempt function activities			▶ \$	i
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and em	nployer identification number (EIN) of all section 527 polit	tical organizations to which	n the filing organization
	made payments. For each organization	tion listed, enter the amount paid	from the filing organiza	ation's funds. Also enter the	e amount of political
	contributions received that were pro	• •		•	e segregated fund or a
	political action committee (PAC) If	additional space is needed, provide	de information in Part IV	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		•			

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

	Lobbying Expend	litures During 4-Year	Averaging Period		· · ·
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))		- !			6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 SERVICES INC. Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	3)		(k	o)
	e lobbying activity	Yes	No		Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or	1	,	\		-
	local legislation, including any attempt to influence public opinion on a legislative matter	<u>'</u>				
	or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		_			
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				-	
b	If "Yes," enter the amount of any tax incurred under section 4912	* '	-			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u>'</u>		-[
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or s	sec	tion	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year	? :	3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			1	,	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal		•		
_	expenses for which the section 527(f) tax was paid).	oui	1			
9	Current year		-	 2a		
	Carryover from last year			2b		
	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ASS	<u> </u>	┪	· · · · · · ·	-
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			'		
	expenditure next year?	ontious		4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t IV Supplemental Information			<u>v 1</u>		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list\ Part II-	A lines	1 ar	nd 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information.	,,	·		`	
	(actions), and (actin = 1 miles 11 miles 11 miles 12 mile					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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.

2016 Open to Public Inspection

OMB No 1545-0047

Name of the organization

HOLT INTERNATIONAL CHILDREN'S

Employer identification number 23-7257390

SERVICES 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 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? 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 conferring impermissible private benefit? Part II 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. Held at the End of the Tax Year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

:	. HOLT INTERN	NATIONAL CHILDRE	en's ∙					•		•
Sche	dule D (Form 990) 2016 SERVICES IN	IC.					23-725	7390	P	age 2
	tilli Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	r Other	r Simila	r Assets	Contir		
3	Using the organization's acquisition, accession									
	(check all that apply)	·	•	J	`					
а	Public exhibition	d	Loan or exc	hange progr	ams					
b	Scholarly research	e		3 1 3						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizati	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	tilvi Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered	"Yes" on	Form 990	D, Part IV, I	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other as	sets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table							
								Amount	i i	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial acco	unt liabili	ıty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t ₁ V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Parl	l IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	6,776,812.	6,603,206.	7,07	7,636.	6,8	63,715.	5,	113,	979.
b	Contributions	139,052.	110,340.	10	2,550.	1	52,505.			194.
С	Net investment earnings, gains, and losses	520,255.	465,203.	-23	5,547.	4	25,063.		947,	240.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	346,931.	401,937.	34	1,433.	3	13,447.		268,	698.
f	Administrative expenses						50,200.		5,	000.
g	End of year balance	7,089,188.	6,776,812.	6,60	3,206.	7,0	77,636.	6,	863,	715.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as						
а	Board designated or quasi-endowment	47.00	_%							
b	Permanent endowment ► 46.00	%								
С	Temporarily restricted endowment	7.00 %								
	The percentages on lines 2a, 2b, and 2c show									
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administe	red for th	e organiz	ation	-		
	by.							\longrightarrow	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(iı)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t _i VI Land, Buildings, and Equipm									
	Complete if the organization answered				· ·					
	Description of property	(a) Cost or o	1 ' '	or other		ccumulate		(d) Bool	(valu	е
		basis (investri	nent) basis	(other)	der	preciation			766	000
1a	Land			766,980.		100	612			980.
b	Buildings		2	,221,671.		193,	013.	2,	υZ8,	058.
С	Leasehold improvements			760 060		1 404	933		25.5	126
d	Equipment		1	,760,968.		1,404,				136.
	Other	15 200 5 11		137,444.		131,	302.	3	5, 156	542.

Schedule D (Form 990) 2016

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	•
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book va	alue
(1)	Federal income taxes		
(2)	GIFT ANNUITY OBLIGATIONS	3:	26,940.
(3)	DEFERRED COMPENSATION PAYABLE	1	06,760.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	4	33,700.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

OF PURPOSES AND BOARD-DESIGNATED ENDOWMENT FUNDS

PART X, LINE 2:

HICS IS A NOTFORPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES. HICS

HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION

WITHIN THE MEANING OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION

HAS BEEN MADE FOR INCOME TAXES IN THE FINANCIAL STATEMENTS PURSUANT TO

ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. HICS GENERALLY

EVALUATES ANY UNCERTAIN TAX POSITIONS CONSISTENT WITH THE ACCOUNTING AND

Schedule D (Form 990) 2016

Page 4

786,187.

79.751.

121,341.

90,728

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2016
Open to Public Inspection

OMB No 1545-0047

Name of the organization

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

Employer identification number

23-7257390

X Yes N

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

2 For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
3 Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	4	40	PROGRAM SERVICES	VARIOUS CHILD & FAMILY SERVICES	4,468,000.
SUB-SAHARAN AFRICA	1	14	PROGRAM SERVICES	VARIOUS CHILD & FAMILY SERVICES	661,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	VARIOUS CHILD & FAMILY SERVICES	558,000.
					100,000
CENTRAL AMERICA AND		_		VARIOUS CHILD & FAMILY	
THE CARIBBEAN	1	3	PROGRAM SERVICES	SERVICES	266,000.
3 a Sub-total	6	57			5,953,000.
b Total from continuation sheets to Part I	0	0	,		0.
c Totals (add lines 3a	1				5 052 000

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Schedule F (Form 990) 2016

and 3b)

SERVICES INC.

Schedule F (Form 990) 2016

. Page 2.

23-7257390

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed Part II.

(i) Method of valuation (book, FMV,	appraise, or or			•	•			
(h) Description of noncash	000000000000000000000000000000000000000							
(g) Amount of noncash	0.0	0.	.0	0	•0	0	0	0.
(f) Manner of cash disbursement	17,813. WIRE TRANSFER	996. WIRE TRANSFER	WIRE TRANSFER	046. WIRE TRANSFER	6,000. WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	42,527. WIRE TRANSFER
(e) Amount of cash grant	17,813.	24,996.	11,785.	23,046.	.000,9	12,420.	87,948.	42,527.
(d) Purpose of grant	CHILD CARE	EDUCATION ASSISTANCE	CHILD CARE	SERVICES TO FAMILIES	CHILD CARE	CHILD CARE	SERVICES TO FAMILIES	SERVICES TO FAMILIES
(c) Region	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC
(b) IRS code section and EIN (if applicable)		1 4	,	•		:		
1 (a) Name of organization	1	,			1			

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

Enter total number of other organizations or entities က

Q

Schedule F (Form 990) 2016

34

HOLT INTERNATIONAL CHILDREN'S SERVICES INC.

Page 2.		of FMV.					•				
·		(i) Method of 'valuation (book, FMV.*, appraisal, other)								,	.
	((h) Description of non-cash assistance									
390	90), Part II, line 1	(g) Amount of non-cash assistance	0.	.0	0	•0	.0	.0	0	0	c
23-7257390	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	20,010.WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	HER TRANSPER
	Jnited States.	(e) Amount of cash grant	4,058.	2,950.	128,400.	.000,000	20,010.	12,000.	. 12,659.	.818,	38° 71
	ions or Entities Outside the United States.	(d) Purpose of grant	SERVICES TO FAMILIES	SERVICES TO FAMILIES	RELIEF	RELIEF	CHILD CARE	CHILD CARE	CHILD CARE	CHILD CARE	GOMERSTERS NOTHER
INC.	Continuation of Grants and Other Assistance to Organizations or	(c) Region	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE	EAST ASIA AND THE	EAST ASIA AND THE	EAST ASIA AND THE	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE
SERVICES INC.	Grants and Other A	(b) IRS code section and EIN (if applicable)	ж. ж.	<u>н</u> н	<u>м</u> М		<u>, 14</u>		<u>. H. H.</u>	<u>н</u>	P4 14
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization			4		,			,	

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

Schedule F (Form 990)

23-7257390

(i) Method of 'valuation (book, FMV.* appraisal, other) Page 2. (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) (g) Amount of non-cash assistance 。 。 。 0 0 0 。 。 °. cash disbursement 18,500. WIRE TRANSFER 33,235, WIRE TRANSFER 6,463. WIRE TRANSFER 9,735, WIRE TRANSFER 4,399. WIRE TRANSFER 53,206. WIRE TRANSFER 27,349. WIRE TRANSFER 33,258. WIRE TRANSFER 37,223. WIRE TRANSFER (f) Manner of of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount JNWED MOTHERS PROGRAM SERVICES TO FAMILIES SERVICES TO FAMILIES EDUCATION ASSISTANCE EAST ASIA AND THE INDEPENDENT LIVING (d) Purpose of grant CONTRIBUTIONS POSTER CARE CHILD CARE SUPPORT PROGRAM EAST ASIA AND THE EAST ASIA AND THE SAST ASIA AND THE EAST ASIA AND THE (c) Region PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization Part II.

HOLT INTERNATIONAL CHILDREN'S SERVICES INC.

· Page 2••		(i) Method of 'valuation (book, FMV,* appraisal, other)									
23-7257390	Jnited States. (Schedule F (Form 990), Part II, line 1)	(h) Description of non-cash assistance									
		(g) Amount of non-cash assistance	.0	0.	.0	•0	•0	•0	•0	•0	0
		(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	3,010. WIRE TRANSFER	19,095. WIRE TRANSFER	14,920. WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER
		(e) Amount of cash grant	9,286.	34,525.	103,624.	60,710.	3,010.	19,095.	14,920.	1,269,900.	474,715.
SERVICES INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	DOMESTIC ADOPTION	INTERNATIONAL ADOPTION	ADMINISTRATION	OUTREACH	CONTRIBUTIONS	SUPPORT	EDUCATION ASSISTANCE	ADOPTION FEES	CONTRIBUTIONS
		(c) Region	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE I	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC
		(b) IRS code section and EIN (if applicable)) } ;		1,		
Schedule F (Form 990)	Part II. Continuation of	1 (a) Name of organization			,			1			

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

23-7257390

(i) Method of 'valuation (book, FMV.* appraisal, other) Page 2. (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) 。 。 。 (g) Amount of ċ ċ 。 ö 。 ٥. non-cash assistance cash disbursement 80,200. WIRE TRANSFER 50,000. WIRE TRANSFER 249,000, WIRE TRANSFER 31,000, WIRE TRANSFER 56,000, WIRE TRANSFER 66,965. WIRE TRANSFER 135,000, WIRE TRANSFER 88,000, WIRE TRANSFER 12,500, WIRE TRANSFER (f) Manner of of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount UNWED MOTHERS PROGRAM SERVICES TO FAMILIES SERVICES TO FAMILIES (d) Purpose of grant EAST ASIA AND THE INTERNATIONAL FOSTER CARE CHILD CARE CHILD CARE CHILD CARE ADOPTION SUPPORT EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE (c) Region PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990)

HOLT INTERNATIONAL CHILDREN'S SERVICES INC.

. Page 2•		(I) Method of valuation (book, FMV, appraisal, other)									•
SERVICES INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(h) Description of non-cash assistance	•				:				
		(g) Amount of non-cash assistance	0	0.	0.	0	0.	•0	0.	0.	0
		(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	103,102. WIRE TRANSFER	WIRE TRANSFER	40,150. WIRE TRANSFER	WIRE TRANSFER	9,923. WIRE TRANSFER
			167,482.	84,156.	23,640.	82,840.	103,102.	54,000.	40,150.	22,588.	9,923.
		(d) Purpose of grant	CHILD CARE	SERVICES TO FAMILIES	SERVICES TO FAMILIES	CHILD CARE	SERVICES TO FAMILIES	INTERNATIONAL ADOPTION	SERVICES TO FAMILIES	EDUCATION ASSISTANCE	SERVICES TO FAMILIES
		(c) Region	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
		(b) IRS code section and EIN (if applicable)		,					•	:	
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization	•				,				

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

23-7257390

(i) Method of 'valuation (book, FMV.', appraisal, other) Page 2. (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) (g) Amount of non-cash assistance 。 ö 。 ö 。 ö 。 。 ٥. cash disbursement 87,846, WIRE TRANSFER 28,470. WIRE TRANSFER 89,764. WIRE TRANSFER 33,709, WIRE TRANSFER 26,274. WIRE TRANSFER 4,663. WIRE TRANSFER 5,713. WIRE TRANSFER 5,825. WIRE TRANSFER 11,425 WIRE TRANSFER (f) Manner of (e) Amount of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. SERVICES TO FAMILIES SERVICES TO FAMILIES SERVICES TO FAMILIES SERVICES TO FAMILIES SERVICES TO FAMILIES (d) Purpose of ADMINISTRATION grant CHILD CARE CHILD CARE CHILD CARE (c) Region SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN UB-SAHARAN UB-SAHARAN UB-SAHARAN AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) Part II

Page 3

SERVICES INC.

Schedule F (Form 990) 2016 SERVICES INC. (Part 990) 2016 SERVICES INC. (Part 990) 2016 States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

	. •			. •	•		•
.	(h) Method of valuation (book, FMV, appraisal, other)						
	(g) Description of noncash assistance						
	(f) Amount of noncash assistance						
	(e) Manner of cash disbursement						
-	(d) Amount of cash grant						
	(c) Number of recipients						
ditional space is needed	(b) Region	•	7				
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance						

Schedule F (Form 990) 2016

Sched	fulle F (Form 990) 2016 SERVICES INC.	23-1231390	Page 4
Par	IV Foreign Forms		
•			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X 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	X 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	X 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	X 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	X No
			

Schedule F (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization HOLT INTERNATIONAL CHILDREN'S

Employer identification number

SERVICES INC. 23-7257390 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did

		or con contrib	alser ustody itrol of utions?	(iv) Gross receipts from activity	to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
DOUGLAS SHAW & ASSOCIATES -	FUNDRAISING COUNSEL -	Yes	No			
1717 PARK STREET SUITE 300,	CONSULTATION SERVICES		х	682,684.	63,000.	619,684.
GRAHAM CROW BENEFIT AUCTIONS	FUNDRAISING SOLICITOR -					
- 14420 SE 61ST STREET,	AUCTIONEER FOR FUNDRAISING		х	147,630.	5,000.	142,630.
MDS COMMUNICATIONS ~ 545 W	FUNDRAISING SOLICITOR -					,
JUANITA AVENUE, MESA, AZ	TELEMARKETING		х	59,853.	27,051.	32,802.
Total			►	890,167.	95,051.	795,116.
3 List all states in which the organization or licensing	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration
AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,G	A,GU,HI,IA,ID,IL,IN,KS,KY,L	A,MA,	MD,M	E,MI,MN		
MO,MS,MT,NC,ND,NE,NH,NJ,NM,NV,N	Y,OH,OK,OR,PA,PR,RI,SC,SD,T	N,TX,	UT,V	A,VT,WA		
WI,WV,WY						

0							
AK,AL,AR	,AZ,CA,CO	CT,DC,DE,F	L,GA,GU,HI,IA	,ID,IL,IN,KS,	KY,LA,MA,MD,ME,MI	, MN	
MO,MS,MT	,NC,ND,NE	N, MN, UN, HN,	V,NY,OH,OK,OR	,PA,PR,RI,SC,	SD, TN, TX, UT, VA, VT	,WA	
WI,WV,WY							
			·				

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

2.	3 –	72	:5	73	90
----	-----	----	----	----	----

Page 2

•		of fundraising event contributions and gro	oss income on Form 990			s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PORTLAND, OR	OMAHA, NE		(add col. (a) through
1			DINNER/AUCTION	DINNER/AUCTION	2	·
Ф			(event type)	(event type)	(total number)	col (c))
Revenue 1	ı	Gross receipts	130,695.	77,937.	94,322.	302,954
2	2	Less Contributions	93,174.	47,133.	47,979.	188,286
3	3	Gross income (line 1 minus line 2)	37,521.	30,804.	46,343.	114,668
4	ı	Cash prizes				
5	5	Noncash prizes				
benses	6	Rent/facility costs	20,653.	10,218.	23,313.	54,184
Direct Expenses	7	Food and beverages				
8		Entertainment	90,686			
9		Other direct expenses	35,241.	17,695.	37,750.	
10		Direct expense summary. Add lines 4 through			.	144,870
1.	<u>1</u>	Net income summary. Subtract line 10 from li				-30,202
art	.7 H	<u></u>	answered "Yes" on Form	1 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a	T	1		
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Ý 1	<u> </u>	Gross revenue				-
Sec. 2	2	Cash prizes				
Orrect Expenses	3	Noncash prizes				
toal 4	ļ	Rent/facility costs				
5	5	Other direct expenses				
					Yes %	•
6	6	Volunteer labor	☐ No	No L	No No	
7	,	Direct expense summary Add lines 2 through	5 in column (d)		•	
l a	3	Net gaming income summary Subtract line 7	from line 1, column (d)		•	
1 -		gggg				
E	nte	er the state(s) in which the organization condu	cts gaming activities _			
a Is	s th	ne organization licensed to conduct gaming ac	ctivities in each of these :	states?		Yes No
b If	"N	No," explain				
_						
		re any of the organization's gaming licenses re Yes," explain:	·	= -		Yes No
	_	<u>-</u>				** • • • • • • • • • • • • • • • • • •

	HOLT INTERNATIONAL CHILDREN S			
Sch	edule G (Form 990 or 990-EZ) 2016 SERVICES INC.	3-725739	0	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u></u>		
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	: If "Yes," enter name and address of the third party			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Rt,IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part II	I, lines 9, 9	b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	<u>. </u>	•	
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
	NAME OF THE PROPERTY OF THE PR		•	
(T)	NAME OF FUNDRAISER: DOUGLAS SHAW & ASSOCIATES			
<u>(I)</u>	ADDRESS OF FUNDRAISER:			
171	7 PARK STREET SUITE 300, NAPERVILLE, IL 60563			
				·
(I)	NAME OF FUNDRAISER: GRAHAM CROW BENEFIT AUCTIONS			
/ T \	ADDDECK OF PUNDDATORD, 14420 OF 61cm emprem Priteville 143 00006			
	ADDRESS OF FUNDRAISER: 14420 SE 61ST STREET, BELLEVUE, WA 98006			
(T T) ACTIVITY: FUNDRAISING SOLICITOR - AUCTIONEER FOR FUNDRAISING DINNER AN			

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Part

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. ► Attach to Form 990.

Open to Public OMB No 1545-0047

Inspection

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

2 [] **Employer identification number** 23-7257390 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection HOLT INTERNATIONAL CHILDREN'S General Information on Grants and Assistance criteria used to award the grants or assistance? Describe in Part IV the organization's procedure SERVICES INC. Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant i	funds in the United	States.		000	N 100 04 600 000.
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	ted if additional space is needed	omplete ii the orga ed	inzation answered a	es on ronn 990, Par	IV, lille z I, iOf any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOLT INTERNATIONAL FOUNDATION OF CHINA - 250 COUNTRY CLUB ROAD - EUGENE, OR 97401	93-0476873	501(C)(3)	3,313,303.	0			GRANT-MAKING TO SUPPORT INTERNATIONAL ADOPTION, FOSTER CARE AND EDUCATION
	and government org	ganizations listed in the	e line 1 table				
Enter total number of other organizations listed in the line 1 table HA Ent Danamork Bedinstion Act Motion and the Instruction for Enter	is listed in the line 1	table					0, 000 mm 21/1 clint care

HOLT INTERNATIONAL CHILDREN'S

Page 2. (f) Description of noncash assistance 23-7257390 (e) Method of valuation (book, FMV, appraisal, other) ** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2016) SERVICES INC. (Part IIII. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant HOLT INTERNATIONAL'S ONLY US GRANT WAS TO A RELATED ORGANIZATION WHICH HOLT INTERNATIONAL EXERCISES SUFFICIENT AUTHORITY OVER TO ENSURE FUNDS ARE SPENT (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: APPROPRIATELY.

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

Employer identification number 23-7257390 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			ĺ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		,	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		<u> </u>	<u> </u>
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			J
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Ļ,
			,	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to		ļ,	
	establish compensation of the CEO/Executive Director, but explain in Part III		Ì	li
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Down the constitution of the design of the constitution of the con			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization			×
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	40 4c		x
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	`		
	The storage of lines 4a c, list the persons and provide the applicable amounts for each item in a trin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ľ		li
	contingent on the net earnings of			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	,		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 SERVICES INC.

Part'II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

					possopor soute		(0) (7/0)	-
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) PHILLIP L LITTLETON	Ξ	151,142.	0	0	11,278.	19,775.	182,195.	0.
PRESIDENT & CEO	Ξ	0	• 0	0	0	0	0	0
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	(i)							
	Ξ							
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	<u>(ii)</u>							
	Ξ							
	▣							
	Ξ							
	9							
	Ξ							
	(ii)							

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

▶ 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.

OMB No 1545-0047 16

Open To Public Inspection

Name of the organization

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

Employer identification number 23-7257390

Par	rt i Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 10	noncash contribi	Juon a	mount	S
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							
	Intellectual property							
8	·	Х	21	151 286	. FAIR MARKET VALU	E		
9	Securities - Publicly traded	X	1	· · · · · · · · · · · · · · · · · · ·	APPRAISAL STATEM			
10	Securities - Closely held stock			22,710	. REFERRISAL STATES.	EH I		
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous				+			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other				 			
15	Real estate - Residential							
16	Real estate - Commercial			<u> </u>				
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				ļ			
21	Taxidermy				ļ			
22	Historical artifacts							
23	Scientific specimens				ļ			
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other • ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation dunng	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it	ļ ,		ı [
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be i	ised for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II						1	
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	itions?	31	Х	
	Does the organization hire or use third parties of	or related or	ganizations to solic	ot, process, or sell noncash				_
	contributions?		_			32a		х
b	If "Yes," describe in Part II.					Ţ.		
	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			ŀ
	describe in Part II	, ,	3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,, = =	-			
НА		the Instruct	ions for Form 990		Schedule M	/Form	990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

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

2016 Open to Public Inspection

Name of the organization

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

Employer identification number 23-7257390

632211 08-25-16

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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

Employer identification number 23-7257390

HOLT INTERNATIONAL CHILDREN'S SERVICES INC.

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(g) Section 512(b)(13) ٩ controlled × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets Public charity status (if section **e** 501(c)(3)) LINE 12A, Total income Exempt Code ਉ section 501(C)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) POSTER CARE, AND EDUCATION DREGON GRANT-MAKING TO SUPPORT INTERNATIONAL ADOPTION, Primary activity Primary activity 93-0476873, 250 COUNTRY CLUB ROAD, EUGENE, OR 97401 HOLT INTERNATIONAL FOUNDATION OF CHINA -Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part

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

Schedule R (Form 990) 2016

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC Schedule R (Form 990) 2016

Page 2

23-7257390

General or Percentage managing ownership å Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. ड Yes Percentage ownership Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes 9 Ξ Code V-UBI amount in box n 20 of Schedule 2 K-1 (Form 1065) Share of end-of-year assets <u>6</u> Ŷ Disproportionate allocations? Ξ Share of total income Yes $\boldsymbol{arepsilon}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) ত (d)
| Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> <u>a</u> Part III Part IV

632162 09-06-16

Schedule R (Form 990) 2016

Page 3 23-7257390

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Yes

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SERVICES INC. Schedule R (Form 990) 2016

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During the tax year, clid the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s) Exchange of assets with related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)

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- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

N

	(p)	Method of determining amount involved		
	(၁)	Amount involved		
_	(Q)	Transaction	type (a-s)	
	(a)	Name of related organization		

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1)		
(2)		
(3)		
(4)		
(5)		

₽

HOLT INTERNATIONAL CHILDREN'S

SERVICES INC.

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Page 4. Ĺ

23-7257390

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

•	•	. 40	خ ده .			. •
(k) Percentage ownership			₹ı			
(j) neral or naging riner?						
ZO Gen						
(f) (i) (j) (k)						
(h) spropor- conate cations?						
Signature Signat						
(g) Share of end-of-year assets						
(f) Share of total Income						
Are all partners sec 501(c)(3) 01gs 7					-	
(d) Predominant incomit (related, unrelated, excluded from fax unc sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2016