Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex			മെ ◀ ₹
		· •	2017
▶ Do not enter social security numbers on this form as it may	-	c.	Open to Public
Go to www.irs.gov/Form990 for instructions and the lates			Inspection
alendar year, or tax year beginning , 2017, and end	ing		, 20
			dentification number
			7-2523416
	suite	•	
1700		41	17-621-0373
ng F Name and address of principal officer			
	-, -		
	2010	W State Of t	legal domicile MO
	nd the trafficki	ng and seve	al exploitation of
		ing aria sexu	ur exploitation of
T through after care for survivors, prevention for the value able, and awaren	e33 (01 all		
this box \(\bigcap \sqrt{1} if the organization discontinued its operations or disposed	of more than	25% of its	net assets
· · · · · · · · · · · · · · · · · · ·		1 _ 1	7
	o)	4	
		5	<u>×</u> 11
		6	15
		7a	
·		7b	
	Prior Y	ear	Current Year
outions and grants (Part VIII, line 1h)		2,544,736	3,198,789
- 1 131.74.11			22,845
ment income (Part VIII, column (A), lines 3, 4, and 7d)	SC		
evenue (Part VIII, column (A), lines 5, 6d, 8c, 98 10c Abba 1 e 2018	P	97,410	95,031
evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1071	2,694,922	3,316,665
and similar amounts paid (Part IX, column (A) lines (173) PEN: 117		1,429,077	1,531,144
s paid to or for members (Part IX, column (A), fine-4)			
s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		277,188	342,357
expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		709,883	801,267
xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,416,148	2,674,768
ue less expenses. Subtract line 18 from line 12	ļ <u>.</u>	278,774	641,896
	Beginning of Ci	rrent Year	End of Year
			——————————————————————————————————————
ssets (Part X, line 16)		3,592,985	4,194,053
abilities (Part X, line 26)			
		3,592,985	4,194,053
the restance of the second of	Doing business as Rapha House International, Inc Doing business as Rapha House Number and street (or P O box if mail is not delivered to street address) PO Box 1569, 712 S Main St City or town, state or province, country, and ZIP or foreign postal code Joplin, MO 64802 F Name and address of principal officer F Name and address of principal officer S S 501(c)(3)	To Name of organization Rapha House International, Inc Doing business as Rapha House Number and street (or P O box if mail is not delivered to street address) PO Box 1569, 712 S Main St City or town, state or province, country, and ZIP or foreign postal code Joplin, MO 64802 F Name and address of principal officer	The C Name of organization Rapha House International, Inc Doing business as Rapha House Number and street (or P O box if mail is not delivered to street address) PO Box 1569, 712 S Main St City or town, state or province, country, and ZIP or foreign postal code Joplin, MO 64802 G Gross received Size of principal officer F Name and address of principal officer H(b) Are all subordinates in If "No," attach a list principal officer H(b) Group exemption numbers of the organization's mission or most significant activities: To end the trafficking and sexual intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough advanced for all intrough and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough aftercare for survivors, prevention for the vulnerable, and awareness for all intrough afte

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2017)

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses >

including grants of \$

2,318,836

(Expenses \$

orm 99	90 (2017)	•	•	Page
Párt	V 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е		11e		1
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	14a	1	<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 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part IV	Checklist o	f Required	Schedules	(continued)
	00			(OO; itili idod)

			163	140
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		, ,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part, II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	33	-	<u> </u>
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38 For	ր 990	(2017)
		1 0/1		1201/1

Párt	V Statements Regarding Other IRS Filings and Tax Compliance			raye
rari	Check if Schedule O contains a response or note to any line in this Part V			Г
		•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	3	-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 1.	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		١,	
	account)?	4a	/	
b	If "Yes," enter the name of the foreign country: ► Cambodia, Thailand, Haiti	ļ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	}		
50		1_		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	1
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		√
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	60		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	 -	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	T
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			\vdash
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			İ
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter:			ł
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders	-		
-				ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	d		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			ĺ
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	, , ,	, · · · · · ·	i	i

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

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	·		<u> </u>
<u> </u>	on a dotterming body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	V	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	,
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	,— <u> </u>)
40-	Della constant de la		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		/
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	1	-
U	Officers or key employees of the organization	130	_ _	 .
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		,
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			,
Sooti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed See schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Travis Buchan, PO Box 1569, Joplin MO 64802, 417-621-0373	cords	: >	

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۲a	O	е	1

Form 990 (2	201	7١
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Part VII 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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Officer this box in flexitien the organization flo		9)					, - ,
(A)	(B)	4.1			ition			(D)	(E)	(F)
Name and Title	Average					than or is both a		Reportable	Reportable	Estimated
	hours per	office	er and	dad		or/truste	e)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below dotted (line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stephanie Freed	40									
Executive Director	ļ	1	<u> </u>	✓				52,385	0	0
(2) Bill Blair	11							ļ		
Board Member	ļ	1			_			0		0
(3) Mark Davis	11									
Board Member		1		<u> </u>	ļ			0	0	0
(4) Kerry Decker	1									
Board Memeber		1	L_	<u> </u>	_			C	0	0
(5) Pat Fancher	11									
Board Member / Secretary		1		1	<u> </u>			0	0	0
(6) Brandon Freed	40			ļ				Ì	ļ	ı
Board Member (part year), Development Director	ļ	1			ļ			46,108	0	0
(7) James Richards	1	!		i		1				
Board Member (part year)		1	ļ		L.				0	0
(8) Opal Singleton	11)	ļ							ı
Board Member	ļ	1	<u> </u>	<u> </u>	<u> </u>				0	0
(9) Travis Buchan	40	Į								
Chief Financial Officer	ļ		<u> </u>	1	<u> </u>			49,439	0	0
(10)						}				
(11)	 									
(12)	 									
(13)	 						_			
(14)		-						-		

	(A) Name and title	(B) Average hours per week (list any						an ee)	(D) Reportable compensation from	(E) Reportable compensation related				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		from organ and r	ensatior in the nization related nzations	
(15)														
(16)										-		-		
(17)													···-	
(18)								-						
(19)														
												_		
(02)				-										
(25)			<u> </u>			-								
	Sub-total			<u> </u>				•						
	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A					>	147,932)	0			
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w		·		of		
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc						emr	oloyee, or high	nest compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	cor ,000	npe 0? /	nsatio If "Ye	on a es,"	and other com complete Sci	pensation from the dule J for J for J	om the r such	4		<i>,</i>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ıvıdual	5		.,
Section	on B. Independent Contractors		p		-		<u> </u>		040// pordo//			1 5	1	
1	Complete this table for your five highest compensation from the organization Re year	compensa port compe	ted in ensati	dep on f	enc or t	dent he d	cont	ract dar	ors that receiv year ending wi	ed more tha th or within t	n \$100,0 the orga	000 of nizati	f on's to	ax
	(A) Name and business ad	dress							(B) Description of	services	Co	(C) ompens		
None r	eceived more than \$100,000													
								+						
								+-						

Form **990** (2017)

<u>.</u> . ∟ (D)
Revenue uded from tax der sections 512-514
512 511
 .
 -
,

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must com

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	ll other organization:	s must complete colu	mn (A)
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		. 🔲
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,500	3,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,527,644	1,527,644		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	101,824	51,795	32,577	17,451
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	216,245	112,940	38,062	65,243
9 10	Other employee benefits	21.000			
10 11 a	Fees for services (non-employees) Management	24,288	12,580	5,394	6,314
b	Legal				
c d	Accounting	3,778		3,778	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	192,804	180,558	5 200	7.020
12	Advertising and promotion	48,145	9,629	5,208 9,629	7,038 28,887
13	Office expenses	46,938	37,550	4,694	4,694
14	Information technology	18,451	6,181	6,099	6,170
15 16	Royalties	13,912	11 120	1 201	1 201
17	Travel	112,383	11,130 76,808	1,391 17,788	1,391 17,788
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	112,303	70,000	17,700	17,700
19	Conferences, conventions, and meetings .				
20 21	Interest	24,991	8,330	8,330	8,330
22	Depreciation, depletion, and amortization .	134,597	131,178	1,710	1,710
23	Insurance	19,463	15,570	1,946	1,946
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				i ,
a b	Awareness Trips	132,499	132,499		
C					
d					
е	All other expenses	53,306	942	18,298	34,066
25 26	Joint costs. Complete this line only if the	2,674,769	2,318,836	154,904	201,029
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	48,145	9,629	9,629	28,887
					Form 990 (2017)

Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 310.798 553,719 2 Savings and temporary cash investments . . . 2 328,612 504,698 Pledges and grants receivable, net . . . 3 3 166,331 4 6.056 2.156 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use . 70,504 72,216 9 Prepaid expenses and deferred charges . 9 43,000 45,000 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 528,348 2,666,882 10c 3,015,465 11 Investments—publicly traded securities 11 12 12 investments-other securities. See Part IV, line 11 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 800 800 16 Total assets. Add lines 1 through 15 (must equal line 34). 3.592.985 16 4,194,053 17 Accounts payable and accrued expenses . 17 151.015 35,010 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 436,521 511,700 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 587,537 26 546,710 Organizations that follow SFAS 117 (ASC 958), check here ▶ [/] Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 2,446,470 27 3,008,796 28 Temporarily restricted net assets . . . 558,978 28 638,547 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances . 33 3,005,448 3,647,343 34 34 Total liabilities and net assets/fund balances 3.592,985 4,194,053

	Page 12
	🗆
	3,316,665
	2,674,769
	641,896
	3,005,448
_	
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	···

Form 990 (2017) Part XI

art	Reconciliation of Net Assets					
		response or note to any line in this Part XI	 	<u>.</u>	<u> </u>	
1	Total revenue (must equal Part VIII, colu	umn (A), line 12)	1		3,31	6,665
2	Total expenses (must equal Part IX, col	• • • •	2		2,67	74,769
3	Revenue less expenses. Subtract line 2	from line 1	3		64	11,896
4	Net assets or fund balances at beginning	ng of year (must equal Part X, line 33, column (A))	4		3,00)5,448
5	Net unrealized gains (losses) on investr	nents	5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			·
9	Other changes in net assets or fund ba		9			
0		year. Combine lines 3 through 9 (must equal Part X, line				
		· · · · · · · · · · · · · · · · · · ·	10		3,64	47 <u>,343</u>
² art	rt XII Financial Statements and Re	-				
	Check if Schedule O contains a	response or note to any line in this Part XII		<u>.</u>	<u>. </u>	
				لــــا	Yes	No
1	Accounting method used to prepare the					1
		od of accounting from a prior year or checked "Other," ex	plain in			١,
	Schedule O.			}. I]	
2a		nents compiled or reviewed by an independent accountant?		2a		<u> </u>
		te whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolid			_		1
	·	pasis Both consolidated and separate basis		_		_
Ь		nents audited by an independent accountant?		2b	/	
	•	te whether the financial statements for the year were audit	ed on a		!	
	separate basis, consolidated basis, or l					
	Separate basis Consolidated to	•			- '	- "
С		anization have a committee that assumes responsibility for o is financial statements and selection of an independent acco			,	
	•	·		2c	-	├──
	If the organization changed either its of Schedule O.	versight process or selection process during the tax year, ex	kpiain in			-;
		a supplied to a supplier on product or smaller on set	forth in			'
за	a As a result of a federal award, was the the Single Audit Act and OMB Circular	e organization required to undergo an audit or audits as set	iorin in		ĺ	
			· · ·	3a	-	1
b		the required audit or audits? If the organization did not undeschedule O and describe any steps taken to undergo such a		3b		
	required addit or addits, explain why in	ochequie o and describe any steps taken to undergo such a	iuulis.		000	1 (2247)
				⊢orr	コッサい	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	or the o	rganization					Employer identification	number
Rapha	House	e International, Inc					27-25	23416
Par	t [Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c	rganiz	ation is not a private founda	tion because it is	s (For lines 1 through	12, chec	k only or	ie box)	
1	□ A c	church, convention of church	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	1
2	□As	school described in section	170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990 (or 990-E2	<u>Z</u>))	\mathcal{O}^{C}
3	☐ A h	nospital or a cooperative hos	spital service org	janization described if	section	170(b)(1)(A)(iii).	
4	ПАг	nedical research organizatio	n operated in co	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the
	ho:	spital's name, city, and state	e:					
5	□An	organization operated for t	he benefit of a	college or university	owned o	r operate	d by a government	al unit described in
		ction 170(b)(1)(A)(iv). (Comp		,				
6		ederal, state, or local govern		mental unit described	in sectio	n 170(h)	(1)(A)(v)	
7		organization that normally						the general nublic
•		scribed in section 170(b)(1)			0011 110111	u goven	interital arise or from	r the general paone
8		community trust described in		•	Dort II \			
9	$\overline{}$	<u>-</u>						
9		agricultural research organi						
		university or a non-land-grai iversity:	nt college or agr	iculture (see instruction	nis). Line	i tile nan	ie, city, and state or	the college of
10		organization that normally r	econos: (1) mor	o than 331,0% of ite ci	inport fro	m contrib	outions membershir	a fees and gross
10	rec	ceipts from activities related	to its exempt ful	nctions—subject to ce	ertain exc	eptions.	and (2) no more that	n 331/3% of its
	su	poort from gross investment	income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
		quired by the organization at						
11		organization organized and						
12		organization organized and						
		one or more publicly suppo						
		eck the box in lines 12a thro	_	• • • • • • • • • • • • • • • • • • • •		-	•	•
а		Type I. A supporting organ	•	•	-			
		the supported organization					he directors or trust	ees of the
		supporting organization. Yo	-					
b		Type II. A supporting organ						
		control or management of		_		persons	that control or man	age the supported
		organization(s). You must	-					
С		Type III functionally integ						ally integrated with,
		its supported organization(s) (see instructio	ns) You must comp	lete Part	IV, Secti	ons A, D, and E.	
d		Type III non-functionally i						
		that is not functionally integ		•	-		•	d an attentiveness
		requirement (see instruction	ns) You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	zation received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or 7						
f	Ente	r the number of supported o	organizations					[
g	Prov	ride the following information	about the supp	orted organization(s).				
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ır governing ment?	support (see	other support (see
				above (see instructions))	l docu	merit.	instructions)	instructions)
					Yes	No		
(4.)								
(A)			'					n
(D)								
(B)				,				
(C)								
(C)								
/D)								
(D)								
								
(E)					}	}		
Tota								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support	(-) 0040	(1-) 0044	(=) 0015	(4) 0016	(a) 0017	(f) Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(i) iolai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,661,879	2,728,926	2,205,024	2,544,736	3,198,789	12,339,354
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,661,879	2,728,926	2,205,024	2,544,736	3,198,789	12,339,354
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	, c -	,				
	shown on line 11, column (f)						2,385,338
6	Public support. Subtract line 5 from line 4						9,954,016
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,661,879	2,728,926	2,205,024	2,544,736	3,198,789	12,339,354
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	479	1,246	855	397	1,280	4,257
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,096	36,142	40,891	26,201	24,166	130,496
11	Total support. Add lines 7 through 10						12,474,107
12	Gross receipts from related activities, etc					12	1,032,848
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		a, tnira, tourtn		ear as a secuc	. —
14	Public support percentage for 2017 (line	_ _		1. column (fl)		14	79 8 %
15	Public support percentage from 2016 Sci			.,		15	82 9 %
16a	331/3% support test – 2017. If the organ	zation did not	check the box	c on line 13, ar	nd line 14 is 33	31/3% or more,	
	box and stop here. The organization qua						
b	2 - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4						
17a	17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the "factors of the contract of th	e "facts-and-d ts-and-circum: 	circumstances stances" test	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization dinstructions						see . ▶ □

Part							
	(Complete only if you checked the						nder Part II.
01	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	1.)	
	on A. Public Support	4) 0040	410044	() 0015	T 4 11 5 5 4 5 T		<u> </u>
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise				ļ		/
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			1			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			J.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support	·		L	<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b /						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		3				
13	Total support. (Add lines 9, 10c, 11, and 12.)					<u></u>	
14	First five years. If the Form 990 is for the				•		
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · · <u> </u>
	on C. Computation of Public Suppor			<u> </u>		T.=-	
15	Public support percéntage for 2017 (line			3, column (f))		 	<u>%</u>
16 Socti	Public support percentage from 2016 Sci on D. Computation of Investment In				_: · : .	16	%
<u>3ecu</u> 17	Investment income percentage for 2017 (v line 12 colu	mn (fl)	17	%
18	Investment income percentage for 2017 (· · · · · · · · · · · · · · · · · · ·	18	
19a	331/3% support tests—2017. If the organ 17 is not more than 331/3%, check this box	ization did not	t check the box	k on line 14, a		ore than 331/3	%, and line
b	331/3% support tests – 2016. If the organization 18 is not more than 331/3%, check this	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation If the organization de		_			•	_

Part IV Supporting Organizations

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

Section A. All Supporting Organiza	ations
------------------------------------	--------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		144 - 07 - 222
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)	· · · · · · · · · · · · · · · · · · ·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	За	-12	7 Jan 1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	2 - V - 2 - V - 2 - V - 2 - V - 2 - V - V	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	آثرانیم مور بخا	经验
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	· 大型	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	1000	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		- ","
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		1800 1 2.200
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)	8	44	2. 2. 2
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		17.7
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		· · · · · · · · · · · · · · · · · · ·
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	10a	A STORY OF THE STO	
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)	10b	426	

Part	Supporting Organizations (continued)			<u> </u>
_			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)	'		
	below, the governing body of a supported organization?	11a	ļ	<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	l
Secti	on B. Type I Supporting Organizations		W	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	•	}
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		İ	[
	controlled the organization's activities. If the organization had more than one supported organization,		[ĺ
	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	ļ	•
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	}	}	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		}	1
	supervised, or controlled the supporting organization	2_		<u> </u>
Secti	on C. Type II Supporting Organizations		T.:	T:
			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		[
	or management of the supporting organization was vested in the same persons that controlled or managed	}	}]
	the supported organization(s).	1	ļ	}
Secti	on D. All Type III Supporting Organizations		L	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	}	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Ì	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}		
	supported organizations played in this regard.	3		-
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u>. </u>	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nsuu	Cuon	s <i>)</i> .
a	The organization satisfied the Activities Test. Complete line 2 below.			
b b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	lcaa in	etruci	ione)
·	The organization supported a governmental entity Describe in Variation you supported a government entity	366 111		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	{	1	
	that these activities constituted substantially all of its activities.	-	}	}
b	·	2a	 	
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		}	ł
	reasons for the organization's position that its supported organization(s) would have engaged in these	}	1	}
	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		1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2017			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V T	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a	<u> </u>	
b Average monthly cash balances	1b	 	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
e Discount claimed for blockage or other factors (explain in detail in Part VI):			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u></u>
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

t۷	(Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Current Year
	m mistally diago			
	erand organizations to accomplish e	xempt purposes	tod	
<u> </u>	mounts hald to perform activity that directly furthers exer	mpt purposes of suppor	led	
3 4	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	lizations	
A 1	Amounts paid to acquire exempt-use assets			
E (Qualified set-aside amounts (prior IRS approval required)			
6 (Other distributions (describe in Part VI). See instructions			
	- Addings 1 through h			
0	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
- 1	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
9	Line 8 amount divided by line 9 amount			(iii)
		(i)	(ii) Underdistributions	Distributable
6.	ction E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Amount for 201
36	CHOIT E DIGHTS WELL THE COLUMN TO THE COLUMN		FIE-2017	7 1110 4110 1110 1110
	Distributable amount for 2017 from Section C, line 6			
1	Distributable amount for 2017 from 655.65. 2, and 2017			<u> </u>
2	Underdistributions, if any, for years prior to 2017	~	1	
	(reasonable cause required—explain in Part VI). See			, , ,
	instructions.			
<u>3_</u>	Excess distributions carryover, if any, to 2017			
	The state of the s			
	From 2013			<u> </u>
_ <u>-</u> -	From 2014			
	From 2015			<u> </u>
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Demoining underdistributions for years prior to 2017, if			
•	Cubtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Barracining underdistributions for 2017 Subtract lines	3h		
O	and 4b from line 1. For result greater than zero, explair	n in		
	Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3			
1	and 4c.			
	Breakdown of line 7:			
8	a Excess from 2013			
	b Excess from 2014			
	c Excess from 2015			
	d Excess from 2016			
	e Excess from 2017		Sched	lule A (Form 990 or 990-

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	(Form 990 or 990-EZ) 2016 Other incomes typically involve overseas program income as well as any miscellaneous income
Gross recei	pts from related activities include payments for counseling in the US as well as gross receipts for sales of merchandise for all
years listed	
~	······································
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	ine organization		Employer identification number
	House International, Inc	hipped Funds on Other Others	27-2523416
Par	Organizations Maintaining Donor Ad		
	Complete if the organization answered		
_		(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	<u> </u>	
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to t	-	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bendered	efit of the donor or donor advisor, or t	for any other purpose
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or education) Preservation of	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in	, ,	on a
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or ter	
	tax year ►	, , ,	, 3
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation e		· · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspe-	ecting, handling of violations, and enforcing	
	>	,	
7	Amount of expenses incurred in monitoring, inspect	and, handling of violations, and enforcing	conservation easements during the year
	▶ \$	g,g org	the second secon
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		The rotation of the decomposition
Par	Organizations Maintaining Collection		r Other Similar Assets
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
~	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
	public service, provide the following amounts rela		decention, or research in landicipalities of
			•
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	t historical transuras or other accel-	r apports for financial ages are desired.
~	following amounts required to be reported under		
_		· · · · · · · · · · · · · · · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1		
<u> </u>	Assets included in Form 990, Part X	<u> </u>	· · • \$

p	ao	e	2

Part	III Organizations Maintaining									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	e follov	ving that are a	signi	ficant us	se of its
а	☐ Public exhibition		d [☐ Loan	or exchang	e progi	rams			
b	☐ Scholarly research		e (☐ Other	r					
С	☐ Preservation for future generations	;					•••••			
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how t	hey further	the org	anızatıon's ex	empt	purpose	ın Part
5	During the year, did the organization							ılar		
	assets to be sold to raise funds rather		ained as p	art of the	e organizati	on's co	llection?	<u>· [</u>	☐ Yes	□ No
Part					.	_				
	Complete if the organization	answered "Yes	on For	n 990, i	art IV, line	9, or	reported an a	ımou	nt on F	orm
	990, Part X, line 21.			adiani fe						
18	Is the organization an agent, trustee, included on Form 990, Part X?	, custodian or oti 			or contribut	ions or	other assets	_	¬ v	□ Na
h	If "Yes," explain the arrangement in Pa				· ·	•	•	L	☐ Yes	⊔ ио
b	in res, explain the analigement in Fa	art Am and compi	ete the lo	nowing to	abie.			Āmou	ınt	
С	Beginning balance					10				
d	Additions during the year				• •	1d				
e	Distributions during the year .					1e	+			
f	Ending balance					1f				
2a	Did the organization include an amour					ustodia	account liabil	tv? [Yes	☐ No
b	If "Yes," explain the arrangement in Pa							•		
Par				<u> </u>						
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line) 10.				
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years ba	ick (e	e) Four yea	ars back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
4			 					-		
d	Grants or scholarships Other expenditures for facilities and		 					-		
е	programs									
f	· •		 						.	
	Administrative expenses End of year balance			-						
g 2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1c	L Column /a)) held	ae.			
a	Board designated or quasi-endowmen			e (iii le 1g	, coluitii (a	,,, ricia	из.			
h	Permanent endowment	%								
c	Temporarily restricted endowment ▶									
_	The percentages on lines 2a, 2b, and		100%.							
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for	the		
	organization by:	·	_						Ye	s No
	(i) unrelated organizations							. [3a(i)	
	(ii) related organizations							-	3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	d as requi	red on Se	chedule R?				3b	
4	Describe in Part XIII the intended uses	of the organizati	on's endo	wment f	unds			_		
Par			•							
	Complete if the organization	answered "Yes	on For	m 990, I	Part IV, line	e 11a.	See Form 99	0, Pa	rt X, lin	e 10.
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(0	d) Book va	alue
1a	Land				496,977					496,977
b	Buildings				2,732,344		375,525		2	,356,819
С	Leasehold improvements									
d	Equipment				314,492		152,823			161,669
<u>e</u>	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part X	ζ, columi	n (B), line 10)c.) .			3	,015,465

(1) Financial derivat (2) Closely-held equ (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equ Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equ Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equ Com (1) (2) (3) (4) (5) (6) (7) (8) (9)		pory ted. nswered "Yes" on	(b) Book value	(c) Method of Cost or end-of-yea	of valuation ar market value O, Part X, line 13.
(2) Closely-held equal (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal (5) (6) (7) (8) (9) Total. (Column (b) must equal (9) Total. (Column (b) must equal (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal (1) (2) (3) (4) (5) (6) (7) (8) (6) (7) (8)	(including name of security) lives Lity interests L	▶ ted. nswered "Yes" on	Form 990, Part IV, line	Cost or end-of-year 11c. See Form 990 (c) Method o), Part X, line 13.
(2) Closely-held equal (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal (5) (6) (7) (8) (9) Total. (Column (b) must equal (9) Total. (Column (b) must equal (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal (1) (2) (3) (4) (5) (6) (7) (8) (6) (7) (8)	uity interests	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must ec Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must ec Com (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must ec Com (1) (2) (3) (4) (5) (6) (7) (8)	gual Form 990, Part X, col (B) line 12) stments — Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8) (9)	gual Form 990, Part X, col (B) line 12) stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must ec Part IX Othe Com (1) (2) (3) (4) (5) (6) (7) (8)	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(C) (D) (E) (F) (G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8)	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(D) (E) (F) (G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(E) (F) (G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(F) (G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(G) (H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(H) Total. (Column (b) must eq Part VIII Inves Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8)	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must economic (1) (2) (3) (4) (5) (6) (7) (8)	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o), Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must economic (1) (2) (3) (4) (5) (6) (7) (8)	stments—Program Relat plete if the organization ar	ted. nswered "Yes" on l		(c) Method o	f valuation
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq. Com (1) (2) (3) (4) (5) (6) (7) (8)	'			(c) Method o	f valuation
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must ec Part IX Othe Com (1) (2) (3) (4) (5) (6) (7) (8)	(a) Description of investment		(b) Book value	• •	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must ec Part IX Othe Com (1) (2) (3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eccommod (1) (2) (3) (4) (5) (6) (7) (8)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must eq Com (1) (2) (3) (4) (5) (6) (7) (8)					
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(1) (2) (3) (4) (5) (6) (7) (8)	er Assets.				
(1) (2) (3) (4) (5) (6) (7) (8)	plete if the organization a	nswered "Yes" on	Form 990 Part IV line	11d See Form 990) Part X line 15
(2) (3) (4) (5) (6) (7) (8)	pioto ii tilo organization di	(a) Description		1,41,555,5111,555	(b) Book value
(2) (3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8)					
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(9)					
Part X Othe	must equal Form 990, Part X er Liabilities.			▶	
Com line 2	plete if the organization a	inswered "Yes" on	Form 990, Part IV, line	11e or 11f. See Fo	rm 990, Part X,
	Description of liability	(b) Book val	ue l		
(1) Federal income ta		(b) Book val			
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2. Liability for uncertainty	qual Form 990, Part X, col (B) line 25)	>		s financial statements t	hat reports the

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,316 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2.674 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b	Part		Return.	
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a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2,674 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part IIII, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XIII. Supplemental Information.			1	3,316,665
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3 3.316 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete of the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2,674 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, Part X				
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d Other (Describe in Part XIII.)			-	
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3 3 3.316 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII). C Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,316 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2,674 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,	-	\	20	
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a Investment expenses not included on Form 990, Part VIII, line 7b . 4b . 4c . 4d . 4d . 4c . 4d . 4c . 4d . 4c . 4d . 4c . 4d . 5 . 5 . 3 . 316 . 5 . 3 . 316 . 5 . 3 . 316 . 5 . 3 . 316 . 8d . 4d . 4c . 4c . 5 . 5 . 3 . 316 . 8d . 4d	_	1 1	-	3,310,003
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,316 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2,674 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,				
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements				3,316,665
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Part		er Return.	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,				
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1		1	2,674,769
b Prior year adjustments	2			
c Other losses	а	Donated services and use of facilities	1 1	
d Other (Describe in Part XIII.)	b	Prior year adjustments	1 .	
e Add lines 2a through 2d	С	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)]]	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,	е	Add lines 2a through 2d	2e	
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b Other (Describe in Part XIII)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 2,674 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,	b	Other (Describe in Part XIII)		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,	С		4c	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X,			5	2,674,768
	2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ii	nformation.	

Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

vame c	of the organization				Ei	mployer identification number
Rapha	Houase International, Inc					27-2523416
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organiza	tion answered "Yes" on
1	For grantmakers. Does the	organization	maintain reco	ords to substantiate the am	ount of its grants a	nd other
	assistance, the grantees' eli	-	-	ssistance, and the selection	criteria used to av	
	grants or assistance?		•			· · ✓ Yes 🗆 No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monit	toring the use of	its grants and other
3	Activities per Region. (The fo	ollowing Part I	, line 3 table i	can be duplicated if addition	nal space is needed	d.)
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program servicescribe specific the service(s) in the re-	ce, expenditures for ype of and investments
(1)	Central America & Caribbean	1	24	Program Services	Aftercare and preve	ention 306,46
(2)	East Asian & the Pacific	7	159	Program Services	Aftercare and preven	ention 1,222,60
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)		-				
<u>(1</u> 1)	174,					
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(17) 3a	Sub-total	 - 			 	
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	8	183			1,529,07

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance 306,467 Wire trans, and credit (f) Manner of cash disbursement 265,721 Wire transfer 23,670 Wire transfer 743,741 Wire transfer 27,760 Wire transfer 161,712 Wire transfer (e) Amount of cash grant East Asia & Pacific Program Services Program Services East Asia & Pacific | Program Services East Asia & Pacific | Program Services Program Services East Asia & Pacific | Program Services (d) Purpose of grant Centr Am & Carlb East Asia & Pacific (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization 3, Part II Ξ 4 (16) 6 12 3 (15) Ñ ල <u>(2</u>) <u>6</u> 3 9 <u>@</u>

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

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Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (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 (b) Region (a) Type of grant or assistance Part III <u>=</u> Ξ (10 (12) (13) <u>8</u> ල <u>4</u> (2) (9) 3 8 41 (15) (16) (17) 6

Schedule F (Form 990) 2017

(18)

Page	4

Part	V 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	☑ 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; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2017

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

Rapha House engages with an independent auditing firm to conduct audits of international operations. Rapha House also receives regular
financial reports from the locations through shared use of Quickbooks Online, and furthermore visits international locations

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
Rapha House International, Inc	27-2523416
Part VI, Line 2 - Stephanie freed is the niece of Bill Blair, and is the wife of Brandon Freed	
Part VI, Line 11B - This 990 is delivered by email to the Board of Directors	
Part VI, Line 12C - Our General Counsel oversaw this process through annual certification	
Part VI, Line 17 - AL, AR, CA, CT, FL, GA, HI, KS, KY, MD, MI, MN, MS, NH, NM, NY, NC, OR, SC, TN, UT,	\/A \\\/\/\ \\\/\/\
	V. V. V. V. V. V. V. V. V. V. V. V. V. V
Part VI, Line 19 - All applicable documentation available upon request	
Part IX, Line 3 - Includes support to foreign affiliated organizations. Also includes support of the intern	ational operations of a domestic
organization which has delegated control of foreign operations to Rapha House by agreement. This is	included for consistency

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization Employer identification number	
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SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Rapha House International, Inc

Partnerships
Unrelated
rganizations and
Related 0

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

27-2523416

OMB No 1545-0047

2017 Open to Public

Part I	Identification of Disregarded Entities. Complete if		the organization answered "Yes" on Form 990, Part IV, line 33	on Form 990, Parl	t IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(2)							
(9)							
Part II	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	tions. Complete if the range of the tax year	he organization ar	nswered "Yes" or	Form 990, Part	IV, line 34, beca	use it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	# 5 2 2 4 F
							Yes No
(1)Million Kids PO Box 7295, Ri	(1)Million Kids PO Box 7295, Riverside CA, 92513	Antı-traffıckıng	CA	501(c)(3)		7 No	>
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat N	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2017

Section 512(b)(13) controlled entity? (k) Percentage Schedule R (Form 990) 2017 ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 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 (I) General or managing partner? ž (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (i) Code V – UBI end-of-year assets (g) Share of (h) Disproportionate ŝ allocations? (f) Share of total Yes псоте (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b)
Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (3) (a)
Name, address, and EIN of related organization Part III Part IV Ξ E 2 9 Ø **₹** 9 ල ₹ ত 9 Ξ 2

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017

Part V Transacti

Schodule B (Form 990) 2017			
Method of determining amount involved	Amount involved	Transaction type (a – s)	Name of related organization
(F)	(4)	(a) (a) (b) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
for information on who must complete this line inclination covered relationships and transaction thresholds.			Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes" see the instructions for information on who mist of
	•	•	Other transfer of cash or property to related organization(s)
1p	· · · · · · · · · · · · · · · · · · ·		Reimbursement paid to related organization(s) for expenses
			Sharing of paid employees with related organization(s)
- Tu		•	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- E			Performance of services or membership or fundraising solicitations for related organization(s) Deformance of services or membership or fundraising solicitations by related organization(s)
			Lease of facilities, equipment, or other assets from related organization(s)
. 1	,	•	Lease of facilities, equipment, or other assets to related organization(s)
1			Exchange of assets with related organization(s)
			Purchase of assets from related organization(s)
			Sale of assets to related organization(s)
			Dividends from related organization(s)
1			Loans or loan guarantees by related organization(s)
10			Loans or loan guarantees to or for related organization(s)
			Gift, grant, or capital contribution from related organization(s)
> 1			יייי יייי ייייי מקרומי כסיינונים מיייי ייייי יייייי ייייייי יייייייייי
> 100			Giff propt or control control to related propriation(s)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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 angular partnerships).

	(a) (b) (c) (d) (e) (f) (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership	
	(1)							Yes		Aes No	
	(2)										
	(6)										
	(4)										
(10) (15) (15) (16) (16) (16) (16) (16) (16) (16) (16	(9)				·						
(9) (10) (11) (12) (13) (14) (15) (16)	(9)										
(19) (10) (11) (12) (13) (14) (14) (16)	(1)										
(9) (10) (10) (11) (11) (12) (12) (13) (14) (14) (14) (15) (16)	(8)	-									
(10) (11) (12) (13) (14) (16)	(6)										
(11) (12) (13) (14) (15) (16)	(10)										
(12) (13) (14) (15) (16)	(11)										
(13) (14) (15) (16)	(12)										
(14)	(13)										
(15)	(14)										
(16)	(15)										
	(16)	· · · · · ·									

Schedule H (I	Form 990) 2017	Page 3
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	