EXTENDED TO NOVEMBER 15, 2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public

 Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending D Employer identification number Check if C Name of organization Address change NINA JEAN OBEL CHARITABLE TRUST Name Ichange 75-6478331 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 214-533-0301 3517 DARTMOUTH DRIVE termi 1,184,809. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amendec PLANO, TX 75075 H(a) Is this a group return F Name and address of principal officer HAL HABECKER for subordinates? .. . Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 」501(c) ((insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Corporation X Trust Association Other > L Year of formation: 1998 M State of legal domicile: TX K Form of organization; Part I Summary Bnefly describe the organization's mission or most significant activities TO SUPPORT THE EFFORTS OF CHARITABLE CHRISTIAN ORGANIZATIONS THAT QUALIFY AS PUBLIC CHARITIES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) Ō 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7**a <u>o.</u> b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Ō. Ω. Contributions and grants (Part VIII, line 1h) 0. Ō. Program service revenue (Part VIII, line 2g) 470,340. 254,153. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. ο. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 470,340. 254,153. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 150,000 170,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 17,196. 196. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) O. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11aPIE (124)/ED 24,061. 28,325. 191,257. 215,521. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 38,632. 279,083. 19 Revenue less expenses Subtract line 18 from line 12 ഗ് Q **Beginning of Current Year** MAY **2 1** 2018 End of Year က် 1,713,163. 1,674,531. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) OGDEN. UT 1,674,531. 1,713,163. 22 Net assets or fund balances Subtractions Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 5/14/ Sign Here HAL HABECKER, TRUSTEE Type or print name and title Date Check Print/Type preparer's name JUSTIN W. REEVES P01248048 5/10/18 self-employed WEAVER AND TIDWELL LLP 75-0786316 Preparer Firm's name Firm's EIN Firm's address 12221 MERIT DRIVE, SUITE 1400 Use Only Phone no. 972-490-1970 DALLAS, TX 75251 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	1990 (2017) NINA JEAN OBEL CHARITABLE TRUST	<u>75-647</u>	8331	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: TO SUPPORT THE EFFORTS OF CHARITABLE CHRISTIAN ORGANIZAT	TIONS T	НАТ	
	QUALIFY AS PUBLIC CHARITIES.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.	•		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			_
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
	revenue, if any, for each program service reported			
4a)
	DONATIONS MADE TO PUBLIC CHRISTIAN CHARITIES IN ORDER TO) SUPPO	RT	
	EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES.			
4b	(Code) (Expenses \$) (Revenue	ie \$)
4c	(Code) (Expenses \$) (Revenue)	ie \$)
				
				
			-	
	Other program and inco (Dannaha in Calas III Cal			
4d	Other program services (Describe in Schedule O.)		,	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 170,000.			
46	Total program service expenses 170,000.		Ea (90 (2017)
			LOUII 3	/ 1 (2)

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-197 If *Yes,* complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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_		<u> </u>
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	Ĺ
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13_		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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		x
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		X
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		x
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	17	<u> </u>	Х
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_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19_	000	X
		Form	. 99K)	(2017)

Form 990 (2017) NINA JEAN OBEL CHA
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			37
	Schedule J	23		<u>X</u>
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		ì	v
	Schedule K If "No", go to line 25a	24a	\dashv	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	1	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
ac	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2017)
		I OHII		(

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NINA JEAN OBEL CHARITABLE TRUST Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			X			
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1			1			
	If there are material differences in voting rights among members of the governing body, or if the governing		ļ	,				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Į į					
b	Enter the number of voting members included in line 1a, above, who are independent	1b C			['			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
	officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or						
	more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockholders, or						
	persons other than the governing body?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	a The governing body?							
ь								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b					
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es, " describe						
	ın Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and approva	d by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)]			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent with a]					
	taxable entity during the year?		16a	<u> </u>	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			\			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's						
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	avaılat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain	ın Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	oflict of interest policy, an	d finan	cial				
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨						
	HAL HABECKER, TRUSTEE - 214-533-0301							
	3517 DARTMOUTH, PLANO, TX 75075							
732006	3 11-28-17		Forn	1 990	(2017)			

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.

(A) (B)				_ (0	2)			(D)	(E)	(F)
Name and Title	Average hours per week	[box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	Reportable compensation from related	Estimated amount of other
1) HAL HABECKER	(list any hours for related organizations below line)	Indiwdual 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 organization
1) HAL HABECKER	3.00	x						17,196.	0.	
					L				·	
					_				 	-
									 	·

Form 990 (2017)

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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
, –	(A) Name and title	(B) Average hours per week	(do box offi	not c		C) itior more rson	l than is bot	one than	(D) Reportable compensation from	(E) Reportable compensation from related	าก	ar	(F) stimate nount o other	_
		(list any hours for related organizations below 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		fr org an	pensa om the anizati d relate anizatio	e Ion ed
				L										
	·		L	L	_									
	·			L										
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			L					L						
		<u> </u>	_	_	_			_						
		<u></u>					L							
	ub-total								17,196.		0.			0.
	otal from continuation sheets to Part VI otal (add lines 1b and 1c)	I, Section A						>	17,196.		0.			0.
	ontal number of individuals (including but no ompensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportab	le			0
3 Di	d the organization list any former officer,	director, or tru	ıste	e, ke	ev er	nplo	vee	. or	highest compensated e	mplovee on			Yes	No
lın	ne 1a? If "Yes," complete Schedule J for so or any individual listed on line 1a, is the su	uch individual										3		X
ar	nd related organizations greater than \$150	0,000? If "Yes,	* co	mpl	ete S	Sche	edul	e <i>J f</i>	for such individual	_		4		X
	d any person listed on line 1a receive or a ndered to the organization? If "Yes," com							elat	ted organization or indiv	idual for services		5		Х
	n B. Independent Contractors				_									
	omplete this table for your five highest core organization. Report compensation for	-	-								npens	ation	trom	
	(A) Name and business	address	N	ІИС	<u></u>				(B) Description of s	services	C		C) nsatio	n
														
	· · · · · · · · · · · · · · · · · · ·				_									
	otal number of independent contractors (i 100,000 of compensation from the organia		ot li	mıte	d to	tho	se li O	stec	d above) who received n	nore than			000	

ــــ		_	Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII		_	
			200.500.00		co daily iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					3
ara our			Membership dues	1b)					
S E			Fundraising events	1c			Ţ		
ar /			Related organizations	10			į		
S, G		8	Government grants (contribut				ł		1
Ö		f	All other contributions, gifts, gran]		1
he			similar amounts not included abo]		
O.F.		a	Noncash contributions included in lines			•	1		1 .
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	· ··· • ———					
_		_			Business Code				
9	2	а				-	1		- '
ryic e		b							
Spin		С				-			
am		d							
Program Service Revenue		е							
ď		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f						
	3		Investment income (including	dividends, intere	est, and				
			other sımılar amounts)		>	45,717.			45,717.
	4		Income from investment of ta	x-exempt bond p	oroceeds >				
	5		Royalties						
				(ı) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less rental expenses						į į
		С	Rental income or (loss)						
		d	Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	1,139,092.					
		b	Less. cost or other basis	1					}
			and sales expenses	930,656.		1			
		С	Gain or (loss)	208,436.	ļ			·	
		đ	Net gain or (loss)			208,436.			208,436.
e l	8	а	Gross income from fundraising		ļ i				
venue	ı		including \$				ļ		
			contributions reported on line	1c) See	[ĺ
Other Re			Part IV, line 18	a .	ļ				{
₹			Less: direct expenses	. b	L				
			Net income or (loss) from fund			 	 -		+
	9	а	Gross income from gaming ac]				
			Part IV, line 19	a		'			}
			Less direct expenses	b	<u> </u>				
			Net income or (loss) from gam	-			 		
	וט	а	Gross sales of inventory, less and allowances		,				
		_		a b			,		}
			Less: cost of goods sold		<u> </u>				-
		<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code		 		
	11	_ a			Dusiness Code				
	. •	b							
		c					 		
		d	All other revenue						
		_	Total. Add lines 11a-11d						
	12	-	Total revenue. See instructions.		-	254,153.	0.	(254,153.
									Form QQO (2017)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A)								
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations				_							
	and domestic governments. See Part IV, line 21	170,000.	170,000.									
2	Grants and other assistance to domestic											
	ındıviduals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign		}		'							
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	17,196.		17,196.								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)		l									
7	Other salanes and wages											
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)		ĺ									
а	Management											
b	Legal											
С	Accounting	2,100.		2,100.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	25,475.		25,475.								
g	Other (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)											
12	Advertising and promotion											
13	Office expenses											
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses		Í									
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest Payments to offiliates											
21 22	Payments to affiliates Depreciation, depletion, and amortization											
23	Insurance											
23 24	Other expenses, Itemize expenses not covered											
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	Ì										
	amount, list line 24e expenses on Schedule O.)											
а	FOREIGN TAXES ON DIVIDE	421.		421.								
b	OTHER EXPENSE	214.		214.								
C	BANK CHARGES	115.		115.								
d												
	All other expenses		100 000									
25	Total functional expenses. Add lines 1 through 24e	215,521.	170,000.	45,521.	0.							
26	Joint costs. Complete this line only if the organization	Į		l								
	reported in column (B) joint costs from a combined	İ		İ								
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											

75-6478331 Page 11 NINA JEAN OBEL CHARITABLE TRUST Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 12,081 12,680. Cash - non-interest-bearing 1 18,528. 26,782. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3,044. 1,584. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 1,412,636. 1,334,153. 11 Investments - publicly traded securities 11 219,988. 346,218. 12 Investments - other securties See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 Other assets, See Part IV, line 11 15 1,674,531. 1,713,163. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties

27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets

Organizations that follow SFAS 117 (ASC 958), check here

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Total liabilities. Add lines 17 through 25

Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances

1,674,531. 1,713,163. 30 0. 31 1,674,531. 1,713,163. 1,674,531. 1,713,163.

0.

26

28

29

Form 990 (2017)

0.

Net Assets or Fund Balances

Schedule D

	990 (2017) NINA JEAN OBEL CHARITABLE TRUST	<u>75-647</u>	8331	Page	<u> 12 :</u>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u>, L</u>	<u>_</u> _	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	254	,15	3.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	215	,52	1.	
3	Revenue less expenses. Subtract line 2 from line 1	3		, 63		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,674			
5	Net unrealized gains (losses) on investments	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 balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,713	,16	3.	
Pai	rt XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response or note to any line in this Part XII			L	ᆚ	
				Yes	No	
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1	ì	1	
	separate basis, consolidated basis, or both.				į	
	Separate basis Consolidated basis Both consolidated and separate basis				l	
b	Were the organization's financial statements audited by an independent accountant?		2b	_	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	h 1	- 1		
	consolidated basis, or both			1		
	Separate basis		1 1	ļ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	-+		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audit			$\overline{\mathbf{x}}^{J}$	
	Act and OMB Circular A-133?		3a	\dashv		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iirea audit	3b	- [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	200 /2	017	
			COLL) (<i>,,,,</i> ,,	.017)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection Employer identification number

Name of the organization 75-6478331 NINA JEAN OBEL CHARITABLE TRUST Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) TAYLOR UNIVERSITY 5 35-0868181 Х 24,000. BURNHAM MINISTRIES 1 INTERNATIONAL 34-6562555 Х 30,000. DALLAS THEOLOGICAL 2 SEMINARY 75-0827421 X 25,000. TWIN OAKS CHURCH 74-6066209 1 X 5,000. 54-1256309 1 5,000. **ENTRUST** X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 SCHEDURATION SEE PART VI FOR LINE 412G CONTINUATION

Total

170,000.

Schedule A (Form 990 or 990-EZ) 2017 NINA JEAN OBEL CHARITABLE TRUST 75-6478. 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				_		_
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		ļ				i
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ĺ					
	supported organization) included						
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						_
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s fırst, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stor	here					<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		14	%
	Public support percentage from 2016	•	•			15	<u>%</u>
16a	33 1/3% support test - 2017. If the c				14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies		•				
D	33 1/3% support test - 2016. If the condition must				d line 15 is 33 1/39	6 or more, check t	his box
47-	and stop here. The organization qual						
ı/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					ıπ vi now the orga	nization
.	meets the "facts-and-circumstances"	•	•		J	47	100/
O	10% -facts-and-circumstances tes						
	more, and if the organization meets the						•
12	organization meets the "facts-and-circ			•			
10	Private foundation. If the organization	п ою поселеск а	DOX ON THE 13, 16	oa, 100, 178, 011/			
					əcn	edule A (Form 990	, ∪i 33U*E ∠) 2 U l/

Schedule A (Form 990 or 990-EZ) 2017 N.					75-647	8331 Page 3
Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2)		
(Complete only if you checked	the box on line 1	0 of Part I or if the	organization failed	to qualify under F	Part II. If the organi	zatıon fails to
qualify under the tests listed be	elow, please com	plete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		L	1	1]
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar 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						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

	check this box and stop here		▁ ▁					
Se	ction C. Computation of Public Support Percentage							
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%					
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%					
Se	ction D. Computation of Investment Income Percentage							
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%					
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%					
19	9a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

whether or not the business is

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)

regularly carned on

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1 1		X - '
		v
2		<u> </u>
3a		<u>x</u>
 3b	-	
3c		
4a		X
4b		
70		
4c		i
		İ
5a		X
5b 5c		
		Ì
6		X
7		X
		$\overline{\mathbf{x}}$
8		
]
9a		X
 9b		X
9c		X
10a		X
10b		
990 or 99	n-F7	2017

	edule A (Form 990 or 990-EZ) 2017 NINA JEAN OBEL CHARITABLE TRUST 75	<u>-647833</u>	1 Pa	1ge 5
Pa	rt IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	-	X
h	A family member of a person described in (a) above?	11b		X
	, , , , , , , , , , , , , , , , , , , ,			X
500	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		Α
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If *No, * describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1		1
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
~	- · · · · · · · · · · · · · · · · · · ·	1 1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[T		ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
	the supported organization(s)	1		l
Sec	tion D. All Type III Supporting Organizations			
	ion 577 in 1990 in oupporting organizations	<u> </u>	Vac	No
	Politica and a second s		Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
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			
		3		X
500	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruc	:tions).		
а	The organization satisfied the Activities Test. Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions	<u>) </u>	
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,			l
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	 2a	X	
	·			
ь	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			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		- -	
	activities but for the organization's involvement	2b	X	Ь_
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	L
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	l
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	·	
73202		orm 990 or 99	10-F7	1 201
, JEUE	Schedule A (r	J. III JJU UI J		, == 11

cinorgency temperary	cadotion (acc inatiaotiona)			L	
Check here if the	current year is the organiza	ation's first as a non-functional	y ıntegr	ated Type III supporting org	anızatıon (see
instructions)					

Schedule A (Form 990 or 990-EZ) 2017

4

5

Enter greater of line 2 or line 3

Income tax imposed in prior year

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

emergency temporany reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

PART IV, SECTION E, LINE 2B:

Schedule'A (Form 990 or 990-EZ) Part VI Supplemental Info		OBEL CHARTI			/5-(54/8331 Page 8
Part VI Supplemental Info	Tination (Schedule	A, Part I, Line 12g - Into	rmation re	garding su	ipported organizations (c	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	rganization In your	(v) Amount of monetary support	(vi) Amount of other support
organizațion	{	above)	governing o	document?	support	orner support
	<u> </u>	- -	Yes	No		 _
GLOBAL TRAINING			}	}		
NETWORK	68-0586399	1	1	Х	1,000.	
ELEUTHERA INSTITUTE	54-1970947	5	}	х	15,500.	
CAMPUS CRUSADE FOR						
CHRIST	33-0863088	1		x	7,000.	
FINISHING WELL	33 0003000				7,000.	
MINITSTRIES	47 2525260	1	j i	,,	25 000	
	47-2535369	<u></u>		X	25,000.	
BEYOND ORDINARY)	
WOMEN MINISTRIES	90-0925684	11		Х	1,000.	
DOOR INTERNATIONAL			ļ		l	
(DEAF OPPORTUNITY O	56-2151149	1		Х	5,000.	
DENVER SEMINARY	84-0421879	2		X	15,000.	
HUNTERS GLEN						
BAPTIST CHURCH	75-1826501	1		x	10,000.	
CENTER FOR THE	73 1020301			 ^ 	10,000.	
STUDY OF NEW TESTAM	30-0121808	1	[x	1,000.	
STODY OF NEW TESTAM	30-0121808			├ -^	1,000.	
DINE COM	75 1054252	1		.,	F00	
PINE COVE	75-1254353	1		Х	500.	
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Continuation Totals				}	81,000.	
Sommulation Totals	L		L			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NINA JEAN OBEL CHARITABLE TRUST

Employer identification number 75-6478331

Schedule D (Form 990) 2017

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	oncally important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
-	conservation easements		
Ра	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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		AN OBEL CH							78331	
٠.	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following that	at are a si	gnificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	1	a 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	i	е 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	ney further t	the organizat	ion's exei	mpt purpo:	se in Pai	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımilar	assets			
	to be sold to raise funds rather than to be m								Yes	
Pa	rt IV Escrow and Custodial Arran					"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa			Ū				-	-	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII						•			
_		and domplote and t		abic.					Amount	
c	Beginning balance						1c		74110dill	
	Additions during the year						10			
	Distributions during the year						1e			
f	Ending balance						1f			
22	Did the organization include an amount on F	orm 000 Part V line	21 for		untadial asse	aunt kabul			Yes	□ No
	If "Yes," explain the arrangement in Part XIII							<u> </u>	_ 163	F
Pa										
	Endownione Lands: Complete				(c) Two yea			ara bask	Las Four	eare back
4.	Dogunga of voca belongs	(a) Current year	(D) F	nor year	(C) I WU yea	15 Dack	(d) Three ye	ars Dack	(e) Four y	ears Dack
12	3 3 ,		├ ──		 -	+			 	
D	Contributions		├		 	+			 	
с	Net investment earnings, gains, and losses		├		 				 	
đ	Grants or scholarships				 					
e	Other expenditures for facilities	1	ì		İ	1			1	
	and programs				<u> </u>					
f	Administrative expenses		ļ		 _					
g	End of year balance		<u> </u>		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
Ь	Permanent endowment	%								
C	Temporanly restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posses	ession of the organia	zation tha	at are held a	and administe	ered for th	he organiza	ation		
	ph.								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	ichedule R?	•				3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	/, line 11a \$	See Form 990	0, Part X,	line 10			
	Description of property	(a) Cost or			t or other		cumulated	-	(d) Book	value
	- · · ·	basis (invest	ment)	, , ,	(other)		reciation	1	• • • •	
1a	Land									
	Buildings									
c	Leasehold improvements	<u> </u>								
d	Equipment	<u> </u>		 						
	Other	 								
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Par	t X colu	nn (B) line	10c)					0.
				(2), 11113				Sobodul	e D (Form	
							3	recuul!	יים (גיטרות)	95U) ZU (1

Schedule D (Form 990) 2017

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SCHEDULE I (Form 990)

(Form 940)
Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

1545-0047	7	ublic
OMB No 15	50 -	Open to Public

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

№ Employer identification number 75-6478331 % □ Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection NINA JEAN OBEL CHARITABLE TRUST General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if additing	ional space is need	ed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TAYLOR UNIVERSITY 236 W READE AVENUE UPLAND, IN 46989	35~0868181	501(C)(3)	24,000.	0.	N/A	N/A	TO SUPPORT CHRISTIAN EDUCATION.
BURNHAM MINISTRIES INTERNATIONAL P.O. BOX 811625 BOCA RATON, FL 33481	34-6562555	501(C)(3)	30,000	0.	0.N/A	N/A	TO SUPPORT MINISTRY TRAINING CENTERS.
DALLAS THEOLOGICAL SEMINARY 3909 SWISS AVENUE DALLAS, TX 75204	75-0827421	501(C)(3)	25,000.	0	0. N/A	N/ A	TO SUPPORT MINISTRY TRAINING CENTERS,
ELEUTHERA INSTITUTE 455 MASSACHUSETTS AVE, NW WASHINGTON, DC 20001	54-1970947	501(C)(3)	15,500.	0.	0.N/A	N/A	TO SUPPORT CHRISTIAN RDUCATION,
FINISHING WELL MINISTRIES 17480 DALLAS PARKWAY, SUITE 212 DALLAS, TX 75287	47-2535369	501(¢)(3)	25,000.	0	0.N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES,
TWIN OAKS CHURCH 409 VIRGINIA PLACE FORT WORTH, TX 76107	74-6066209	501(C)(3)	5,000,5	•0	0.N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table			:	

Schedule I (Form 990) (2017)

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) NINA JEAN OBEL CHARITABLE TRUST Right [1] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	OBEL CHA Assistance to Go	NITABLE TRUST	ST nizations in the Ur	nited States (Sche	adule I (Form 990), Par		75-6478331 , Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENTRUST PO BOX 25520 COLORADO SPRINGS, CO 80936	54-1256309	501(C)(3)	.000,2	0.	N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES,
DENVER SEMINARY 6399 S SANTA FE DR LITTLETON, CO 80120	84-0421879	501(C)(3)	.000.	0.0	N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES,
HUNTERS GLEN BAPTIST CHURCH 4001 CUSTER ROAD PLANO, TX 75023	75-1826501	501(C)(3)	10,000.	0.0	0.N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES.
DOOR INTERNATIONAL (DEAF OPPORTUNITY OUTREACH) - 135 N. STATE ST, SUITE 200 - ZEELAND, MI 49464	56-2151149	501(C)(3)	.000,2	0	0. N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES,
CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	7,000.	0.0	0.N/A	N/A	TO SUPPORT EVANGELISM, EDUCATION AND MISSIONARY ACTIVITIES,
	П						
							Schedule I (Form 990)

04-01-17

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 75-6478331 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant NINA JEAN OBEL CHARITABLE TRUST (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017) 732102 11-01-17 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization Employer identification number NINA JEAN OBEL CHARITABLE TRUST 75-6478331 FORM 990, PART VI, SECTION B, LINE 11B: THE TRUSTEE REVIEWS THE FORM 990 TO THE BOOKS AND RECORDS OF THE ORGANIZATION FOR ACCURACY AND COMPLETENESS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, TAX RETURNS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.