16 9901

BWF 990

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 50 1(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 2016

Open to Public Inspection

<u> </u>	Fo	r the	2016 cale		2016, and en	<u>din</u> g		, 20
В	he	ckıfa	pplicable	C Name of organization INTERFAITH MISSION INC		D Empl	oyer ident	ification number
\mathbf{x}	\ddi	ress c	hange	Doing business as LIGHTHOUSE			71824	
Η.		e cha	-	Number and street (or P O box if mail is not delivered to street address)	Room/sui		hone num	·
Н.		ıl retu	-	500 WEST BUSINESS 30		(260)		
Η.		iretur		City or town, state or province, country, and ZIP or foreign postal co	nde	\		0200
_		ınate		COLUMBIA CITY IN 46725	Juo -	G Gross		220,223
					H(a) le th			
н			return	F Name and address of principal officer	1 11	is a group retur		H H
			n pending	SEE ATTACHMENT #1	 ` ′	III subordinates		∐ Yes ∐ No
			mpt status		┥	"No," attach a l		ructions)
			:: ► N/P			p exemption no		
	_	_			ear of formation	1998	M State of	of legal domicile IN
P	ari	Ш	Sumn					
		1	-	scribe the organization's mission or most significant activities				
9	ַן נ	TO		IDE SHELTER TO THE HOMELESS, ASSIST		IN OBTA		
				A JOB, TO PROVIDE CLASSES TO ENABLE		VTS TO	BECOM	ME FULLY
1		<u>FU1</u>	1CTION	NING MEMBERS OF THE COMMUNITY ONCE A	<u>AGAIN</u>			
i	3	2	Check thi	is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed $lacktriangle$	of more than	25% of its no	et assets	
(5 8	3	Number o	of voting members of the governing body (Part VI, line 1a)			3	11
3	6	4	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	11
3		5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	8
0 0000000000000000000000000000000000000		6	Total nun	nber of volunteers (estimate if necessary)			6	95
•	١.	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	22,200
	١	b	Net unrel	ated business taxable income from Form 990-T, line 34			7b	0
	_					Prior Year		Current Year
	,	8	Contribut	tions and grants (Part VIII, line 1h)	<u></u>	130	,213	175,528
	Levenue	9		service revenue (Part VIII, line 2g)				8,860
1	? [10	_	int income (Part VIII, column (A), lines 3, 4, and 7d)			436	3,939
6	Ě	11		venue (Part VIII, column (A), lines 5, 6d, 86,9c, 10c, and 11e)		3	671	27,078
	1	12	Total reve	enue add lines 8 through 11 (must equal Part VIII, column (A), line 1			,320	215,405
	\dashv	13		nd similar amounts paid (Part IX, column (A), lines-1-3)-	12	7	7,752	
		14		paid to or for members (Part IX, column (A), line GDEN. UT				
	,,	15		other compensation, employee benefits (Part IX, column (A), lines 5-10	, <u> </u>	114	,113	93,936
	Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	′ 		- +	·
	lec	b			,832	,		
1	Σ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		61	,440	69,423
		18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			3,305	163,359
		l		eless expenses. Subtract line 18 from line 12			3,985	52,046
		19	nevenue	eless expenses. Subtract line 10 florif line 12		inning of Curre		End of Year
šet	or Fund Balances	20	Total acc	sets (Part X, line 16)			5,839	613,377
ASS	ᆵ	21		pilities (Part X, line 26)			7,944	2,436
Set	껿	22		ets or fund balances. Subtract line 21 from line 20	∵ '		3,895	610,941
_	_			ature Block			7,033	010,011
_	_	t II			-1-1	4 4 4 4 4 4 4 4 4		leased belief it is to be
COI	der i rect	penal t, and	complete D	cy, I declare that I have examined this return, including accompanying schedules and i extantion of preparer (othe r than officer) is tased on all information of which prepar	er has any knov	vledge	my knowled	ige and bener, it is true,
_			\rightarrow	The same of the				11/10/17
Q;	gn			gnature of officer				ate
	ere		1		CUTIVE	DIREC		
111	51 E	7	 		COTIVE	DINDO	1010	
_				rpe or print name and title nt/Type preparer's name Preparer's signature	Date	Char	, , ,	PTIN
P	aid	ı			12 1-19	Check	· 🗀 ''	P00255320
		oare	_ —	CHELLE KRAUSKOPF 7/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	<i> - </i>			215708
	-	On		m's name ► H AND R BLOOK				213/00
U	5 C	UII		m's address > 543 A N LINE ST		Phone no		
_				LUMBIA CITY IN 46725		26024		WV11
_	_			this return with the preparer shown above? (see instructions)			<u>····</u>	Yes No
Fo	ır P	aner	work Red	luction Act Notice, see the separate instructions.				Form 990 (2016)

	990 (2016) INTERFAITH MISSION INC 35-2071824	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. П
1	Briefly describe the organization's mission	
	TO PROVIDE SHELTER TO THE HOMELESS, TO ASSIST THEM IN OBTAINING A	ND
	KEEP ING A JOB, TO PROVIDE CLASSES ON BUDGETING, SELF-SUFFICIENCY	
	NUTRITION, PARENTING, AND SELF-ESTEEM TO ENABLE CLIENTS TO BECOME	
	FULLY FUNCTIONING MEMBERS OF THE COMMUNITY ONCE AGAIN.	
2		
-	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	EZ 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	П.,	⊠ No
	services?	Мис
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 47,913 including grants of \$) (Revenue \$)
	SEE ATTACHMENT #2	
		<u></u>
46	(Code) (Expenses \$ 17,001 including grants of \$) (Revenue \$	<u>\</u>
70	/ (Code / (Expenses 3 / (Nevende 3	′
40	Code (Code (Expenses 12, 365 including grants of \$) (Revenue \$)
	1 Other program convince (Decembe in Cahadula (1)	
40	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses > 77, 279	

Part IV Checklist of Required Schedules

INTERFAITH MISSION INC 35-2071824

			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		>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
	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 98–19? If "Yes," complete Schedule C, Part III N/A	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			l
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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		Х
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	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Į
	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			i
	D, Part VI	11a	X	Ļ
þ	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
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			١
	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c	ļ	X
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	l	İ	١,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	145		
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
128	Schedule D, Parts XI and XII	12a	X	}
.	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		┼
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
_	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		1	T
	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	<u></u>	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 (see instructions)	17		X
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	<u> </u>	X
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	<u>1</u>	<u> </u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
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		<u>X</u>
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		<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,"		l	,.
	complete Schedule J	23		<u>X</u>
248	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			١, <i>,</i>
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
Þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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	<u> </u>	
d ora	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A Continue 504(a)(a) and 504(a)(a) argonizations. But the assessment on any argonization and argonizations.	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	05-		.,
L	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
Þ	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,"	254	[v
26	complete Schedule L, Part I	25b		<u>X</u>
_0	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete	26		, .
27	Schedule L, Part II	26		<u>X</u>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
		27	1	Х
28	any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	 	<u> </u>
_0	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	250		- <u>^\</u>
U	Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an		 -	-^ -
·	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	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	ł	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	<u> </u>		<u> </u>
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		†	T
~- ,	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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	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	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Part V	Statements	Regarding	Other	IRS	Filings	and	Tax	Comp	liance

	Check if Schedule O contains a response or note to any line in this Part V			
`			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		, .	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	grifts were not tax deductible? N./A	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots N/A$	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-	,	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	X
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	ļ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources		ł	1
	against amounts due or received from them.)	۱.,	ŀ	١,,
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 0	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		1,7
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	X
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which	i		
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	140	├	+ -
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b	000	(2016)

ronn 9	1NTERFATTH MISSION INC SS-2071024			ige_ o
Part:	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr	uctions	\$	_
	Check if Schedule O contains a response or note to any line in this Part VI			<u>Ш</u>
<u>Section</u>	on A. Governing Body and Management			
			Yes	No
18	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			<u> </u>
	or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	·X	}
a b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\cdots \mathbb{N}/\mathbb{A}$	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		X
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	<u>X</u> _	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this was done	12c	X	ļ
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Į
_	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.02		1 A
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1
100	with a taxable entity during the year?	16a		Х
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			1
	the organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEE ATTACHMENT #3			

(F)

(A)

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

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

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

- 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.

(B)

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

(C)

Position

Name and Title	Average hours per week		box, un	less pe	rsonis	nan one both an trustee)		compensation	compensation	amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JEREMY WIKE PRESIDENT	9.00	X		X				0	0	0
BOB SOLLAZZO TREASURER	2.00	×						0	0	0
MATT CONVERSE	6.00	x		x				0	0	0

(D)

VICE PRESIDENT 1.00 0 KIM YANN SECRETARY 1.00 DICK BUCHANAN MEMBER 2.00 0 0 JODI PARNELL GRANTS X 0 1.00 KIM GAVIN FINANCE 0 0 0 SARA BELCHER 1.00 STAFF 0 0 Λ 1.00 ZACH ZILIAK FUNDRAISING Ω 1.00 ALAN BOGGS COMMITTEE MEMBER

Form **990** (2016)

Part	VII Section A. Officers	, Directors	s, Trust	ees, K	ey Em	nploye	es, and	Highe	est Compensated E	mployees (continu	ued)		
•	(A) Name and title	(B) Average		box, ur		tion more th rson is	nan one both an (trustee)		(D) Reportable	(E) Reportable		(F) stimat moun	t of
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	c) or	othermpens from the ganizated and related ganizated	ation ne ation ated
1b	Sub-total	·						•			_		
C	Total from continuation sh Total (add lines 1b and 1c)		-	Sectio	n A			>			-		
d 	Total number of individuals		but not	limited	to tho		ed above) who	received more than	\$100,000 of report	table con	npens	ation
	from the organization												
3	Did the organization list any		-	-			•	-	-	ted employee		Ye	
4	on line 1a? If "Yes," completer for any individual listed on I									rom the	3	+	<u> </u>
•	organization and related org			-							4	ŀ	X
5	Did any person listed on line												
Cantin	services rendered to the org		If "Yes,	" comp	olete S	chedu	le J for s	uch p	erson		5		<u> </u>
Secure 1	Complete this table for your		st comp	ensate	d inde	pende	ent contra	actors	that received more t	han \$100,000 of			
•	compensation from the orga	-				•					's tax yea	ır.	
	Name and	(A) d business	addres	s					(B) Description of s	ervices	Com	(C) pensa	tion
				·— <u>·</u>				 					
						_							
													-
2	Total number of independer \$100,000 of compensation f		•	_	but no	t limite	d to thos	e liste	ed above) who receiv	ed more than			

Form 9			ITH MISSI	OTA TIAC OO	-2071824			Page \$
<u>ı aıı</u>	VIIII	Check if Schedule O contain		ote to any line in this	Part VIII			. 🕅
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues	grants, & above 1f	175,504 17,589	175,528			
63	2a	RESIDENT SERVI	CE FEE	Business Code	8,860	8,860		
VÍC	ь							
Ser	С							
Z Ne	d							
Program Service Revenue	е							
Pro	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f .	<u></u> `	▶	8,860			
:		other similar amounts) Income from investment of ta Royalties Gross rents Less rental expenses	(i) Real 9,696	▶ (॥) Personal	3,939	3,939		
		·	4,878					
	1	Rental income or (loss)			4,878	4,878		
	a	Net rental income or (loss)	(ı) Securities	(II) Other		-,		
	b	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	1	Net gain or (loss)		<u> </u>				•
	1	Gross income from fundraisi	ng events					
Other Revenue		(not including \$ of contributions reported on See Part IV, line 18	24 line 1c).					
ē	1	Less, direct expenses			}			
퉏	(Net income or (loss) from ful		-				
-	9a	Gross income from gaming a Part IV, line 19						
	Ь	Less direct expenses			1			
	1	Net income or (loss) from ga			İ	!		
	1	Gross sales of inventory, les						
	""	returns and allowances						
	Ь	Less cost of goods sold	b	-	1			
		Net income or (loss) from sa	_	L	1	<u></u>		1
	一	Miscellaneous Reve		Business Code				
	11a	GAIN FROM SALE			22,200	,	22,200	· ·
	b							
	1							

22,200

d All other revenue . . .

e Total. Add lines 11a-11d

22,200

17,677

215,405

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to				····
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
ındıvıduals. 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,	70 225	50 466	15 724	10 125
trustees, and key employees	78,335	52,466	15,734	10,135
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 Other salaries and wages				
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	269		269	
9 Other employee benefits	15,332			348
10 Payroll taxes	13,332	3,304	11,020	J40
11 Fees for services (non-employees)				
a Management	1,245	·	1,245	
b Legal ·····	1,21	<u></u>	172.10	
c Accounting		1		
d Lobbying See Both IV line 47				
e Professional fundraising services See Part IV, line 17		-		
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column	2,138	1,938	200	
(A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion	2,627			552
	13,873		10,934	492
	, , , , , , , , , , , , , , , , , , ,			
	11,568	10,621	947	
16 Occupancy	20		20	
18 Payments of travel or entertainment expenses for any		 	-	
federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,514	1	227	1,28
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,598	3		
23 Insurance	5,25	1,126	4,107	13
24 Other expenses. Itemize expenses not covered above		<u> </u>	<u> </u>	
(List miscellaneous expenses in line 24e. If line 24e				
amount exceeds 10% of line 25, column (A) amount,				
list line 24e expenses on Schedule O.)				
a DONATED GOODS	17,58	9 17,589	 	
b	<u> </u>			
c				-
d	†	İ		
e All other expenses		 		
25 Total functional expenses. Add lines 1 through 24e	163,35	90,050	46,879	12,83
26 Joint costs. Complete this line only if the organization	<u> </u>			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here ▶ rf following SOP 98-2 (ASC 958-720)		1		

Part X Balance Sheet

	Χ.	Check if Schedule O contains a response or note to any line in this Part X.			
	<u>.,</u>		(A) Beginning of year		(B) End of year
T	1	Cash non-interest-bearing	17,404	1	94,379
	2	Savings and temporary cash investments	56,444	2	62,966
	3	Pledges and grants receivable, net	16,914	3	
- 1		Accounts receivable, net	1,145	4	
		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			
,		· · · · · ·		6	
		organizations (see instructions). Complete Part II of Schedule L		7	
		Notes and loans receivable, net	5,328	8	2,909
		Inventories for sale or use	1,725	_	1,642
- 1		Prepaid expenses and deferred charges	1,725	9	1,042
1		Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 675, 401			451 401
		Less accumulated depreciation 10b 223, 920	467,879		451,481
1	11	Investments publicly traded securities		11	
1	12	Investments other securities. See Part IV, line 11		12	
1	13	Investments program-related See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	566,839		613,37
╡.	17	Accounts payable and accrued expenses	7,944	17	2,436
-	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
و ا	22	Loans and other payables to current and former officers, directors,			
₽ E		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	Ţ
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	23 24	Unsecured notes and loans payable to unrelated third parties		24	
- 1		Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
				25	
	00		7,944		2,436
-+	26	Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and			
<u>"</u>				1	1
Net Assets or Fund Balances	^-	complete lines 27 through 29, and lines 33 and 34.	558,895	27	610,94
	27	Unrestricted net assets	330,373	28	0.10, 51
<u> </u>	28	Temporarily restricted net assets		+	
<u> </u>	29	Permanently restricted net assets		29	
Ĭ.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
S S		complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
	22	Total net assets or fund balances	558,895	33	610,94
	33	Total Not about of Tarie Salarios	566,839	34	613,37

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	Part	Reconciliation of Net Assets			_	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 52, 046 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 558, 895 5 Net unrealized gains (losses) on investments 5 To Investment expenses		Check if Schedule O contains a response or note to any line in this Part XI			_	Ш
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Ret assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Ret unrealized gains (losses) on investments gains (losses) Ret unrealized gains (losses) on investments gains and selection of an independent accountant? Ret unrealized gains (losses) Ret unrealized gains (losses) on investments and selection of an independent accountant? Ret unrealized gains (losses) Re	1 `	Total revenue (must equal Part VIII, column (A), line 12)		_		
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 558, 895 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses	2	Total expenses (must equal Part IX, column (A), line 25)				
Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Is financial statements and separate basis Consolidated basis Is financial statements and separate basis Sechedule O.	3	Revenue less expenses. Subtract line 2 from line 1				
6 Donated services and use of facilities 7 Investment expenses 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 610, 941 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			558,	<u>895</u>
7 Investment expenses	5	Net unrealized gains (losses) on investments				
8 Pror period adjustments . 8 9 Other changes in net assets or fund balances (explain in Schedule O) . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . 10 610, 941 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6	Donated services and use of facilities			_	
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	8	The period adjustments				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	9					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990		column (B))		- (610,	941
1 Accounting method used to prepare the Form 990	Part	XII Financial Statements and Reporting				_
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				Щ
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 reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,	_	Yes	No
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 reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1		l		1	ì
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			,	- 1		
reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2a		<u> </u>	2a	X	
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?						
b Were the organization's financial statements audited by an independent accountant?				1		;
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				-		'
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	b		<u> </u>	2b		X
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						,
of the audit, review, or compilation of its financial statements and selection of an independent accountant?					-	1
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	C				,	
Schedule O				2C	X	
						1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ŀ	- -	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	За					
the Single Audit Act and OMB Circular A-133?			…	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b		NT /2	_		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A 3b					200	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2016

Vam	e 0	f the organization	n				1 7 7	ntification number
			ISSION INC				35-20718	324
Pa	rt	Reason	for Public Charity	Status (All organizations	must compl	ete this part) See instructions.	
The o	rga	anization is not a p	private foundation beca	ause it is (For lines 1 through	12, check o	nly one box)	
1	Ц	•		ssociation of churches descri			(A)(i).	
2	Ц	A school describ	ed in section 170(b)(1	I)(A)(ii). (Attach Schedule E	(Form 990 o	r 990-EZ).)		
3	L		•	vice organization described i				
4	L	A medical resear	rch organization operat	ed in conjunction with a hosp	pital describe	ed in sectio	on 170(b)(1)(A)(iii). En	ter the hospital's name,
	_	city, and state _						
5	L	_		t of a college or university ov	vned or oper	ated by a go	overnmental unit descri	bed in section
	_	170(b)(1)(A)(iv).	(Complete Part II.)					
6	L		-	governmental unit described				
7	L			a substantial part of its suppo	ort from a go	vernmental ı	unit or from the genera	public described in
	_	1	1)(A)(vi). (Complete Pa					
8	L			n 170(b)(1)(A)(vi). (Complete				
9	L		-	escribed in section 170(b)(1				
		or university or a	a non-land-grant_collec	ge of agriculture (see instruct	ions). Enter t	the name, cit	ty, and state of the coll	ege or
	<u></u>	university	 	(1)				
10	X	_		(1) more than 33 1/3% of its				
		•		empt functionssubject to ce				
				and unrelated business taxa				es
	Г		· ·	30, 1975. See section 509		-		
11	\vdash	4		d exclusively to test for public				•
12	L			d exclusively for the benefit of				
				orted organizations describe				
	_			d that describes the type of s				
•	а			erated, supervised, or control to regularly appoint or elect				
			mplete Part IV, Sectio		a majority or	the directors	s of trustees of the sup	porting organization.
	h	_		upervised or controlled in co	nnection with	n its sunnorti	ed organization(s), by l	naving control or
	b			nization vested in the same p				
			mplete Part IV, Sectio		CIOCIIO IIIULI	30111101 01 1111	anago ano capponeco c	9424.0(0)
	С	_		supporting organization oper	rated in conn	ection with.	and functionally integra	ated with, its
				ctions). You must complete				
	d	_ ``	•	ed. A supporting organization				anization(s) that is
	_	–		nization generally must satisfy				
				ete Part IV, Sections A and				•
	e			ceived a written determinatio			Type I, Type II, Type I	II functionally
				lly integrated supporting orga				
	f	Enter the numbe	r of supported organization	ations				
	g	Provide the follow	wing information about	the supported organization(s	s)			
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization n your	(V) Amount of monetary	(VI) Amount of other
		organization		(described on lines 1-10 above (see instructions))	governing	document?	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

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

BWF 990

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

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

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") · · · · · · ·	147,864	155,816	152,769	130,213		179,153	765,815
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	5,009	5,132	6,497	3,671		8,860	29,169
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	152,873	160,948	159,266	133,884		188,013	794,984
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
8	Public support. (Subtract line 7c from line 6)			F 4 1 1 25 2 2 1 1		* * **	- ' - ,	794,984
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015		2016	(f) Total
9	Amounts from line 6	152,873	160,948	159,266	133,884		188,013	794,984
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,193	2,722	1,957	436		3,939	16,247
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						25,115	25,115
С	Add lines 10a and 10b · · · ·	7,193	2,722	1,957	436		29,054	41,362
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.)							
13	Total support. (Add lines 9, 10c, 11, and 12)	160,066	163,670	161,223	134,320		217,067	836,346
14	First five years. If the Form 990 is for the or organization, check this box and stop here			ourth, or fifth tax y				▶ [
Sec	ction C. Computation of Public Su	pport Percen	itage					
15	Public support percentage for 2016 (line 8, c			mn (f))		15		95.05%
16	Public support percentage from 2015 Sched				<u>. </u>	16		97.37 %
Se	ction D. Computation of Investmen	t Income Pe	rcentage					_
17	Investment income percentage for 2016 (line			3, column (f))		17		4.95%
18	Investment income percentage from 2015 S					18		2.63%
19a								17 is
	not more than 33 1/3%, check this box and							· · · · · · L
b								
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did r							>
FDA	. 16 990A3 BWF 990 Form Software C	opyright 1996 - 201	7 HRB Tax Group, I	Inc	Schedul	e A (F	orm 990 o	r 990-EZ) 2016

SCHEDULE D

(Form 990) .

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	TERFAITH MISSION INC	wheel French or Att		20/1824		
Pa	Organizations Maintaining Donor Ad		Similar Funds o	r Accounts.		
	Complete if the organization answered "Yes" on f		1	F - 4 - 1 - 1		
		(a) Donor advised funds	(D)	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	•		!	_	
	funds are the organization's property, subject to the organization	•			Yes	∐No
6	Did the organization inform all grantees, donors, and don			•		
	for charitable purposes and not for the benefit of the done	or or donor advisor, or for any	other purpose confer	ring	П	П.,
	impermissible private benefit?			•	Yes	N
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Yes" on I					_
1	Purpose(s) of conservation easements held by the organi		П			
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a			area
	Protection of natural habitat		Preservation of a	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution	on in the form of a co	nservation		
	easement on the last day of the tax year		_			
			<u> </u>	Held at the Er	d of the T	ax 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	structure included in (a)	20			_
d	d Number of conservation easements included in (c) acquir	red after 8/17/06, and not on a	historic	J		
	structure listed in the National Register		20	1		
3	Number of conservation easements modified, transferred	, released, extinguished, or terr	minated by the organ	zation during the	e tax	
	year >					
4	Number of states where property subject to conservation	easement is located				
5	Does the organization have a written policy regarding the	periodic monitoring, inspection	n, handling of violatio	ns, and	_	_
	enforcement of the conservation easements it holds?			•	∐ Yes	∐N
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ing of violations, and enforcing cons	ervation easements durin	g the year 🕨		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	on easements during the	year ▶ \$		
8	Does each conservation easement reported on line 2(d) a	above satisfy the requirements	of section 170(h)(4)(l	3)(1)	_	
	and section 170(h)(4)(B)(ii)?				Yes	_ [] N
9	In Part XIII, describe how the organization reports conser	vation easements in its revenue	e and expense stater	nent, and	_	_
	balance sheet, and include, if applicable, the text of the fo	ootnote to the organization's fin	ancial statements tha	t describes		
	the organization's accounting for conservation easements	5.				
Pa	rt III Organizations Maintaining Collection	ns of Art, Historical Tre	easures, or Othe	er Similar As	sets.	
	Complete if the organization answered "Yes" on		·			
18	a If the organization elected, as permitted under SFAS 116		revenue statement ar	nd balance sheet	works of	
	art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or re	esearch in furtherance	of public servic	e, provide	⊋,
	in Part XIII, the text of the footnote to its financial stateme	ints that describes these items.				
E	b If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its reve	enue statement and b	alance sheet wo	rks of art,	
_	historical treasures, or other similar assets held for public	exhibition, education, or resea	rch in furtherance of	public service, p	rovide	
	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	_			provide tric		
	following amounts required to be reported under SFAS 1			. > \$		
	a Revenue included on Form 990, Part VIII, line 1					
ŧ	b Assets included in Form 990. Part X			▶ \$		

Par	. Organizations Ma											itinued)
3	Using the organization's acquisit	tion, accessioi	n, and o	ther records, chec	ck any of	the following t	hat a	re a significant i	use of i	ts collect	on	
•	items (check all that apply)					•						
а	Public exhibition			d	Loan	or exchange (progr	ams				
b	Scholarly research			е	Other							
С	Preservation for future generation											
4	Provide a description of the orga	anızatıon's col	lections	and explain how	they furth	er the organiz	ation	's exempt purpo	se in			
	Part XIII											
5	During the year, did the organiza									П.,		П.,
	assets to be sold to raise funds			· · · · · · · · · · · · · · · · · · ·	the organ	nization's colle	ction	····		<u>∐</u> Y€	s	No
Par	Escrow and Custo Complete if the organization		-		rt IV, line 9	e, or reported	an ar	mount on Form 9	990, Pa	art X, line	21.	
1a	Is the organization an agent, tru-	stee, custodia	n or oth	ner intermediary fo	r contribu	itions or other	asse	ts not				
	included on Form 990, Part X?									. 🗌 Ye	es	No
b	If "Yes," explain the arrangement	it in Part XIII a	nd com	plete the following	g table		_					
								Π	Am	ount		
С	Beginning balance		,				1c					
d	Additions during the year .						1d					
e	Distributions during the year						1e					
f	Ending balance	•					1f					
2a	Did the organization include an	amount on Fo	rm 990	, Part X, line 21, fo	or escrow	or custodial a	ccou	nt liability?		Ye	es	No
b	If "Yes," explain the arrangemen	nt in Part XIII. (Check h	ere if the explanat	tion has b	een provided	on P	art XIII		–		
Par	t V Endowment Fund	s.										
	Complete if the organization	ation answere	d "Yes"	on Form 990, Par	rt IV, line	10						
		(a) Current	year	(b) Prior year	r (c)	Two years ba	ick	(d) Three years	back	(e) Four	year	s back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings,			-								
-	gains, and losses											
d	Grants or scholarships							-				
e	Other expenditures for			<u> </u>					_			
•	facilities and programs											
f	Administrative expenses									-		
	End of year balance	· <u> </u>										
g 2	Provide the estimated percentage	ne of the curre	nt vear	end halance (line	1a colur	nn (a)) held a	J	<u>.</u>				
	Board designated or quasi-end	-	in you	%	, ig, colai	(u)) 1101d a	•					
a	Permanent endowment	iowinent P	%									
b	Temporarily restricted endowment	ant b	/0	%								
,C	The percentages on lines 2a, 2b		ıld equi	 -								
2-	Are there endowment funds not				hat are he	ald and admin	ietoro	d for the				
3a		till tile posses	331011 01	the organization t	inal arc in	ord and admin	ii3tere				Ye	s No
	organization by									3a(i	+-	X
	(i) unrelated organizations .									J	_	$\frac{1}{X}$
-	(ii) related organizations If "Yes" on line 3a(ii), are the rel									. 3b	Ή	+
b							· · ·			. 30		
4	Describe in Part XIII the intende				iciunus.	<u></u>						
Ρá	Land, Buildings				Dort IV I-	o 110 See Fe	rm n	On Part V line 4	0			
	Complete if the organ	uzation answe					\neg			(d) D =	slee	
	Description of property		l'''	st or other basis		st or other	'	(c) Accumulated		(d) Boo	ok va	ue
			 	investment)	uas	is (other)	+-	depreciation	+			
1a	Land		<u> </u>		_	-	+'-					
b	Buildings		<u> </u>				+-		+			
С	Leasehold improvements						+					
d	Equipment						+					
<u>e</u>	Other								_			
Tota	I. Add lines 1a through 1e. (Colu			orm 990, Part X, co			·		. 🕨	ulo D (Fo		

Part VII	Investments — Other Securities. Complete if the organization answered "Yes"		ne 11b. See Form 990, Part X, line 12	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1) Financial de	erivatives			
(2) Closely-he	ld equity interests			
(3) Other	•			
(A)				
(B)				
(C)				
(D)	_			
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments — Program Related			
	Complete if the organization answered "Yes	on Form 990, Part IV, li	ne 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)			<u> </u>	
(6)				
(7)				
(8)				
(9)		ļ		
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990, Part X, line 15.	
	(a) De	escription		(b) Book value
(1)				
(2)				ļ <u>-</u> -
(3)			-	
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				-
(9)	a (b) must sound Form 200. Bod V. and (B) line	45\		-
Part X	on (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes		ine 11e or 11f See Form 990 Part X line	25.
1.	(a) Description of liability	(b) Book value		·
	Income taxes	(b) Book value	┥	
(2)	income taxes			
(3)		 	- {	
(4)			-	
(5)				
(6)			7	
(7)			7	
(8)		 	┥	
(9)		 	7	
	(b) must equal Form 990, Part X, col (B) line 25.)		-	
	uncertain tax positions. In Part XIII, provide the	text of the footnote to th	e organization's financial statements that	reports the
•	liability for uncertain tax positions under FIN 4		=	

art XI. Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a.		
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			
	· i · · · · · · · · · · · · · · · · · ·		
Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		 	
c Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, III		penses per Retur	n.
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	. 2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1.		 	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
Tariound monaged of the office of the total mile to	1 1	1 1	
a Investment expenses not included on Form 990. Part VIII. line 7h	49		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	41	40	
b Other (Describe in Part XIII.)	4b	4c	
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	art V, line 4, Part X, line	2,

FDA

SCHEDULE 0

(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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

INTERFAITH MISSION INC

Employer identification number

35-2071824

NO BOARD AUTHORITY HAS BEEN GRANTED TO AN EXECUTIVE OR COMMITTEE PART 6 LINE 1A AND 1B

990 REVIEWED BY THE BOARD TREASURER AND FINANCE COMMITTEE BEFORE IT IS SIGNED MAILED TO THE IRS - PART 6 LINE 11

OUESTIONS RVW'D BY BOARD EMPLOYEES AND THE EX DIR. DISCUSSIONS. EXECUTIVE COMM SUBMITS TO FINANCE - PART 6 LINE 15

A WAGE PROPOSAL AND FINANCE DETERMINES IF IT IS FEASIBLE THEN SUBMITTED AS PART OF THE ANNUAL BUDGET - PART 5 LINE 15 CONT

BRD MBERS AUDITORS INDEP MBERS OF FIN COMM CAN REVIEW GOVERNING DOCS DOCS PRESENTED W/ GRANT APPS - PART 6 LINE 19