Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Nufermation about Form 000 and its instructions is at

Open to Public

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OMB No. 1545-0047

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			► Information about Form 990 and its instructions is at www.in				
<u>A</u>			ndar year, or tax year beginning 01/01 , 2016, and endi	ng	12/	-	, 20 16
В		f applicable:	C Name of organization Perception Funding			D Employ	er identification number
	Address	s change	Doing business as				27-2945263
Ц	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/s		E l elephoi	ne number	
~	Initial re	eturn	PO Box 480213			913-259-4483	
Ц	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
		ed return	Kansas City, MO, 64148			G Gross re	1 1
	Applicat	tion pending	F Name and address of principal officer: Jonathan Klee				subordinates? 🗌 Yes 🗹 No
			500 C St, Belton, MO 64012				s included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf '	"No," attao	ch a list. (s	ee instructions)
J	Website	e: 🕨 🛛 ww	w.perceptionfunding.org	H((c) Group	exemption	number 🕨
-		organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	ation:	2010	M State	of legal domicile: MO
Ρ	art I	Summ	ary				
	1	Briefly de	scribe the organization's mission or most significant activities: Perce	ption	Funding	teaches	Christian-based
ce		organiza	ions how to engage donors effectively and assisting them in their fundrais	sing et	fforts.		
Activities & Governance							
veri	2	Check th	is box \blacktriangleright if the organization discontinued its operations or disposed	of mo	ore than	25% of	its net assets.
ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)			3	6
<u>م</u>	4	Number	of independent voting members of the governing body (Part VI, line 1b).		4	0
ties	5	Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	4
tivi	6	Total nur	nber of volunteers (estimate if necessary)			6	12
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unre	ated business taxable income from Form 990-T, line 34			7b	0
					Prior Yea	ar	Current Year
Ð	8	Contribu	ions and grants (Part VIII, line 1h)			58,556	27,295
nuś	9	Program	service revenue (Part VIII, line 2g)			918,120	1,059,000
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			888	1,259
Œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,514	0
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			984,078	1,087,554
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			353,220	380,412
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			147,007	203,786
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
ф,	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 0				
ш	17	Other ex	benses (Part IX, column (A), lines 11a–11d, 11f–24e)		344,411	396,813	
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			844,638	981,011
	19	Revenue	less expenses. Subtract line 18 from line 12			139,440	106,543
es Se				Beginn	ning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			259,046	365,589
t Asc d Ba	21		ilities (Part X, line 26)			0	0
Fund	22		s or fund balances. Subtract line 21 from line 20			259,046	365,589
Pa	art II		ure 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.

Sign Here	Signature of officer Jonathan Klee, President Type or print name and title				Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature		Date		Check if self-employed	PTIN
Use Only	Firm's name	Firm's EIN ►					
	Firm's address ►	Phone no.					
May the IRS	discuss this return with the prep	parer shown above? (see instruct	ions)				. 🗌 Yes 🗌 No
For Donorwo	rk Doduction Act Nation and the a	anarata instructions	0.	+ N= 11000			Form 990 (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	90 (2016) F	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The mission of Perception Funding is to serve our ministry partners in order to grow the Kingdom of God. We do this by teaching	g
	them how to engage donors effectively and assisting them in their fundraising efforts.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	iners,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 144,646 including grants of \$ 22,502) (Revenue \$ 137,357)	
та	GiveDignity is an organization based in Costa Rica that helps restore the dignity of those living in marginalized communities	
	through holistic development initiatives that support employment, education and prevention of abuse and human trafficking.	
	(Code:) (Expenses \$ 173,601 including grants of \$ 0) (Revenue \$ 223,470)	
4b	(Code:) (Expenses \$ 173,601 including grants of \$ 0) (Revenue \$ 223,470)Living Missions Peru is our Peruvian short-term missions agency sharing the good news of Jesus Christ with the people of Peru	1
	They partner with a dozen different churches, schools and clinics to help meet their needs. They also lead churches from the	•
	United States to come and serve along side them.	
	(Code)) (Expanses the state one including grants of the state) (Bayanus the state one)	
4c	(Code:) (Expenses \$ 111,982 including grants of \$ 3,401) (Revenue \$ 133,330)	
	Our Church Planting ministry seeks to live, speak and serve as the presence of Christ for neighborhoods within the city of Overland Park, KS. They are working to have a positive and life changing impact on the surrounding communities and provide	
	sustainable relationships and continual service projects.	
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1	
4e	(Expenses \$ 458,018 including grants of \$ 354,509) (Revenue \$ 497,583) Total program service expenses ▶ 888.247	
	Total program service expenses 888,247 Form 990	(2016)

	V Checklist of Required Schedules			
	· · · ·		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		•
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		•
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? <i>If "Yes," complete Schedule C, Part III</i>	4		
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? <i>If "Yes," complete Schedule D, Part I</i>	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		·
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		•
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
3 4 a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	~	·
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	~	
5	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
6	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	~	
7	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18	~	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		

Form **990** (2016)

20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Ves 21 Did the organization actor three than S5.000 of grants or other assistance to any donestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 23 Did the organization actor more than S5.000 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 II 22 24 Did the organization newer "Yes" to Part VI, Bection A, line 3, 4, or 5 about compensation of the organization's current and former officers, functors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. More "Schedule J. More" "Schedule J. Adv. 24 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than Stinton and the schedule J. More" To tone Schedule J. More" "Schedule J. Adv. 24 25 Section Sol(cla), Sol(cla), and DeltaI of "issue" for bonds outstanding at any time during the year". 24 26 Did the organization aware that it engaged to any checker compensate on excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 24 27 Did the organization aware that it engaged to any checker compensate on employees. If "Yes," complete Schedule L, Part I 25 26 Did the organization aware that it engaged org	art	V Checklist of Required Schedules (continued)			Page 4
b If "Yes" to Ine 20a, did the organization attach a copy of its audited financial statements to this return. 20b 1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or the part I, column (A), line 11 // "Yes," complete Schedule I, Parts I and II 22 2 2 Did the organization answer "Yes," to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization area tax-exempt bond is use 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/II "Yes," answer lines 24b through 24d and complete Schedule J. 24a 24 Did the organization nave a tax-exempt bond's use 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/II "Yes," answer lines 24b through 24d and complete Schedule J. 24a 24 Did the organization aver as an "on behall of" issuer for bonds outstanding at any time during the year? 24a 25 Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization segain an excess benefit transaction with a disqualified person in a prior forme 980 or 990-E27 24a 25 Did the organization aver that 1 engaged in an excess benefit transaction with a disqualified person at prior forme 980 or 990-E27 25b 26 Did the organization aver that 1 engaged in an excess benefit transacti		Checkist of hequired Concules (Continued)		Yes	No
 21 Did the organization report more than \$5.000 of grints or other assistance to any domestic organization or domestic government on Part IX, colum (A), line ?1 "Ves," complete Schedule I, Part I and II. 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 II "Yes," complete Schedule I, Part A I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer are officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule J. 24 Did the organization was 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? II "Yes," answer lines 244 24 Did the organization maintain an ascrow account other than a refunding escrow at any time during the year? 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization was at any tax-exempt bonds beyond a temporary period exception? 26 Did the organization wate that it engaged in an excess benefit transaction with a disqualified person of the 'Yes," complete Schedule L, Part I 26 Did the organization act as an "on behaft of" issuer for bonds outstanding at any time during the year? 27 Jii 'Yes," complete Schedule L, Part I. 28 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization's prior Forms 990 or 90-90-E27 27 Jii 'Yes," complete Schedule L, Part I. 28 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person at any other descination's prior Forms 990 or 90-90-E27 29 Did the organization aparty to a business transaction with a disqualified person circle ass	0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
 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 27. If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization as were rytes, to Part VII, Section A, line 3, 4, or 5 about compensation of the organization as were rytes, to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization maintain an excrew account other than a refunding period exception? 45 Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds: Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 25 Section 501c(A), 501c(A), and 501c(A) or 101c(A) or		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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 24 through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization at an 'on behalf of "issuer for bonds outstanding at any time during the year' to defease any tax-exempt bonds? d Did the organization at as in 'on behalf of "issuer for bonds outstanding at any time during the year'. 24d Did the organization at as in 'on behalf of "issuer for bonds outstanding at any time during the year'. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on youton's the sequences. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 28 Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ot these persons? If "Yes," complete Schedule L, Part IV 29 Did the organization report any othese persons? If "Yes," complete Schedule L, Part IV 20 Did the organization receive more than 25 (conditions, and exceptions); 21 A current or form	2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-	
organization's current and former officers, directors, trustees, key employees, and highest compensated employees," if "Yes," complete Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," another iters and the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization antain an escrow account other than a refunding escrow at any time during the year? 24c 24d Did the organization antain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exprets that it engaged in an excess benefit transaction with a disqualified person al. If "Yes," complete Schedule L, Part I 25b 25b Did the organization expret that it engaged in an excess benefit transaction with a disqualified person al. If "Yes," complete Schedule L, Part I 25b 27 Did the organization expret and a grant or other assistance to an officer, director, trustee, or they employees, updicable time prosens? If "Yes," complete Schedule L, Part I 26c 27 Did the organization angret or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I 27c	•		22	~	
 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization minitatian an excrew account other than a refunding escrew at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act that (angaged in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule L, Part I d Did the organization act as an amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, trustee, we member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which	3	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		~
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d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 244 25a Section 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, not disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, experployee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 28 Was the organization receive more officer, director, trustee, or key employee (or a family member thereof) a grant or othere officer, director, trustee, or key employee (or a family member thereof) a grant or othere or inflate more officer, director, trustee, or key employee (or a family member thereof) a grant or othere or ficer, director, trustee, or key employee (or a family member thereof) a grant or othere or inflate conservition contributions? If "Yes," complete Schedule L, Part IV 28a 29 Did the organization receive more		Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 12 If "Yes," complete Schedule L, Part I. 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28b 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization liquidate, terminate, or discolve and cease operations? If "Yes," complete Schedule N, Part II. 30 30 Did the organization liquidate, terminate, or discolve and cease operations? If "Yes," complete Schedule R, Part II, III, or II, and 301.7701-2 and 301.7701-2 ard 301.7701-2 ard 301.7701-2 ard 301.7701-2 ard 301.7701-2 ard 301.770		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		~
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a 29 Not this tructions for applicable filing thresholds, conditions, and exceptions): 28a 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 29 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, Part, and 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, Jata 32 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, IIII, Jata <td>b</td> <td>year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?</td> <td>25b</td> <td></td> <td>~</td>	b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		~
 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>II "Yes," complete Schedule L, Part II</i>	6	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		~
 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did 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 Max 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 Max the organization. Did the organization make any transfers to an exempt non-charitable related organization. Did the organization. Did the organization. Did the organization make any transfers to an exempt non-charitable related organization. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and t	7	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		~
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, trustee, or direct or where than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Sta Did the organization have a controlled entity within the meaning of section 512(b)(13)? ft "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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, lines 11b and Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 	8				
 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Complete Schedule N, Part II Complete Schedule R, Part I Complete Schedule R, Part I Complete Schedule R, Part I Complete Schedule R, Part II Complete Schedule R, Part II Complete Schedule R, Part II, III, or IV, and Part V, line 1 Controlled entity within the meaning of section 512(b)(13)? Controlled entity within the meaning of section 512(b)(13)? Controlled entity within the meaning of section 512(b)(13)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2 Complete Schedule R, Part V, line 2 Controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Bection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnershi		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			~ ~
 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>. Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i>, <i>Part I</i>. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i>. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>. Was the organization nave a controlled entity within the meaning of section 512(b)(13)? 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. 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? <i>If "Yes," complete Schedule R, Part V</i>, lines 11b and 	с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			~
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 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 32 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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, lines 11b and 37		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			~ ~
 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			~
 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			~
or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 37	3				~
 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	4		34		~
 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			~
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	6				~
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	7	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	8		37 38	~	~

Form 99	0 (2016)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		~
b	If "Yes," enter the name of the foreign country:	40		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~				
C 140	Enter the amount of reserves on hand	14-		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		~
b	in res, has it med a rount report these payments? If No, provide an explanation in Schedule O.	140		<u> </u>

Form 99	90 (2016)		I	Page 6			
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	D. See in:	struct	ions.			
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	• •	~			
0000			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	6					
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi any other officer, director, trustee, or key employee?	0 th 2	~				
3	Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors, or trustees, or key employees to a management company or other person?	ct 3		~			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 nt 7a		ン ン ン ン			
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	7b		~			
а	the year by the following:	8a	~				
b 9	b Each committee with authority to act on behalf of the governing body?						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue C	ode.)				
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	s, 10a 10b		~			
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.		~				
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a ? 12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done	, <i>"</i> 12c		~			
13	Did the organization have a written whistleblower policy?	13		~			
14 15	Did the organization have a written document retention and destruction policy?			~			
а	The organization's CEO, Executive Director, or top management official	15a		~			
b	Other officers or key employees of the organization	15b		~			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangementiation with a taxable entity during the year?			~			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	ts					
Secti	on C. Disclosure			. <u> </u>			
17 18	List the states with which a copy of this Form 990 is required to be filed ► MO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V Upon request Other (explain in Schedule O)	tion 501	(c)(3)s	only)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	interest	policy	/, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and	l records	: ►				

Jonathan Klee, (913)634-5531 PO Box 480213, Kansas City, MO 64148

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average			lo not check more th ox, unless person is				Reportable	Reportable	Estimated
	hours per	ours per officer and a director/trustee) con			compensation	compensation from	amount of			
	week (list any hours for				from the	related organizations	other compensation			
	related	divio	stitu	Officer	Key employee	nplo	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	ltior	r	mpl	st c	Ψ	(W-2/1099-MISC)		organization
	below dotted line)	rtru	lal t		oye	duc				and related organizations
	integ	Individual trustee or director	Institutional trustee		O O	bens				organizations
			e			Highest compensated employee				
Jonathan Klee	40									
President/Executive Director		~			~	~		45,717	0	0
Cory Young	0.25									
Board Member				~				0	0	0
Sallee Gaelle Jack	0.25									
Treasurer				~				0	0	0
Jason Schoff	0.25									
Secretary	0			~				0	0	0
Andrew Jack	0.25									
Board Member	0			~				0	0	0
Joy Klee	5									
Director					~			5,328	0	0

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd H	lighe	st C	ompensated E	mployees (contin	nued)		
					•	C)							
	(A)	(B)	(do n	ot ch		ition	e than d	ana	(D)	(E)		(F)	
	Name and title	Average	•				is both		Reportable	Reportable		Estimated	
		hours per week (list any		er and	dad	lirect	or/trus	ŕ	compensation from	compensation from related		amount o other	f
		hours for	oro	Inst	Officer	Key	em	Former	the	organizations	с	ompensat	ion
		related	lividu	lituti	cer	en	bloy	mer	organization	(W-2/1099-MISC)		from the	
		organizations below dotted	tör al	ona		employee	e cor		(W-2/1099-MISC)			organizatio and relate	
		line)	Individual trustee or director	tru		/ee	nper				c	organizatio	ns
			96	Institutional trustee			Highest compensated employee						
			-										
		+	-										
			-										
		+	-										
		+	-										
			1										
		+	-										
			1										
			1										
			1										
1b	Sub-total								51,045	0			0
С	Total from continuation sheets to Part	VII, Sectio	n A										
d	Total (add lines 1b and 1c)								51,045	0			0
2	Total number of individuals (including but	t not limited	d to th	iose	e list	ted	above	e) w	ho received m	ore than \$100,00	00 of		
	reportable compensation from the organi	ization 🕨							0				
											_	Yes	No
3	Did the organization list any former of										ed 📗		
	employee on line 1a? If "Yes," complete a	Schedule J	for si	uch	ind	ividi	ual	•				3	~
4	For any individual listed on line 1a, is the												
	organization and related organizations	•	an \$1	150,	000)? [f "Ye	s,"	complete Sch	edule J for suc	ch 📗		
	individual			•	•			•				4	~
5	Did any person listed on line 1a receive of										al		
	for services rendered to the organization	? If "Yes," c	compl	ete	Scł	nedu	ule J f	or s	such person			5	~
	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	port compe	nsatio	on fo	or th	ne c	alend	ar y	year ending wit	n or within the oi	rganiz	zation's	tax
	year.												

	(A) Name and business address	(B) Description of services	(C) Compensation
None			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization ►	0	

Form **990** (2016)

Form 990 (2016)

Part VIII Statement of Revenue

		Check if Schedule C) contains a res	oonse or note 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
nts its	1a	Federated campaigns	s 1a	0				
ìrar oun	b	Membership dues .		0				
∆n D	с	Fundraising events	1 c	27,295				
ar /	d	Related organizations	s 1d	0				
s, C	е	Government grants (cor	ntributions) 1e	0				
tion sr S	f	All other contributions, g						
ibut		and similar amounts not inc	luded above 1f	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclue		2,199				
	h	Total. Add lines 1a-1	f		27,295			
Program Service Revenue				Business Code				
evel	2a	Living Missions Peru		813110	223,470	223,470	0	0
eB	b			813110	137,357	137,357	0	0
rvio	C	Church Planting		813110	133,330	133,330	0	0
Se	d			813110	69,691	69,691	0	0
Iran	e			813110	46,113	46,113	0	0
rog	f g	All other program ser Total. Add lines 2a–2			449,039	449,039	0	0
	3	Investment income	including divide	ends interest	1,059,000			
		and other similar amo		>	1,259	1,259	0	0
	4	Income from investmen	,	ond proceeds ►	0	0	0	0
	5	Royalties	•	•	0	0	0	0
		,	(i) Real	(ii) Personal	-	-	-	-
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	с	Rental income or (loss)	0	0				
	d	Net rental income or	· /		0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses .	0	0				
	С Д	Gain or (loss) Net gain or (loss) .	0	0	0	0	0	0
	d	Net gain or (1055) .		🕨	0	0	0	0
Other Revenue	8a b	Gross income from fu events (not including \$ of contributions report See Part IV, line 18 Less: direct expenses	27,295 ed on line 1c).	0				
0	c	Net income or (loss) f		events 🕨	0		0	0
		Gross income from ga See Part IV, line 19	aming activities.					
	b	Less: direct expenses	s b	0				
	с	Net income or (loss) f	rom gaming acti	vities 🕨	0	0	0	0
	10a	Gross sales of in returns and allowance		0				
	b	Less: cost of goods s						
	c	Net income or (loss) f			0	0	0	0
		Miscellaneous F	Revenue	Business Code				
	11a							
	b							
	С Д	All other revenue						
	d e	All other revenue . Total. Add lines 11a-			0			
	12 12	Total revenue. See in		•	1,087,554	1 060 250	0	
	12	iotai ievenue. See li		🚩	1,007,554	1,060,259	U	Eorm 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	, o or noto to onv lin	o in this Dart IV	,	
Dono	t include amounts reported on lines 6b, 7b,	(A)		(C)	
	, and 10b of Part VIII.	Total expenses	(B) Program service	Management and general expenses	Fundraising
	-		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	271,161	271,161		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16,991	16,991		
3	Grants and other assistance to foreign	,	, i i i i i i i i i i i i i i i i i i i		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	92,260	92,260		
4	Benefits paid to or for members	52,200	0		
5	Compensation of current officers, directors,	U	U		
5	trustees, and key employees				
-		51,045	0	51,045	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	140,304	140,304	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	12,437	8,532	3,905	0
11	Fees for services (non-employees):	12,437	0,332	5,905	<u> </u>
			_		-
a h	Management	0	0	0	0
b		0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	165,957	152,775	13,182	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	2,076	235	1,841	0
14	Information technology	4,396	0	4,396	0
15	Royalties		0		0
16					
		2,140	2,140	0	0
17		0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	4,026	2,998	1,028	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization				
23		10,043	6,531	3,512	0
24	Other expenses. Itemize expenses not covered				
<u> </u>	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
-		00.417	10 700		-
a	Financial Service Fees	20,115	10,766	9,349	0
b	Administrative Expenses	2,152	758	1,394	0
С	Mission Trip Expenses	101,320	101,320	0	0
d	Other Fundraising Expenses	30,469	29,711	758	0
е	All other expenses	54,119	51,765	2,354	0
25	Total functional expenses. Add lines 1 through 24e	981,011	888,247	92,764	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	fundraising solicitation. Check here ► [if] following SOP 98-2 (ASC 958-720)				
					Form 990 (2016)

Form 990 (2016)

	n 990 (20 art X	,			Page 11
		Check if Schedule O contains a response or note to any line in this Par	† X		
			(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	218,401	1	311,115
	2	Savings and temporary cash investments	35,802	2	52,359
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
(0	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ĕţ	7	Notes and loans receivable, net	0	7	0
Assets	8		0	8	
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3 ,782	0	3	
	b	Less: accumulated depreciation 10b 1,667	4,843	10c	2,115
	11	Investments-publicly traded securities		11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	259,046	16	365,589
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	25	0
es	20	Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.	0	20	0
nc	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		27	
B	29	Permanently restricted net assets		29	
or Fund Balances	20	Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 30 through 34.		20	
s	30	Capital stock or trust principal, or current funds	259,046	30	365,589
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	000,000
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
let	33	Total net assets or fund balances	259,046		365,589
~	34	Total liabilities and net assets/fund balances	259,046		365,589

Form **990** (2016)

			Part
37,554	1.08	1	1
31,011		2	2
)6,543		3	3
59,046		4	4
0		5	5
0		6	6
0		7	7
0		8	8
0		9	9
			10
65,589	36	10	
			Part
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No	Yes		
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		oiled or	
~	b		b
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		versight	С
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	b ⁼orm 990	udits.	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2016 **Open to Public** Inspection

Name	of the o	organization					Employer identification	n number	
Perce	eption	Funding					27-29	45263	
Par	tl	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ons.	
The c 1 2 3 4	□ A □ A □ A □ A	zation is not a private founda church, convention of churcl school described in section hospital or a cooperative hos medical research organizatic ospital's name, city, and state	nes, or associati 170(b)(1)(A)(ii). spital service orgon operated in co	on of churches descr (Attach Schedule E (F ganization described i	ibed in se orm 990 n sectior	ection 17 or 990-E n 170(b)(1	0(b)(1)(A)(i). Z).) I)(A)(iii).	(iii). Ent	ter the
5	🗌 Ar	n organization operated for tection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit	described in
6 7	🗌 Ar	federal, state, or local govern organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the ge	eneral public
8	🗆 A	community trust described in	n section 170(b))(1)(A)(vi). (Complete	Part II.)				
9	or ur	n agricultural research organi university or a non-land-gra niversity:	nt college of agr	iculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the co	llege or
10	re su	n organization that normally r ceipts from activities related upport from gross investment equired by the organization a	to its exempt fu income and un	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (less se	and (2) no more that action 511 tax) from	n 331/39	% of its
11	🗌 Ar	organization organized and	operated exclusion	sively to test for public	c safety.	See sect i	ion 509(a)(4).		
12	🗌 Ar	n organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to ca	ry out t	the purposes
		one or more publicly suppo							
	Cł	neck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting c	organizati	on and complete line	es 12e,	12f, and 12g.
а		Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	elect a ma	jority of t			
b		Type II. A supporting organic ortrol or management of to organization(s). You must	the supporting o	organization vested in	the same				
С		Type III functionally integ its supported organization(ally inte	grated with,
d		Type III non-functionally i that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е		Check this box if the organ functionally integrated, or T						e II, Typ	e III
f		er the number of supported o							
g	Prov	vide the following information	about the supp	ported organization(s).					
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
(A)									
(B)									
(C)									

(D)

(E) Total

Schedu	ule A (Form 990 or 990-EZ) 2016						Page 2
Part	(Complete only if you checked the Part III. If the organization fails to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	i)
	ion A. Public Support		1	-	1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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					12	
13	First five years. If the Form 990 is for the	-					
<u></u>	organization, check this box and stop he						· · ►
	ion C. Computation of Public Suppo						
14	Public support percentage for 2016 (line		•			14	%
15 16a	Public support percentage from 2015 Sc 33 ¹ / ₃ % support test—2016. If the organ box and stop here. The organization qua	ization did not	t check the box	x on line 13, a	nd line 14 is 3		
b	33 ¹ / ₃ % support test—2015. If the organ this box and stop here. The organization	ization did not	check a box o	on line 13 or 16	6a, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test-2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts 'facts-and-circ	s-and-circumst cumstances" te	ances" test, c est. The organ	heck this box ization qualifie	and stop here s as a publicly	. Explain in
b	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organiza Explain in Part VI how the organization r supported organization	ation meets the	ne "facts-and-o ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and	stop here.
18	Private foundation. If the organization d					k this box and	see

Schedule A (Form 990 or 990-EZ) 2016

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

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

Secti	on A. Public Support			•	-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	205,413	410,925	639,161	983,190	1,086,296	3,324,985
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				0	0	
3	Gross receipts from activities that are not an	0	0	0	0	0	0
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	205,413	410,925	639,161	983,190	1,086,296	3,324,985
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0		0	0
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						
-		0	0	0		0	0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
	line 6.)						3,324,985
	on B. Total Support	() 00 (0	(1) 00 (0)	() 00 (((1) 00 (5	() 00 (0	(0 T · · ·
	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	205,413	410,925	639,161	983,190	1,086,296	3,324,985
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	11	108	570	888	1,259	2,836
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	11	108	570	888	1,259	2,836
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)				-		
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			-	1,087,555 ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line a	v		3, column (f))		15	%
16	Public support percentage from 2015 Sch			<u></u> .	<u></u> .	16	%
Secti	on D. Computation of Investment In		-				
17	Investment income percentage for 2016 (-			%
18	Investment income percentage from 2018						%
19a	33 ¹ / ₃ % support tests — 2016. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on . 🕨 🗌
b	331 /3% support tests – 2015. If the organiz line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌
				,			

Schedule A (Form 990 or 990-EZ) 2016

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

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ıle A (Form 990 or 990-EZ) 2016		F	-age 5
Part	V 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		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

3

2a

2b

3a

3b

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

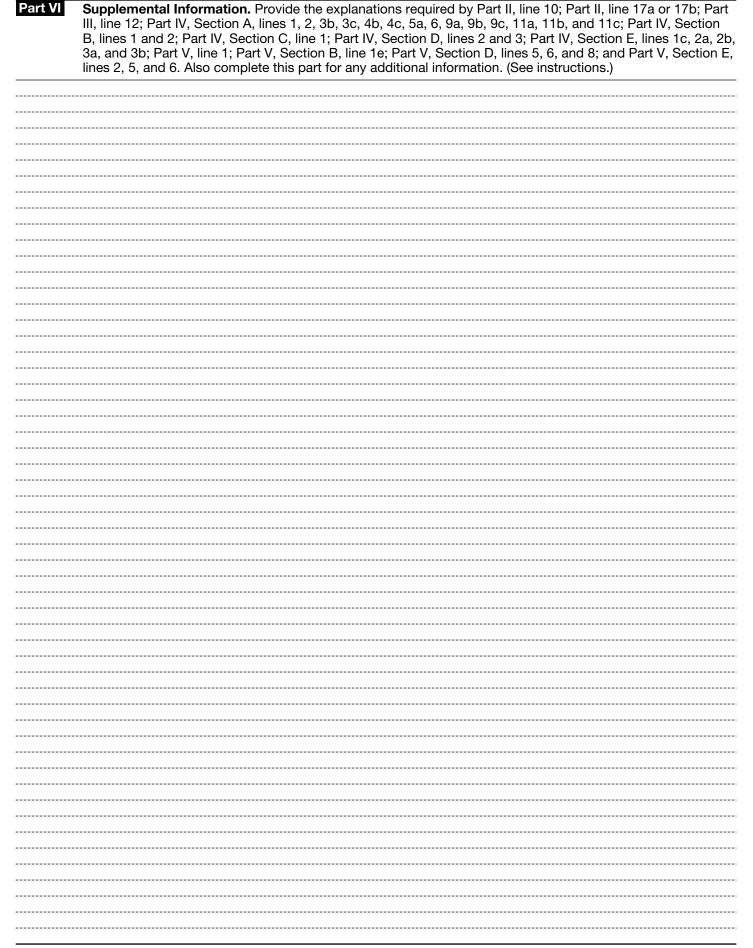
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · <u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2016

Part		by Supporting Organi		Current Year
	ion D - Distributions	avamat purpaga		Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
e	F 0045			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u> </u>	· · · · · ·			
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b b	Excess from 2013			
C	Excess from 2014			
-	Excess from 2015			
d				
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016



SCHEDULE D (Form 990)

-

 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.

Open to Public Inspection
2016
OMB No. 1545-0047

Т

	nent of the Treasury Revenue Service		 Attach to Form 990. prm 990) and its instructions is at www.ir 	rs.gov/form990. Inspection
	of the organization			Employer identification number
Perce	ption Funding			27-2945263
Par		zations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Comple	ete if the organization answered '	Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	at end of year		
2		ue of contributions to (during year)		
3		ue of grants from (during year) .		
4		ue at end of year		
5	•		advisors in writing that the assets he organization's exclusive legal control	
6	only for charita	able purposes and not for the benef	nd donor advisors in writing that grar it of the donor or donor advisor, or fo	or any other purpose
Der				· · · · · · · L Yes L No
Par		rvation Easements.	'Yes" on Form 990, Part IV, line 7.	
1		conservation easements held by the		
•	• • • •		tion or education) Preservation of	a historically important land area
		of natural habitat	·	a certified historic structure
		on of open space		
2			eld a qualified conservation contribution	on in the form of a conservation
		he last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of	of conservation easements		2 a
b	Total acreage	restricted by conservation easement	S	2b
с	-	-	nistoric structure included in (a)	
d			(c) acquired after 8/17/06, and not	
3		_		ninated by the organization during the
4	Number of sta	tes where property subject to conser	rvation easement is located \blacktriangleright	
5			garding the periodic monitoring, ins	
	,		sements it holds?	
6	Staff and volunt	eer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expe	enses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8			2(d) above satisfy the requirements of	
9	In Part XIII, des	scribe how the organization reports o	conservation easements in its revenue	and expense statement, and
			f the footnote to the organization's fin	ancial statements that describes the
	-	accounting for conservation easeme		
Part			s of Art, Historical Treasures, or	Other Similar Assets.
			'Yes" on Form 990, Part IV, line 8.	
1a	works of art, I	historical treasures, or other similar		revenue statement and balance sheet lucation, or research in furtherance of t describes these items.
b	works of art, l public service,	historical treasures, or other similar provide the following amounts relati	assets held for public exhibition, ed ng to these items:	revenue statement and balance sheet lucation, or research in furtherance of
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		► \$ <u></u>
	(ii) Assets inclu	uded in Form 990, Part X		> \$
2	If the organization following amou	ation received or held works of art, unts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	assets for financial gain, provide the ems:
a b				▶ \$ ▶ \$

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

collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations	Schedu	le D (Form 990) 2016									Page 2
collection items (check all that apply): d Lcan or exchange programs a Public exhibition d Lcan or exchange programs b Cholarly research e Other c Provide a description of tuture generations's collections and explain how they further the organization's exempt purpose in Part XII. c During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?	Part	III Organizations Maintaining	Colle	ections of	Art, His	torical 1	Freasures	, or O	ther Similar A	Assets (cont	inued)
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			sion, and of	ther reco	rds, chec	k any of th	e follo	wing that are a	significant us	se of its
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, idd the organization solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 900, Part X? Include on Form 900, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization include an amount on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Did the organization include an amount on Form 990, Part X, line 10.	а	Public exhibition			d	🗌 Loan	or exchang	ge prog	rams		
c Provide a description of thurg generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research									
XIII. Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	с	Preservation for future generation	s								
easets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		tion's	collections	and expla	ain how t	hey further	the org	ganization's ex	empt purpose	e in Part
easets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization	solici	t or receive	donation	is of art,	historical ti	reasure	s, or other sim	nilar	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ves No c d Additions during the year 1d Id											🗌 No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d Id Id Id c Distributions during the year 1d Id Id Id 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pure year (c) Three years back (c) Four years back b Contributions	Part	IV Escrow and Custodial Arra	anger	nents.							
Included on Form 990, Part X?			n ansv	vered "Yes	" on For	m 990, I	Part IV, line	e 9, or	reported an a	amount on F	orm
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	1a					-				_	
c Beginning balance . Image: Construction of the set of the	b										
d Additions during the year 1d e Distributions during the year 1d 1e it 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										Amount	
d Additions during the year 1d e Distributions during the year 1d 1e it 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	с	Beginning balance						10	;		
e Distributions during the year It f Ending balance It 2D Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (c) Four years											
f Ending balance	e	U									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities and programs (c) Two years back (d) Three years back (e) Four years c Other expenditures for facilities and programs (c) Two years (c) Two years (d) Three years back (e) Four years d Grants or scholarships (c) (c) Two years (c) Two years (c) Two years (c) Two years d Grants or scholarships (c) (c) Two year	f										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance b Contributions c Net investment earnings, gains, and losses c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs programs										itv? 🗌 Yes	No
PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses losses investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs g End of year balance g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % % b Permanent endowment ▶ % % i) unrelated organizations (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations											
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions											
1a Beginning of year balance		Complete if the organization	n ansv	vered "Yes	" on For	m 990, l	Part IV, line	e 10.			
b Contributions		·	(a) (Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four yea	ars back
c Net investment earnings, gains, and losses	1a	Beginning of year balance									
Iosses Image: Section of the organization of the organization sized as required on Schedule R? Image: Section of Schedule R? Image: Section of Schedule Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section of Schedule R? Image: Section	b	Contributions									
e Other expenditures for facilities and programs	С										
programs	d	Grants or scholarships									
g End of year balance	е	•									
g End of year balance	f	Administrative expenses									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	•									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (i) cost or other basis ((i) there) (ii) Cost or other basis ((i) cost or other basis ((i) there is a cost or other basis ((i) there is cost or othere basis ((i) there is a cost or there bas	-	Provide the estimated percentage of	the cu	rrent year er	nd balanc	e (line 1c	, column (a	ı)) held	as:		
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value The organization and the set of the organization of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Teasehold improvements 0 0 0 0 0 0 0 	а				%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (i) unrelated organizations (i) related organizations (ii) related organizations (iii) related organization (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (other) (other) (other) (other)	b		~ ~ ~								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3b 3c 3b 3c 3b 3c 3c <t< td=""><td>с</td><td>Temporarily restricted endowment</td><td></td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	с	Temporarily restricted endowment		%							
organization by: Yes No (i) unrelated organizations 3a(i) 3b 3c 3c <td></td> <td>The percentages on lines 2a, 2b, and</td> <td>2c sho</td> <td>ould equal 1</td> <td>00%.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		The percentages on lines 2a, 2b, and	2c sho	ould equal 1	00%.						
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 0 0 0	3a	Are there endowment funds not in th	e poss	session of th	ne organi	zation the	at are held	and ac	Iministered for	the	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (or there basis (other) (a) Cost or other basis (investment) (b) Cost or othere basis (other) 1a Land 0 0 b Buildings 0 0 c Leasehold improvements 0 0 0 d Equipment 0 0 0 0 d Equipment 0 0 0 0		organization by:								Ye	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 </td <td></td> <td>(i) unrelated organizations</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 3a(i)</td> <td></td>		(i) unrelated organizations								. 3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a Land 0 0 0										. 3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1 1 0 0 0 0 b Buildings 1 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 1 0 3,782 1,667 2,115 e Other 0 0 0 0 0	b	(),	0							. 3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . . 0 0 0 0 b Buildings . . 0 0 0 0 c Leasehold improvements . 0 0 0 0 d Equipment . . 0 3,782 1,667 2,115 e Other 0 0 0 0 0 0	1			-	on's endo	owment f	unds.				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . . 0 0 0 0 b Buildings . . 0 0 0 0 0 c Leasehold improvements . . 0 0 0 0 d Equipment . . 0 3,782 1,667 2,115 e Other . 0 0 0 0	Part					_					
1a Land (investment) (other) depreciation 1a Land . . 0		Complete if the organization	n ansv	vered "Yes	" on For	m 990, I	Part IV, lin	e 11a.	See Form 99	0, Part X, line	<u>e 10.</u>
b Buildings		Description of property								(d) Book va	alue
c Leasehold improvements 0	1a	Land			0		0				0
d Equipment . . 0 3,782 1,667 2,115 e Other . . 0 0 0 0 0 0	b	Buildings	. [0		0		0		0
e Other 0 0 0 0 0	с	Leasehold improvements	. [0		0		0		0
e Other 0 0 0 0 0	d	-	. [0		3,782		1,667		2,115
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е		·		0		0				0
	Total.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	90, Part 2	X, columr	n (B), line 10)c.) .	►		2,115

Part VII	Investments-Other Securities.				
	Complete if the organization answered "Yes" on	1 Form 990,	Part IV, line	e 11b. See Form	990, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) B	ook value	• •	nod of valuation: of-year market value
(1) Financial	I derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII	Investments-Program Related.		D . N/ P	44 O F	
	Complete if the organization answered "Yes" on				
	(a) Description of investment	(b) B	ook value	• •	hod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered "Yes" on (a) Description	1 Form 990,	Part IV, line	e 11d. See Form	990, Part X, line 15. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (0 a /					
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			🕨	
Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	n Form 990,	Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability (b) Book va	alue			
(1) Federal ir	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2016				Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Return.	·
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· ·			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i>			5	
Part				-	
rait	Complete if the organization answered "Yes" on Form 990,			netum.	
				4	
1	Total expenses and losses per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-	1		
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments			-	
c	Other losses			-	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				
_c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	
Part					
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		-		e 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	wide any additional in	formation.	

	IEDULE F	State	ement of	f Activitie	s Outside the Un	ited States	; L	OMB No. 1545-0047
(For	m 990)				red "Yes" on Form 990, Part I			2016
Devent		r comple	te il tile organ		ach to Form 990.	v, inc 146, 10, 01		Open to Public
	ment of the Treasury I Revenue Service	Information	on about Sche	edule F (Form 9	90) and its instructions is at	www.irs.gov/form	990.	Inspection
Name	of the organization						Employer i	dentification number
1	eption Funding							7-2945263
Pa), Part IV, line		ies Outside	the United States. Comp	plete if the organ	ization and	swered "Yes" on
1		e grantees' eli	gibility for th		ords to substantiate the am sistance, and the selection			
2	For grantmal assistance out			the organizati	on's procedures for monit	toring the use c	of its gran	ts and other
3	Activities per F	Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	led.)	
	(a) Region	0 ((b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi	ed in (d) is ervice, c type of	(f) Total expenditures for and investments in the region
(1)	Central America	and the Caribb	0 1	1	Program Services	GiveDignity is ar	n organizat	i 144,646
(2)	South America		1	1	Program Services	Living Missions	Peru is ou	· 173,601
(3)	Sub-Saharan Afr	ica	1	1	Program Services	Maxwell Ministrie	es partners	18,410
(4)	East Asia and th	e Pacific	1	1	Program Services	Our Cup A Tea n	ninisters to	62,066
(5)	Europe (includin	g Iceland and (3 1	1	Program Services	Hope Albania pa	rtners with	41,525
(6)	North America (i	ncluding Canad	c 2	3	Program Services	Roca Blanca is a	mission b	a 25,968
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Sub-total							
b	Total from sheets to Part							
с	Totals (add line	es 3a and 3b)	7	8				466,216

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

Part II

Part I	Grants	and Other As	ssistance to Orga	anizations or Entiti	ies Outside the	United States. Cor	nplete if the organ	ization answered "Ye	es" on Form 990,
	Part IV,	line 15, for ar	ny recipient who re	eceived more than \$	\$5,000. Part II ca	n be duplicated if a	dditional space is	needed.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 2 by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2016

Page **2**

Part III Grants and Other As Part III can be duplication	ssistance to Individua ated if additional space	Is Outside to a second	the United State	s. Complete if the	organization answ	wered "Yes" on Form 99	0, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Ministry expenses reimburseme	Central America and the C	1	2,251	Electronic Funds Tra			
(2) Ministry expenses reimburseme	East Asia and the Pacific	1	12,851				
(3) Ministry expenses reimburseme	Europe (including Iceland	2	30,546				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016

Part V Supplemental Information

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

determine their eligibility for accountability.	assistance and to monitor the use	of funds by helping them	to develop strategic plans ar	ia providing

(Form Departr	EDULE G 990 or 990-EZ) nent of the Treasury Revenue Service	Complete if t	the organization an organization ente ► At	swered "Yes" red more than tach to Form	on Form 990 1 \$15,000 on 1 990 or Form	aising or Gamin), Part IV, line 17, 18, Form 990-EZ, line 6a 990-EZ. instructions is at <i>ww</i>	or 19, or if the	OMB No. 1545-0047 20 16 Open to Public Inspection
Name	of the organization		·····		,		Employer identif	
Perce	ption Funding						27	-2945263
Par			•	•		vered "Yes" on	Form 990, Part IV	, line 17.
			ot required to					
1	Indicate whether th	-	n raised funds t	hrough any	of the follo	owing activities. C	Check all that apply.	
а	Mail solicitation	-		e		on of non-govern	•	
b	Internet and em		าร	f		on of governmen	•	
C	Phone solicitation			g	Special f	undraising events	S	
d 2a	Did the organization		en or oral agree	ment with	any individ	lual (including off	icare directore true	toos
20	or key employees li							
b				-		•	•	he fundraiser is to be
	compensated at lea							
	(i) Name and address of ir or entity (fundraise		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
7								
5								
6								
7								
8								
9								
10								
10								
				L	I			
Total					►			
3		nich the organ	nization is regis	tered or lic	ensed to s	olicit contributior	ns or has been notif	ied it is exempt from

registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	gross receipts greater that				
		(a) Event #1	.,	(c) Other events	(d) Total events
					(add col. (a) through col. (c))
1	Gross receipts	9,399	11,325	6,571	27,29
2	Less: Contributions	9,399	11,325	6,571	27,29
3		0	0	0	
			•		
4	Cash prizes	0	0	0	(
5	Noncash prizes	0	0	0	(
6	Rent/facility costs	3,122	0	0	3,122
7	Food and beverages	0	0	112	112
8	Entertainment	0	0	0	(
9	Other direct expenses .	0	0	0	c
					3,23
	Gaming. Complete if the	e organization answer	red "Yes" on Form 990		-3,23 eported more
				-, ,, -	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses .				
6	Volunteer labor	☐ Yes% □ No	☐ Yes% ☐ No	□ Yes% □ No	
7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)	•	
		-			
0	The yarming income summar			•••••	
En	nter the state(s) in which the or	ganization conducts ga	ming activities:		
	the organization licensed to co	onduct gaming activities	s in each of these states	?	🗌 Yes 🗌 No
	"No," explain:				
	"No," explain:				
b lf " 					
b lf" a We	ere any of the organization's g	aming licenses revoked	, suspended, or termina	ted during the tax year?	
b lf" a We	ere any of the organization's g	aming licenses revoked		ted during the tax year?	
	2 3 4 5 6 7 8 9 10 11 11 11 1 2 3 4 5	1 Gross receipts . 2 Less: Contributions . 3 Gross income (line 1 minus line 2) . 4 Cash prizes . 5 Noncash prizes . 6 Rent/facility costs . 7 Food and beverages . 8 Entertainment . 9 Other direct expenses . 10 Direct expense summary. Au 11 Gaming. Complete if the than \$15,000 on Form 9 11 Gross revenue . 2 Cash prizes . 3 Noncash prizes . 4 Rent/facility costs . 5 Other direct expenses . 11 Gross revenue . . 12 Cash prizes . . 13 Noncash prizes . . 4 Rent/facility costs . . 5 Other direct expenses . . 6 Volunteer labor . . 7	Metro YL Golf Tournam (event type) 1 Gross receipts 9,399 2 Less: Contributions 9,399 3 Gross income (line 1 minus line 2) 9,399 4 Cash prizes 0 5 Noncash prizes 0 6 Rent/facility costs 3,122 7 Food and beverages 0 8 Entertainment 0 9 Other direct expenses 0 10 Direct expense summary. Add lines 4 through 9 in co 11 Net income summary. Subtract line 10 from line 3, c 11 Gaming. Complete if the organization answer than \$15,000 on Form 990-EZ, line 6a. (a) Bingo 1 Gross revenue	Image: Section of the sectio	Image: state of the second s

Schedu	ile G (Form 990 or 990-EZ) 2016 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Image: Constraint of the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Image: Constraint of the organization of the organi
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility 13a % An outside facility 13b % Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047	
			,		, Part IV, line 21 or 2		201	2016	
Department of the Treasury				o Form 990.			Open to F	Public	
Internal Revenue Service	► Info	ormation about Sche	edule I (Form 990) a	nd its instructions	is at <i>www.irs.gov/fo</i>	rm990.	Inspect	tion	
Name of the organization							Employer identification number	er	
Perception Funding							27-2945263		
Part I General Information									
1 Does the organization mainta			•			•	·	—	
the selection criteria used to a	•				· · · · · ·		· · · · · · 🖌 Yes	No	
2 Describe in Part IV the organi						:f the sum surface the			
Part II Grants and Other As 990, Part IV, line 21, fo							on answered "Yes" on Fo	orm	
	· ·				(f) Method of valuation	•			
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	(book, FMV, appraisal, other)	(g) Description noncash assista			
(1) Sch I, Stmt 1									
(2)									
(3)									
(4)									
(5)									
(6)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section	501(c)(3) and a	overnment organiza	ations listed in the	line 1 table			► 6		
3 Enter total number of other or							► 0		

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

Part III 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.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See Schedule I, Part IV, Statement 2					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	vide the information	required in Part I, li	ne 2; Part III, colum	n (b); and any other additi	onal information.
Schedule I, Part I, Line 2 - Perception Funding main					
monitor the use of funds by helping them to develo					

Schedule I, Part IV, Statem Form: Schedule I (2016)	ient 1			otion Funding
Page: 1 Desc	ription of Grants and Other Assistance to Governments and Organizatio	ons in the United	States	Part II, Line
			Amt. of cash grant	Amt. of non cash asst
Name and address	Plumbline Ministries 1503 Main St Grandview, MO 64012	43-1711426	26,548	
IRC code section Method of valuation Desc. of Non-Cash Asst.	501c3			
Purpose of grant Name and address	For operation costs and general support. The Sending Project 12480 S Black Bob Rd Olathe, KS 66062	27-1485904	147,107	
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	501c3 For operation costs and general support for the missionaries supported by the Sending Project.			
Name and address	Golden Spur 8426 Clint Rd Belton, MO 64012	72-1579398	8,223	
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	501c3 For operation costs, general support and traveling expenses.			
Name and address	Mercy and Truth Medical Missions 721 North 31st Street Kansas City, KS 66102	74-2847917	21,052	
IRC code section Method of valuation Desc. of Non-Cash Asst.	501c3			
Purpose of grant	For general operating costs and other expenses for the running of health clinic.			
Name and address	Colonial Presbyterian Church 9500 Wornall Rd Kansas City, MO 64114-3902	44-0595113	12,039	
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	501c3 For ministry costs of planting and operating new church.			
Name and address	Young Life 420 N Cascade Ave Colorado Springs, CO 80903	84-0385934	17,350	
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	501c3 For operating costs and to help grow organization and further assist with organization's mission of reaching high school and middle school kids with			
	the love of Christ.			
Name and address	Reconnect Resources	37-1647537	9,476	

Schedule I, Part IV, Statement 1

-	
Purpose of grant	For general operating purposes.
Desc. of Non-Cash Asst.	
Method of valuation	
IRC code section	501c3
	Peculiar, MO 64078
	955 Hurley St

Schedule I, Part IV, Staten	Perception Funding			
Form: Schedule I (2016)	EIN: 27-29452			
Page: 2				Part III
	Description of Grants and Other Assistance to Individuals in the	United States		
		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.
Type of grant	Expense Reimbursement - for ministry expenses and other associated expenses.	5	16,991	0
Method of valuation	0			
Desc. of Non-Cash Asst.				

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questior Form 990 or 990-EZ or to provide any additional information.	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www 	v.irs.gov/form990.	Open to Public Inspection	
Name of the organization		Employer identifica	tion number	
Perception Funding		27-	2945263	
Form 990, Part VI, Sec	tion A, Line 2 - Jonathan Klee is married to Joy Klee Sallee Gaelle Jack is marrie	ed to Andrew Jack		
Form 990, Part VI, Sec	tion B, Line 11b - The organization provides a copy of Form 990 for each board	member to review	······	
Form 990, Part VI, Sec	tion C, Line 19 - Copies of financial documents are provided upon request.			
Form 990, Part IX, Line	a 11g - Contract Labor			

Schedule	O, Statement 1		Perception Fundin	
Form: For	rm 990 (2016)		EIN	27-2945263
Page: 2			Pa	rt III, Line 4d
	Other Program Services	Accomplishments		
Activity	Description	Expense	Grants	Revenue
Code				
	Total of other service programs	458,018	354,509	497,583
Total:		458,018	354,509	497,583