

McMill CPA PC  
P.O. Box 1264  
Norfolk, NE 68702

Orphan Grain Train, Inc.  
P.O. Box 1466  
Norfolk, NE 68702-1466



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CLIENT'S COPY

McMill CPA PC  
125 S. 4th St., PO Box 1264, Norfolk, NE 68702-1264  
(402) 371-1160 1-800-694-1160  
www.mcmill.info

July 26, 2018

Orphan Grain Train, Inc.  
P.O. Box 1466  
Norfolk, NE 68702-1466

Orphan Grain Train, Inc.:

Enclosed are the organization's 2017 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before October 15, 2018.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Receipt of the above return is acknowledged.

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Client's signature

\_\_\_\_\_  
Date

Very truly yours,

Danny Fuerhoff, CPA

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUN 1, 2017, and ending MAY 31, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**Orphan Grain Train, Inc.**

**31-1614650**

Name and title of officer

**Rev. Ray Wilke  
President**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>51,455,416.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize McMill CPA PC to enter my PIN 34650  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**47028168701**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUN 1, 2017** and ending **MAY 31, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Orphan Grain Train, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. Box 1466</b> City or town, state or province, country, and ZIP or foreign postal code <b>Norfolk, NE 68702-1466</b>	<b>D</b> Employer identification number <b>31-1614650</b> <b>E</b> Telephone number <b>402-371-7393</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>51,759,791.</b>
<b>J</b> Website: ▶ <b>www.ogt.org</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>NE</b>
<b>F</b> Name and address of principal officer: <b>Rev. Ray Wilke same as C above</b>		
<b>H(c)</b> Group exemption number ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Provide Christian humanitarian relief</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 11
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 10
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> 12
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 3500
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 7,082.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b> 43,040,152. 51,378,010.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b> 0. 0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b> 29,336. 36,022.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b> 64,947. 41,384.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b> 43,134,435. 51,455,416.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b> 39,019,997. 47,094,554.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b> 0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b> 726,187. 828,854.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b> 0. 0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>323,770.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b> 1,192,762. 1,542,354.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b> 40,938,946. 49,465,762.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b> 2,195,489. 1,989,654.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b> 20,120,925. 22,154,521.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b> 15,191. 14,739.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b> 20,105,734. 22,139,782.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>Rev. Ray Wilke, President</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Danny Fuerhoff, CPA</b>	Preparer's signature <b>Danny Fuerhoff, CPA</b>
	Firm's name ▶ <b>McMill CPA PC</b>	Firm's EIN ▶ <b>20-1430448</b>
	Firm's address ▶ <b>P.O. Box 1264 Norfolk, NE 68702</b>	Phone no. <b>402-371-1160</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: Provide Christian humanitarian relief

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 48,628,809. including grants of \$ 47,094,554. ) (Revenue \$ ) Volunteers throughout the U.S.A. "climb aboard" Orphan Grain Train using their own vehicles, time and effort. Donated clean clothing and medical supplies are carefully sorted and packed in boxes at regional warehouses across America. Each year more than 200 semi-trailer loads of these supplies as well as food, blankets, tools, equipment, and bibles are shipped where most needed in America and over 100 semi-trailer loads are shipped around the world for humanitarian relief. They are distributed to churches, hospitals, orphanages, prisons, and schools.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 48,628,809.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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> .....		X
<b>6</b> 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> .....		X
<b>7</b> 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> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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> .....		X
<b>10</b> 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> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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> .....		X
<b>d</b> 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> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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> .....	X	
<b>15</b> 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> .....	X	
<b>16</b> 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> .....		X
<b>17</b> 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> .....		X
<b>18</b> 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> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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 VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed See Schedule O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Becky Carretto - 402-371-7393 P.O. Box 1466, Norfolk, NE 68702-1466

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pastor Ray Wilke President	10.00	X		X				0.	0.	0.
(2) Larry Dinkel Chairman	0.00	X		X				0.	0.	0.
(3) Daniel Fullner Director	0.00	X						0.	0.	0.
(4) Kay Marshall Secretary	0.00	X		X				0.	0.	0.
(5) Gary Wieck Director	0.00	X						0.	0.	0.
(6) Bernie Wrede Director	0.00	X						0.	0.	0.
(7) Paul Warneke Treasurer	20.00	X		X				0.	0.	0.
(8) Bill Begeman Director	8.00	X						0.	0.	0.
(9) Doug Sunderman Director	0.00	X						0.	0.	0.
(10) Larry Zimmerman Director	0.00	X						0.	0.	0.
(11) Karen Tiedeman Director	10.00	X						0.	0.	0.
(12) Grant Schmidt Vice President	40.00			X				45,122.	0.	45,000.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							45,122.	0.	45,000.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							45,122.	0.	45,000.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization'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**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	72,559.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	51,305,451.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		46,705,363.				
	<b>h Total.</b> Add lines 1a-1f .....		51,378,010.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		18,797.			18,797.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		0.			
		<b>c</b> Gain or (loss) .....		17,225.			
		<b>d</b> Net gain or (loss) .....		17,225.	17,225.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 72,559. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		79,677.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	91,735.			
		<b>c</b> Net income or (loss) from fundraising events .....		-12,058.			-12,058.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		252,090.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	212,640.				
	<b>c</b> Net income or (loss) from sales of inventory .....		39,450.	39,450.			
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> Outside Trip Income .....		480000	7,082.		7,082.		
	<b>b</b> Miscellaneous .....	900099	6,910.	6,910.			
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			13,992.				
<b>12 Total revenue.</b> See instructions. ....			51,455,416.	63,585.	7,082.	6,739.	

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,430,458.	25,430,458.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,664,096.	21,664,096.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,000.		90,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	457,247.	178,856.	157,099.	121,292.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	253,365.	50,652.	147,926.	54,787.
10 Payroll taxes	28,242.	14,148.	11,965.	2,129.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,315.	21,645.	453.	217.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	76,959.	35,895.	18,709.	22,355.
12 Advertising and promotion	89,169.	3,899.	637.	84,633.
13 Office expenses	149,781.	98,875.	18,691.	32,215.
14 Information technology				
15 Royalties				
16 Occupancy	88,057.	71,943.	16,114.	
17 Travel	50,480.	36,310.	7,394.	6,776.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,027.	12,575.	288.	1,164.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	228,655.	228,349.	306.	
23 Insurance	130,956.	130,831.	3,317.	-3,192.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Repair &amp; maintenance</b>	339,823.	302,887.	36,936.	
b <b>Transportation</b>	212,410.	211,521.	889.	
c <b>Gas &amp; fuel</b>	96,056.	95,238.	818.	
d <b>Miscellaneous expense</b>	22,749.	22,623.	126.	
e All other expenses	20,917.	18,008.	1,515.	1,394.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	49,465,762.	48,628,809.	513,183.	323,770.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,045,326.	<b>1</b>	1,060,693.	
	<b>2</b> Savings and temporary cash investments .....	3,880,409.	<b>2</b>	4,400,493.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	33,566.	<b>4</b>	27,392.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	10,858,351.	<b>8</b>	12,220,077.	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,184,928.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,793,533.	4,297,234.	<b>10c</b>	4,391,395.
	<b>11</b> Investments - publicly traded securities .....	6,039.	<b>11</b>	54,471.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	20,120,925.	<b>16</b>	22,154,521.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,191.	<b>17</b>	14,739.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,191.	<b>26</b>	14,739.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	19,147,355.	<b>27</b>	21,101,460.	
	<b>28</b> Temporarily restricted net assets .....	938,379.	<b>28</b>	985,822.	
	<b>29</b> Permanently restricted net assets .....	20,000.	<b>29</b>	52,500.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	20,105,734.	<b>33</b>	22,139,782.	
	<b>34</b> Total liabilities and net assets/fund balances .....	20,120,925.	<b>34</b>	22,154,521.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	51,455,416.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	49,465,762.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,989,654.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	20,105,734.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,100.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	45,494.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	22,139,782.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20727369.	26160912.	28615083.	43040152.	51378010.	169921526
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20727369.	26160912.	28615083.	43040152.	51378010.	169921526
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						169921526

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	20727369.	26160912.	28615083.	43040152.	51378010.	169921526
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6,338.	8,783.	9,497.	16,235.	18,797.	59,650.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	2,160.	7,557.	6,622.	750.	7,082.	24,171.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	75,631.	98,035.	150,417.	70,127.	86,587.	480,797.
<b>11 Total support.</b> Add lines 7 through 10						170486144
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	140,782.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.67 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	99.60 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

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

- 1  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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** Orphan Grain Train, Inc. **Employer identification number** 31-1614650

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** 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?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,000.	20,000.	20,000.	20,970.	20,852.
b Contributions	32,500.				
c Net investment earnings, gains, and losses				-970.	118.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	52,500.	20,000.	20,000.	20,000.	20,970.

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  100.00 %
- 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		108,187.		108,187.
b Buildings		4,373,904.	602,699.	3,771,205.
c Leasehold improvements				
d Equipment		315,925.	200,852.	115,073.
e Other		1,386,912.	989,982.	396,930.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,391,395.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	51,551,776.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,100.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	5,725.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	91,735.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	96,360.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	51,455,416.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	51,455,416.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	49,563,222.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	5,725.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	91,735.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	97,460.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	49,465,762.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	49,465,762.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4:**

Endowment fund is restricted for assistance with Adopt an Orphanage program.

**Part X, Line 2:**

The Organization qualifies as a tax-exempt organization, other than a private foundation, under Section 501(c)(3) of the Internal Revenue Code and therefore, has no provision for federal income taxes.

The Organization files required income tax returns in the U.S. federal jurisdiction and various states. With few exceptions, the Organization is no longer subject to U.S. federal, state and local income tax examinations

**Part XIII** Supplemental Information (continued)

by tax authorities for years before 2015. The Organization has concluded no material uncertain tax positions have been taken on any open tax returns. For the current year the Organization believes all tax positions are fully supportable by existing Federal law and related interpretations and there are no uncertain tax positions to consider.

Part XI, Line 2d - Other Adjustments:

Fundraising events direct expense	48,145.
Convention expenses	43,589.
Rounding	1.
Total to Schedule D, Part XI, Line 2d	91,735.

Part XII, Line 2d - Other Adjustments:

Fundraising events direct expense	48,145.
Convention expenses	43,589.
Rounding	1.
Total to Schedule D, Part XII, Line 2d	91,735.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **Orphan Grain Train, Inc.** Employer identification number **31-1614650**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
South Asia - Afghanistan, Bangladesh,			Program Services	Relief & Assistance	889,907.
Russia & the Newly Independent States -			Program Services	Relief & Assistance	4,136,154.
Europe (Including Iceland & Greenland) -			Program Services	Relief & Assistance	6,456,551.
East Asia and the Pacific -			Program Services	Relief & Assistance	656,948.
Central America and the Caribbean -			Program Services	Relief & Assistance	5,305,702.
Sub-Saharan Africa - Angola,			Program Services	Relief & Assistance	3,823,934.
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,			Program Services	Relief & Assistance	394,900.
<b>3 a</b> Sub-total .....	0	0			21,664,096.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,664,096.

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

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
		South Asia - Afghanistan, Bangladesh,	Relief & Assistance	0.		889,907.	Medical supplies & equipment, clothes, food and misc. supplies	Other
		Russia & the Newly Independent States -	Relief & Assistance	0.		4136154.	Medical supplies & equipment, clothes, food and misc. supplies	Other
		Europe (Including Iceland & Greenland) -	Relief & Assistance	0.		6456551.	Medical supplies & equipment, clothes, food and misc. supplies	Other
		East Asia and the Pacific -	Relief & Assistance	0.		656,948.	Medical supplies & equipment, clothes, food and misc. supplies	Other
		Central America and the Caribbean -	Relief & Assistance	0.		5305702.	Medical supplies & equipment, clothes, food and misc. supplies	Other
		Sub-Saharan Africa - Angola,	Relief & Assistance	0.		3823934.	Medical supplies & equipment, clothes, food and misc. supplies	Other
		South America - Argentina, Bolivia, Brazil, Chile, Columbia,	Relief & Assistance	0.		394,900.	Medical supplies & equipment, clothes, food and misc. supplies	Other

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

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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)

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

**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.

Part I, Line 2:

Supplies are sent to approved 3rd world recipients.



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		Fish Feeds/New In (event type)	Special Events (event type)	1 (total number)		
Revenue	1	Gross receipts	62,872.	57,832.	31,532.	152,236.
	2	Less: Contributions	29,546.	43,013.		72,559.
	3	Gross income (line 1 minus line 2)	33,326.	14,819.	31,532.	79,677.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	33,326.	14,820.	43,589.	91,735.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				91,735.
11	Net income summary. Subtract line 10 from line 3, column (d)				-12,058.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c 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

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV 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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **Orphan Grain Train, Inc.** Employer identification number **31-1614650**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
VA Hospital 1055 Clermont St Denver, CO 80220	98-0357800	501 (c) (3)	0.	8,960.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Building Generations Local Chula Vista, CA 91910	95-2386217	501 (c) (3)	0.	15,772.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
Cornerstone Childrens Ranch Local Quemado, TX 78877	74-2897724	501 (c) (3)	0.	3,838,355.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Pavilion Local San Benito, TX 78586	74-2602075	501 (c) (3)	0.	606,916.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
Iglesia Luterana Cristo El Salvador - 711 Pierce St - Del Rio, TX 78840	74-2331711	501 (c) (3)	0.	603,513.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Mission Emanuel 257 S Washington St Mercedes, TX 78570	74-1315277	501 (c) (3)	0.	953,442.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

Schedule I (Form 990) (2017)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Peace Lutheran Church 416 Wellham Ave Glen Burnie, MD 21061	52-1046736	501 (c) (3)	0.	11,088.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Open Door Mission 2828 N 23rd St E Omaha, NE 68110	47-0411375	501 (c) (3)	0.	176,277.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
NAHA 12085 Quaal Rd Black Hawk, SD 57718	46-0414439	501 (c) (3)	0.	5,874,948.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
LCMS Seminary 801 Seminary Place St. Louis, MO 63105	43-0658188	501 (c) (3)	0.	74,198.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
KY Mission 150 Youth Haven Rd Beattyville, KY 41311	34-4437213	501 (c) (3)	0.	17,967.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
Ysleta Lutheran Mission 301 S Schultz Dr El Paso, TX 79907	30-0288965	501 (c) (3)	0.	1,836,230.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Life Resources Int'l Local Judsonia, AR 72081	26-2726679	501 (c) (3)	0.	728,037.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Operation Ukraine 419 8th St. S Columbus, MS 39701	20-8219031	501 (c) (3)	0.	204,396.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
HARP 810 Main Street Caldwell, OH 43724	20-2983991	501 (c) (3)	0.	182,446.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valley Baptist Retreat 1600 East Hwy 83 Mission, TX 78572	16-1735743	501 (c) (3)	0.	1,444,573.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Circle of Life L.C 125 Heritage LN Lame Deer, MT 59043	14-1838965	501 (c) (3)	0.	40,251.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
LALM 3519 Salinas Ave Laredo, TX 78041	14-0827207	501 (c) (3)	0.	780,241.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
Manna From Heaven Local Myra, KY 41549	04-3771182	501 (c) (3)	0.	994,841.	Other	food, Clothes, Med items & misc. supplies	Relief & Assistance
Lutheran Boarder Concern 1695 Discovery Falls Drive Chula Vista, CA 91915	95-2386217	501 (c) (3)	0.	121,329.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Lutheran Church of the Redeemer 4211 Vermont Ave Baltimore, MD 21229	52-6014991	501 (c) (3)	0.	28,610.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Navajo Evangelical Mission 1 W Mission Ln Rock Point, AZ 86545	86-0136564	501 (c) (3)	0.	257,275.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Navajo 100 W Coal Ave Gallup, NM 87301	85-0203522	501 (c) (3)	0.	266,492.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Red Bird Mission 70 Queendale Ctr Beverly, KY 40913	61-0674373	501 (c) (3)	0.	173,665.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Augustine Indian Mission Local Winnebago, NE 68071	47-0398898	501 (c) (3)	0.	7,574.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
St. Thomas Church 339 S Pulaski St Baltimore, MD 21223	52-3018125	501 (c) (3)	0.	38,856.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Wind River Mission 2400 S Hickory St Casper, WY 82604	83-6011662	501 (c) (3)	0.	123,989.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Matthew 25 Ministries 11060 Kenwood Road Cincinnati, OH 45242	31-1348100	501 (c) (3)	0.	17,056.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
NE Evang Lutheran HS 203 Kendall St Waco, NE 68460	47-0574625	501 (c) (3)	0.	26,879.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
People City Mission 110 Q Street Lincoln, NE 68508	47-0723542	501 (c) (3)	0.	848,656.	other	food, Clothes, Med items & misc. supplies	Relief & Assistance
Clifford Fire Department PO Box 57 Clifford, IN 47226	35-1901704	501 (c) (3)	0.	6,570.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Food Bank of Lincoln 4840 Doris Bair Circle Ste A Lincoln, NE 68504	47-0640293	501 (c) (3)	0.	979,968.	Other	Food	Relief & Assistance
Hosanna Fellowship 17700 Clay Rd Houston, TX 77084	74-1536476	501 (c) (3)	0.	123,147.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salem Lutheran Church 22601 Lutheran Church Rd Tomball, TX 77377	74-6054173	501 (c) (3)	0.	94,233.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
A1-F Warehouse 11517 Broadway Oklahoma City, OK 73114	76-0327125	501 (c) (3)	0.	925,884.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Gloria Dei 18220 Upper Bay Rd Houston, TX 77058	74-1589358	501 (c) (3)	0.	63,743.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Houston Relief 624 4th Ave Texas City, TX 77590	20-0408375	501 (c) (3)	0.	40,117.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Jezreel International 10 Interstate Ave. Albany, NY 12205	14-1790920	501 (c) (3)	0.	246,510.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Klein TX LCMS 5201 Spring Cypress Road Spring, TX 77379	17-4608212	501 (c) (3)	0.	88,843.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Linda's Legacy PO Box 461 Severna Park, MD 21146	26-4714181	501 (c) (3)	0.	16,088.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Navajo Nation PO Box 1189 Snowflake, AZ 85937	27-2568118	501 (c) (3)	0.	190,680.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Orange Co Round-Up 419 S. W. 1st Paoli, IN 47454	82-2411393	501 (c) (3)	0.	54,458.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army 107 South Market Westchester, PA 19382	13-5562351	501 (c) (3)	0.	19,611.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
Trinity Navajo Bible Church PO Box 1078 Thoreau, NM 87323	82-4495083	501 (c) (3)	0.	250,022.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
St. John 2955 South Major Drive Beaumont, TX 77707	74-1307832	501 (c) (3)	0.	11,299.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance
St. Paul Catholic Church 469 Main St McKee, KY 40447	61-1132894	501 (c) (3)	0.	233,460.	Other	Food, Clothes, Med items & misc. supplies	Relief & Assistance

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Supplies sent to approved domestic recipients.

Schedule I, Part III, Column B:

Estimated number of recipients assisted is unknown. Assistance went to various individuals in need.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **Orphan Grain Train, Inc.** Employer identification number **31-1614650**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Bernard Wrede	Board Member	46,320.	Storage & t		X
Larry Dinkel	Board Member	47,530.	Equipment f		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Bernard Wrede

(d) Description of Transaction: Storage & trailers from ABC Storage.

(a) Name of Person: Larry Dinkel

(d) Description of Transaction: Equipment from Dinkel Implement



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **Orphan Grain Train, Inc.** Employer identification number **31-1614650**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		34,434,413.	Thrift store value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X		48,685.	Price quotes for act
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial	X		33,724.	FMV
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X		9,049,819.	FMV LBS of food ship
20	Drugs and medical supplies	X		2,368,075.	Comparable items
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( School Suppli )	X	0	409,939.	Thrift Store value
26	Other ▶ ( Disaster Supp )	X	0	360,708.	Comparable items
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

Orphan Grain Train, Inc.

Employer identification number

31-1614650

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 is provided to the board members for review before  
the return is signed and filed.

Form 990, Part VI, Section B, Line 12c:

Each member is required to complete a questionnaire at the annual meeting  
in September.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AZ, CA, CO, DE, IL, IN, IA, KS, MD, MI, MN, MO, NE, NV, NJ, NY, ND, OH, PA, SD, WI

Form 990, Part VI, Section C, Line 19:

These documents are available to the public upon request at the  
Organization's office in Norfolk, NE.

Form 990, Part XI, line 9, Changes in Net Assets:

Inventory Value Adjustment 45,494.

Form 990, Part XII, Line 2c:

This process has not changed from the prior year.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **Orphan Grain Train, Inc.** Employer identification number **31-1614650**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OGT Logistics, LLC - 46-1460181 P.O. Box 1466 Norfolk, NE 68702-1466	Transportation	Nebraska	7,082.	330,099.	Orphan Grain Train
Hope for the Starving LLC - 37-1611561 P.O. Box 1466 Norfolk, NE 68701	Sale of Food & Packaging	Nebraska	252,090.	205,871.	Orphan Grain Train

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2017

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	





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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	2005 Dodge Ram Pickup	12/17/09	SL	7.00		16	13,000.				13,000.	13,000.		0.	13,000.
2	5x8 Hallmark Trailer	03/01/06	SL	5.00		HY17	2,757.				2,757.	2,757.		0.	2,757.
3	Office 102	10/18/07	SL	5.00		HY17	14,711.				14,711.	14,711.		0.	14,711.
4	MQ Computer	12/07/03	SL	5.00		HY17	641.				641.	641.		0.	641.
5	18" High Digit Trailer	08/22/05	SL	5.00		HY17	3,934.				3,934.	3,934.		0.	3,934.
6	Warehouse - Improvements	05/31/08	SL	5.00		16	3,800.				3,800.	3,800.		0.	3,800.
7	Trailer	02/25/03	SL	7.00		16	1,552.				1,552.	1,552.		0.	1,552.
8	'01 Ford Van	06/11/05	SL	5.00		HY17	4,342.				4,342.	4,342.		0.	4,342.
9	Van	07/01/09	SL	7.00		16	4,200.				4,200.	4,200.		0.	4,200.
10	HCREF 40' LSEU Storage Unit	09/20/05	SL	3.00		HY17	8,425.				8,425.	8,425.		0.	8,425.
11	(D)40x40 Century Tent & Midsection	09/28/05	SL	3.00		HY17	2,187.				2,187.	2,187.		0.	2,187.
12	1000 Gal Skid Tank & Pump	09/28/05	SL	3.00		HY17	2,461.				2,461.	2,461.		0.	2,461.
13	(D)40x40 Century Tent & Walls	11/08/05	SL	3.00		HY17	1,560.				1,560.	1,560.		0.	1,560.
14	10 Dry Containers 48 ft.	11/11/05	SL	3.00		HY17	16,500.				16,500.	16,500.		0.	16,500.
15	1 Dry Container 40 ft.	11/11/05	SL	3.00		HY17	1,250.				1,250.	1,250.		0.	1,250.
16	1 Dry Box 40 ft. HC	11/11/05	SL	3.00		HY17	3,200.				3,200.	3,200.		0.	3,200.
17	4 Reefer Containers 48 ft.	11/11/05	SL	3.00		HY17	17,200.				17,200.	17,200.		0.	17,200.
18	16" 14K Pan Trailer #159FG16256W3348	01/06/06	SL	3.00		HY17	4,036.				4,036.	4,036.		0.	4,036.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	Shower Trailer 101 (ST101)	02/11/06	SL	3.00	HY17	30,564.				30,564.	30,564.		0.	30,564.
20	RR-ST Combo101 (RRST101)	06/28/06	SL	3.00	HY17	17,482.				17,482.	17,482.		0.	17,482.
21	Bedroom Trailer 102 (BR102)	08/01/06	SL	3.00	HY17	9,545.				9,545.	9,545.		0.	9,545.
22	Bedroom Trailer 103 (BR103)	08/01/06	SL	3.00	HY17	9,384.				9,384.	9,384.		0.	9,384.
23	Bedroom Trailer 107 (BR107)	08/01/06	SL	3.00	HY17	14,399.				14,399.	14,399.		0.	14,399.
24	Bedroom Trailer 101 (BR101)	08/01/06	SL	3.00	HY17	11,365.				11,365.	11,365.		0.	11,365.
25	Bedroom Trailer 104 (BR104)	08/04/06	SL	3.00	HY17	7,683.				7,683.	7,683.		0.	7,683.
26	Bedroom Trailer 106 (BR106)	08/07/06	SL	3.00	HY17	6,847.				6,847.	6,847.		0.	6,847.
27	Bedroom Trailer 114 (BR114)	08/14/06	SL	3.00	HY17	6,643.				6,643.	6,643.		0.	6,643.
28	Bedroom Trailer 105 (BR105)	08/16/06	SL	3.00	HY17	14,558.				14,558.	14,558.		0.	14,558.
29	GN 28 Generator Trailer	09/27/06	SL	3.00	HY17	24,129.				24,129.	24,129.		0.	24,129.
30	KT 101 Big Kitchen Trailer	10/17/06	SL	3.00	HY17	63,991.				63,991.	63,991.		0.	63,991.
31	Bedroom Trailer 115 (BR115)	03/12/07	SL	3.00	HY17	12,594.				12,594.	12,594.		0.	12,594.
32	Bedroom Trailer 116 (BR116)	03/12/07	SL	3.00	HY17	12,405.				12,405.	12,405.		0.	12,405.
33	Bedroom Trailer 117 (BR117)	03/12/07	SL	3.00	HY17	11,700.				11,700.	11,700.		0.	11,700.
34	Clinic 101 (MC101)	04/13/07	SL	3.00	HY17	31,527.				31,527.	31,527.		0.	31,527.
35	Restroom Trailer 102 (RT102)	10/11/07	SL	3.00	HY17	28,289.				28,289.	28,289.		0.	28,289.
36	Shower Trailer 102 (ST102)	10/11/07	SL	3.00	HY17	30,385.				30,385.	30,385.		0.	30,385.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	Hammer Lift Trailer ID#1H9C9532371522	10/18/07	SL	5.00		HY17	128,330.				128,330.	128,330.		0.	128,330.
38	Shower Trailer 154 (ST154)	05/31/08	SL	3.00		HY17	19,089.				19,089.	19,089.		0.	19,089.
39	Bedroom Trailer 119 (BR119) - CIP	05/31/08	SL	5.00		16	14,590.				14,590.	14,590.		0.	14,590.
40	White Forest River 2009 (5HHUHA0189W0541)	07/31/08	SL	5.00		16	3,721.				3,721.	3,721.		0.	3,721.
41	(D)1986 Ford Club Van E150	07/31/09	SL	7.00		16	2,485.				2,485.	2,485.		0.	2,485.
42	1 Storage Container - Church Lot	04/14/08	SL	3.00		HY17	2,445.				2,445.	2,445.		0.	2,445.
43	(D)Trailer from Dave's Trailer Sales - Carry On 7x1	12/17/09	SL	7.00		16	3,824.				3,824.	3,824.		0.	3,824.
44	Trailer 7x14 Double Axle	12/31/99	SL	7.00		16	4,244.				4,244.	4,244.		0.	4,244.
45	1995 Chevy Tiara	05/18/10	SL	5.00		16	4,500.				4,500.	4,500.		0.	4,500.
46	Trailer	03/27/03	SL	7.00		16	3,357.				3,357.	3,357.		0.	3,357.
47	Truck	06/30/08	SL	5.00		16	14,250.				14,250.	14,250.		0.	14,250.
48	5000 Lb. Toyota Forklift	05/31/07	SL	5.00		HY17	4,000.				4,000.	4,000.		0.	4,000.
49	(D)Vehicle	12/01/09	SL	7.00		16	1,700.				1,700.	1,700.		0.	1,700.
50	'96 South Wind Enclosed Trailer	05/31/99	SL	7.00		16	2,100.				2,100.	2,100.		0.	2,100.
51	Pallet Racks	05/31/99	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
52	Yail Forklift	05/31/99	SL	7.00		16	4,200.				4,200.	4,200.		0.	4,200.
53	'95 Ford Bus	06/01/99	SL	7.00		16	18,500.				18,500.	18,500.		0.	18,500.
54	1 Acre Land-Colorado (Donated)	05/17/07	L	.000			55,000.				55,000.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	Warehouse	05/31/08	SL	40.00		16	107,104.				107,104.	24,322.		2,678.	27,000.
56	Warehouse--Additional Costs	04/29/09	SL	39.00	MM	17	5,647.				5,647.	1,176.		145.	1,321.
57	CAT Forklift Propane	06/26/14	SL	5.00		16	10,000.				10,000.	5,833.		2,000.	7,833.
58	Trailer 7x16 for Texas	03/03/15	SL	7.00		16	4,673.				4,673.	1,502.		668.	2,170.
59	Forklift	07/31/09	SL	7.00		16	1,400.				1,400.	1,400.		0.	1,400.
60	48' Storage Unit CHAU580296	01/27/09	SL	3.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.
61	20' Reefer Unit WAPU286017-2	01/27/09	SL	3.00		16	16,850.				16,850.	16,850.		0.	16,850.
62	20' Reefer Unit WAPU286015-2	01/27/09	SL	3.00		16	16,850.				16,850.	16,850.		0.	16,850.
63	45' Dry Storage Container	01/27/09	SL	3.00	HY	17	2,200.				2,200.	2,200.		0.	2,200.
64	48' Storage Unit IIRZ580214	01/27/09	SL	3.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.
65	48' Storage Unit IIRZ580225	01/27/09	SL	3.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.
66	48' Storage Unit IIRZ580299	01/27/09	SL	3.00		16	2,000.				2,000.	2,000.		0.	2,000.
67	To Move 40' HC Storage Unit APL98351	05/07/09	SL	3.00	HY	17	2,475.				2,475.	2,475.		0.	2,475.
68	40' Storage Container	05/21/10	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
69	Warehouse	06/30/09	SL	40.00		16	130,778.				130,778.	25,883.		3,269.	29,152.
70	Trailer	10/19/09	SL	7.00		16	2,792.				2,792.	2,792.		0.	2,792.
71	Warehouse Addition	10/31/09	SL	40.00		16	2,515.				2,515.	477.		63.	540.
72	Conveyor	10/31/09	SL	40.00		16	2,250.				2,250.	427.		56.	483.

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73	2002 Ford F-350 Crew Cab XLT 4x2	12/15/09	SL	7.00		16	9,950.				9,950.	9,950.		0.	9,950.
74	Trailer	06/30/09	SL	7.00		16	3,800.				3,800.	3,800.		0.	3,800.
75	Warehouse	12/31/09	SL	40.00		16	150,000.				150,000.	27,813.		3,750.	31,563.
76	Truck	01/14/09	SL	5.00		16	19,649.				19,649.	19,649.		0.	19,649.
77	(D)'99 Cargo Mate 7x14 - Donated	02/15/99	SL	7.00		16	3,280.				3,280.	3,280.		0.	3,280.
78	Warehouse - 20,000 Sq. Ft. - 606 Phillip	05/31/99	SL	39.00	MM	16	223,520.				223,520.	103,163.		5,731.	108,894.
79	Office Equipment - Donated	05/31/99	SL	7.00		16	10,750.				10,750.	10,750.		0.	10,750.
80	Snow Cone Machine - Donated 5/8/97	05/31/99	SL	7.00		16	6,500.				6,500.	6,500.		0.	6,500.
81	(D)'66 Beth Trailer - Donated 5/8/97	05/31/99	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
82	(D)'76 Great Dane Reefer - Donated 2/6/98	05/31/99	SL	7.00		16	5,000.				5,000.	5,000.		0.	5,000.
83	(D)'98 Cargo Mate 7x18 - Donated 5/22/98	05/31/99	SL	7.00		16	3,850.				3,850.	3,850.		0.	3,850.
84	(D)'89 Corn/Grain/Hay Trailer - Donated	10/14/99	SL	7.00		16	13,500.				13,500.	13,500.		0.	13,500.
85	Containers	12/23/99	SL	7.00		16	4,150.				4,150.	4,150.		0.	4,150.
86	(D)Vendor Trailer	01/31/00	SL	7.00		16	14,911.				14,911.	14,911.		0.	14,911.
87	Container	06/01/00	SL	7.00		16	6,500.				6,500.	6,500.		0.	6,500.
88	Office Furniture	08/01/01	SL	7.00		16	14,266.				14,266.	14,266.		0.	14,266.
89	(D)'99 5th Wheel Trailer	11/05/01	SL	7.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.
90	(D)Computers	03/05/02	SL	5.00		16	7,422.				7,422.	7,422.		0.	7,422.

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91	Simplimatic Folder	09/25/02	SL	7.00	16	530.				530.	530.		0.	530.
92	MQ Printer/Copier/Scanner (One Unit)	03/31/04	SL	5.00	HY17	321.				321.	321.		0.	321.
93	(D)MQ '91 Truck Trailer	03/31/04	SL	7.00	HY17	8,000.				8,000.	8,000.		0.	8,000.
94	MQ Computer	05/05/04	SL	5.00	HY17	933.				933.	933.		0.	933.
95	MQ Furniture - Donated	05/31/04	SL	7.00	HY17	5,344.				5,344.	5,344.		0.	5,344.
96	Racks for Warehouse	12/29/05	SL	5.00	HY17	3,676.				3,676.	3,676.		0.	3,676.
97	Software for Warehouse	06/28/06	SL	5.00	HY17	3,490.				3,490.	3,490.		0.	3,490.
98	(D)Barcode Scanner	07/21/06	SL	5.00	HY17	1,868.				1,868.	1,868.		0.	1,868.
99	International Office Building	12/31/06	SL	39.00	MM17	809,549.				809,549.	217,956.		20,758.	238,714.
100	Electrical on Office	01/11/08	SL	39.00	MM16	59,400.				59,400.	14,342.		1,523.	15,865.
101	242B Cat Skid Loader	01/18/08	SL	3.00	HY17	13,000.				13,000.	13,000.		0.	13,000.
102	Fundraising Software	03/27/08	SL	3.00	HY17	8,392.				8,392.	8,392.		0.	8,392.
103	Screen & Speakers - Basement	04/08/08	SL	3.00	HY17	3,944.				3,944.	3,944.		0.	3,944.
104	AVI System	05/12/08	SL	3.00	HY17	3,244.				3,244.	3,244.		0.	3,244.
105	Additional License	05/20/08	SL	3.00	HY17	1,531.				1,531.	1,531.		0.	1,531.
106	Land-Intl Warehouse	05/31/99	L	.000		34,000.				34,000.			0.	
107	E-Tapestry Program	09/30/10	SL	5.00	16	14,588.				14,588.	14,588.		0.	14,588.
108	Software program	02/23/11	SL	5.00	16	8,800.				8,800.	8,800.		0.	8,800.

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109	OT-109 48' Office Trailer	06/06/11	SL	5.00		16	8,500.				8,500.	8,500.		0.	8,500.
110	2006 Landoll Semi Trailer	11/10/11	SL	5.00		16	35,000.				35,000.	35,000.		0.	35,000.
111	(D)2012 6x16 Look Dual Axle Trailer	07/31/11	SL	5.00		16	4,616.				4,616.	4,616.		0.	4,616.
112	Forklift	10/31/11	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
113	United Trailer - XLV585A 30-S Vin# 48 BTE 0817 BA 1	08/30/10	SL	5.00		16								0.	
114	Warehouse--G.I.	05/31/16	SL	40.00		16	131,023.				131,023.	3,276.		3,276.	6,552.
115	Garage	12/31/11	SL	40.00		16	37,650.				37,650.	5,098.		941.	6,039.
116	2008 Silver Impala	08/23/12	SL	5.00		16	11,495.				11,495.	10,920.		575.	11,495.
117	1 Commercial Refrigerator	06/26/12	SL	7.00		16	4,276.				4,276.	3,003.		611.	3,614.
118	(D)Box Truck	01/14/13	SL	5.00		16	3,000.				3,000.	2,650.		350.	3,000.
119	Warehouse Addition	05/31/13	SL	40.00		16	25,438.				25,438.	2,544.		636.	3,180.
120	Mitsubishi Forklift Model FG25N SN#AF17D00210	08/06/13	SL	5.00		16	16,000.				16,000.	12,267.		3,200.	15,467.
121	Pallet Racks	09/28/09	SL	7.00		16	3,885.				3,885.	3,885.		0.	3,885.
122	Pallet Racks	06/01/13	SL	7.00		16	2,668.				2,668.	1,524.		381.	1,905.
	1993 Ford Flatbed - 4 Door Truck - Warehouse			.000		HY16									
124	Pallet Jack Wbhnd (NMC Exchange)	07/20/15	SL	5.00		16	3,745.				3,745.	1,373.		749.	2,122.
125	Warehouse--Final Costs	10/31/13	SL	40.00		16	1,574.				1,574.	141.		39.	180.
126	F-27 2005 Wabash Trailer	02/24/14	SL	5.00		16	5,000.				5,000.	3,250.		1,000.	4,250.

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127	Container	04/09/15	SL	7.00		16	3,000.				3,000.	929.		429.	1,358.
128	Electric Pallet Jack	05/08/15	SL	5.00		16	3,995.				3,995.	1,665.		799.	2,464.
129	Garage Door - Warehouse	07/01/14	SL	40.00		16	1,603.				1,603.	117.		40.	157.
130	Sign	10/07/14	SL	7.00		16	1,912.				1,912.	728.		273.	1,001.
131	Regrade Parking Lot	10/27/14	SL	15.00		16	2,593.				2,593.	447.		173.	620.
132	Liftgate for 1996 Ford Diesel	11/03/14	SL	5.00		16	3,148.				3,148.	1,626.		630.	2,256.
133	Carpet - Warehouse	01/22/15	SL	5.00		16	2,200.				2,200.	1,027.		440.	1,467.
134	Rollup Door	04/20/15	SL	5.00		16	2,041.				2,041.	851.		408.	1,259.
135	Dock leveling plate	05/28/15	SL	5.00		16	1,932.				1,932.	773.		386.	1,159.
136	Warehouse #2 Improvements	05/28/15	SL	40.00		16	2,517.				2,517.	126.		63.	189.
137	Pilger Chapel	10/06/14	SL	15.00		16	75,124.				75,124.	13,355.		5,008.	18,363.
138	Warehouse-Indiana	05/31/16	SL	40.00		16	470,662.				470,662.	11,767.		11,767.	23,534.
139	Containers	07/06/14	SYD	7.00	HY	16	31,000.				31,000.	19,467.		4,521.	23,988.
140	T-11 2009 Freightliner - truck donated to OGT Logisti	07/20/15	SL	5.00		16	25,285.				25,285.	9,271.		5,057.	14,328.
141	HVAC Upgrade - Repair & Maintenance to bldg	08/04/15	SL	40.00		16	4,964.				4,964.	228.		124.	352.
142	HVAC upgrade - disaster relief/assistance	08/04/15	SL	40.00		16	8,550.				8,550.	392.		214.	606.
143	1996 Ford Diesel Cutaway Van E350	06/30/14	SL	5.00		16	23,020.				23,020.	13,428.		4,604.	18,032.
144	(D)UT-27 Fish Boil Trailer	03/31/15	SL	5.00		16	2,077.				2,077.	900.		1,177.	2,077.



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145	Warehouse--North Dakota	12/12/16	SL	40.00		16	146,367.				146,367.	1,830.		3,659.	5,489.
146	Warehouse ventilation fan	08/25/15	SL	5.00		16	6,276.				6,276.	2,197.		1,255.	3,452.
147	Roof	11/10/15	SL	40.00		16	116,460.				116,460.	4,610.		2,911.	7,521.
148	2011 Interstate Trailer	05/12/17	SL	5.00		16	2,500.				2,500.	42.		500.	542.
149	5 x 20 illuminated awning	11/17/15	SL	7.00		16	4,865.				4,865.	1,043.		695.	1,738.
150	KT Quad Xeon 3.5 ghz Raid Server	01/06/16	SL	5.00		16	9,220.				9,220.	2,612.		1,844.	4,456.
	(D)1988 Ford - F 47 - Ice Truck			.000		HY16									
152	Storage Containers	01/12/16	SL	7.00		16	2,500.				2,500.	506.		357.	863.
153	Storage Containers	02/01/16	SL	5.00		16	4,950.				4,950.	1,320.		990.	2,310.
	1998 Intl 4700 Straight Truck			.000		HY16									
	2006 GN-29 - Gooseneck Trailer			.000		HY16									
156	Ford Pickup	01/29/16	SL	5.00		16	6,000.				6,000.	1,600.		1,200.	2,800.
	(D)KT 101 - Big Kitchen Trailer			.000		HY16									
	KT 103 - Mid Sized Kitchen Trailer			.000		HY16									
	KT 102 - Small Kitchen Trailer			.000		HY16									
	(D)UT - 105 - 2 Wheel S & W Trailer			.000		HY16									
	UT - 103 - 2 Wheel S & W Trailer			.000		HY16									
	UT - 101 - 2 Wheel S & W Trailer			.000		HY16									

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	UT - 102 - 2 - Wheel S & W Trailer			.000	HY16									
	UT - 106 - 2 Wheel S & W Trailer			.000	HY16									
	ST - 110 - Shower Trailer			.000	HY16									
	FB - 101 - Flatbed Trailer			.000	HY16									
	TT - 15 - Tanker			.000	HY16									
	ST - 105 Shower Trailer			.000	HY16									
169	2 Reznor Heaters	12/28/16	SL	5.00	16	4,465.				4,465.	372.		893.	1,265.
170	Mitsubishi Forklift	06/23/16	SL	5.00	16	4,600.				4,600.	843.		920.	1,763.
	IA - Trailer			.000	HY16									
	UT - 35 Trailer			.000	HY16									
	UT - 20 - Trailer			.000	HY16									
	UT - 21 - Ramp Trailer			.000	HY16									
	UT - 33 - Wide Trailer			.000	HY16									
	UT - 31 - Ice Cream Trailer			.000	HY16									
	(D)UT - 40 - 2 Wheel Enclosed Trailer			.000	HY16									
	Dodge Caravan SE/SPT			.000	HY16									
179	Used Doosan Ranch Truck with used charger	12/21/16	SL	5.00	16	4,050.				4,050.	338.		810.	1,148.
	BOBCAT - Model 743 Skid Loader			.000	HY16									

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	Northern Hydraulics - Manual Pallet			.000		HY16									
	Orwak - Model 5070 - Electric/Hydraulic Box Crush			.000		HY16									
183	2006 GMC	06/09/15	SL	5.00		16	19,691.				19,691.	7,876.		3,938.	11,814.
184	2015 H&H Trailer	07/07/15	SL	5.00		16	3,625.				3,625.	1,390.		725.	2,115.
	1986 SE Trailer			.000		HY16									
	1993 SE Trailer			.000		HY16									
	2001 International Box Truck, Single Axle, 20' red, mode			.000		HY16									
	16' Cargo Trailer, Model 2A (white)			.000		HY16									
	(D)27' Cargo Trailer, Model 2AX			.000		HY16									
	Toyota Forklift, mode; 6FGCU12			.000		HY16									
	Toyota Electric pallet stacker, model; RAS25, type			.000		HY16									
	Laptop HP Envoy 2015			.000		HY16									
	Printer: HP Officejet Pro 8610			.000		HY16									
	Wasp Label Printer			.000		HY16									
195	Trailer (O'Connor Trailer)	03/15/16	SL	5.00		16	1,500.				1,500.	375.		300.	675.
196	6 x 12 Single Axel CGR Trailer	04/04/16	SL	5.00		16	1,220.				1,220.	285.		244.	529.
197	Warehouse - Maryland	05/31/16	SL	40.00		16	914,130.				914,130.	22,853.		22,853.	45,706.
198	T-24 2007 Freightliner	02/16/16	SL	5.00		16	37,000.				37,000.	9,250.		7,400.	16,650.

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199	Used Doosan Ranch Truck with used charger	12/21/16	SL	5.00		16	4,045.				4,045.	337.		809.	1,146.
200	Freightliner Tractor Trailer Truck	05/22/12	SL	5.00		16	20,000.				20,000.	20,000.		0.	20,000.
201	1989 Kentucky Flatbed Trailer	10/27/16	SL	5.00		16	3,500.				3,500.	408.		700.	1,108.
202	1998 Wabash Dry Van	10/17/16	SL	5.00		16	1,500.				1,500.	175.		300.	475.
203	Truck dock 10/10/16 to 5/8/17	10/10/16	SL	5.00		16	5,489.				5,489.	732.		1,098.	1,830.
204	Dry Van Trailers	10/31/16	SL	5.00		16	2,500.				2,500.	292.		500.	792.
205	Dry Van Trailers	10/31/16	SL	5.00		16	2,500.				2,500.	292.		500.	792.
206	Deck - Build & Install	05/08/17	SL	7.00		16	1,800.				1,800.	21.		257.	278.
207	2016 Ford F250 Truck	02/20/17	SL	5.00		16	27,800.				27,800.	1,390.		5,560.	6,950.
208	2 Fujitsu Heat Pumps 2 1/2 Ton	06/20/16	SL	5.00		16	5,612.				5,612.	1,029.		1,122.	2,151.
209	Two Washers / Two Dryers	01/31/17	SL	5.00		16	3,062.				3,062.	204.		612.	816.
210	Warehouse--Kansas	02/02/17	SL	40.00		16	226,205.				226,205.	1,885.		5,655.	7,540.
211	(D)House--Kansas	05/16/17	SL	40.00		16	534.				534.	41.		493.	534.
212	2008 GMC	12/15/16	SL	5.00		16	25,906.				25,906.	2,591.		5,181.	7,772.
213	2014 Mercedes Van	03/08/17	SL	5.00		16	27,306.				27,306.	1,365.		5,461.	6,826.
214	2006 Ford E450 17' Truck	05/25/17	SL	5.00		16	7,549.				7,549.			1,510.	1,510.
215	2005 Dodge Ram Truck - Crew Pickup	03/23/17	SL	5.00		16	26,000.				26,000.	867.		5,200.	6,067.
216	40' Storage Unit - ABC Mobile Storage	06/03/16	SL	3.00		16	2,950.				2,950.	983.		983.	1,966.

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217	40' Used container	10/31/16	SL	7.00		16	2,100.				2,100.	175.		300.	475.
218	40' Used container	01/19/17	SL	7.00		16	2,100.				2,100.	100.		300.	400.
219	Hay rack	03/30/17	SL	7.00		16	8,850.				8,850.	211.		1,264.	1,475.
220	KT-i7-4790 W7Pro Computer System	12/06/16	SL	5.00		16	2,481.				2,481.	248.		496.	744.
221	Warehouse	12/08/16	SL	40.00		16	480,000.				480,000.	6,000.		12,000.	18,000.
222	Aluminum Signs - Parking	03/10/17	SL	7.00		16	1,782.				1,782.	64.		255.	319.
223	310 South 7th Street	04/12/17	SL	40.00		16	167,440.				167,440.	698.		4,186.	4,884.
224	1 30' Flag Pole, 2 25' Flag Pole	04/12/17	SL	7.00		16	10,350.				10,350.	246.		1,479.	1,725.
225	Security Cameras	04/18/17	SL	5.00		16	10,566.				10,566.	176.		2,113.	2,289.
226	Roof on 7th & Phillips	05/18/17	SL	40.00		16	9,911.				9,911.			248.	248.
227	T26 Freightliner	01/12/17	SL	5.00		16	29,265.				29,265.	2,439.		5,853.	8,292.
228	R72 Trailer	03/22/17	SL	5.00		16	15,174.				15,174.	506.		3,035.	3,541.
229	Rheem 40 Gal Short Nat Water Heater	12/07/17	SL	5.00		16	5,596.				5,596.			560.	560.
230	21 Gian Duckworth MO4G67 -forklift Cat GC15K	06/05/17	SL	5.00		16	5,000.				5,000.			1,000.	1,000.
231	Container Dock on the West Side	07/01/17	SL	5.00		16	3,981.				3,981.			730.	730.
232	Warehouse Roof	09/18/17	SL	40.00		16	12,600.				12,600.			210.	210.
233	2013 Ford F 350 Pickup	11/14/17	SL	5.00		16	18,900.				18,900.			2,205.	2,205.
234	2018 H & H Trailer	12/04/17	SL	5.00		16	5,750.				5,750.			575.	575.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
235	18' Trailer	07/13/17	SL	5.00		16	5,670.				5,670.			1,040.	1,040.
236	Enclose South side of Truck Dock	12/27/17	SL	40.00		16	4,950.				4,950.			52.	52.
237	2018 LOOK Trailer - ERLC7X18TE3	05/22/18	SL	5.00		16	5,852.				5,852.			0.	
238	Land -Kansas	05/16/17	L	.000			19,187.				19,187.			0.	
239	(D)1 Storage Container -Church Lot	04/14/08	SL	3.00	HY	17	2,445.				2,445.	2,445.		0.	2,445.
240	124 East Main Street	04/11/18	SL	40.00		16	41,000.				41,000.			171.	171.
241	1 Commercial Freezer	06/26/12	SL	7.00		16	4,276.				4,276.	3,003.		611.	3,614.
242	Signage for the building	03/06/18	SL	7.00		16	1,930.				1,930.			69.	69.
243	2015 Mobile Trailer (purchase 08/2014)	08/17/17	SL	5.00		16								0.	
244	Furnace & Air in Trailer	09/01/17	SL	5.00		16	4,746.				4,746.			712.	712.
245	980559.0 CDDU -40' Storage Unit	10/20/17	SL	7.00		16	5,175.				5,175.			431.	431.
246	550090.6 GVTU -40' Storage Unit	10/20/17	SL	7.00		16	5,175.				5,175.			431.	431.
247	Furnace and Air in Trailer	03/28/18	SL	5.00		16	4,745.				4,745.			158.	158.
248	Foam Signage -Office Wall -Conference Room	07/31/17	SL	20.00		16	3,414.				3,414.			142.	142.
249	Stairs & Rails for Warehouse	08/15/17	SL	40.00		16	3,198.				3,198.			67.	67.
250	LG 65" Ultra High Def TV/Projection System	08/24/17	SL	5.00		16	2,495.				2,495.			374.	374.
251	11" x 19" Bronze Plaque -Red Granite	08/30/17	SL	7.00		16	2,065.				2,065.			221.	221.
252	Track Lighting - Office Area	10/03/17	SL	39.00		16	5,237.				5,237.			90.	90.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
253	8'x 52' Wall Covering & Displays	09/30/17	SL	5.00		16	6,103.				6,103.			814.	814.
254	Roof repair -Mercy Meals Building	10/26/17	SL	40.00		16	19,033.				19,033.			278.	278.
255	Doug's computer -KT-i7 4790 W7 Pro Computer System	01/11/18	SL	5.00		16	1,823.				1,823.			152.	152.
256	2013 JCB Compack Telehandler	01/18/18	SL	5.00		16	47,530.				47,530.			3,169.	3,169.
257	Mike's computer -KT-i7 7700 W 10Pro Computer	01/30/18	SL	5.00		16	1,563.				1,563.			104.	104.
258	800011.5 OGTU 40' Storage Unit	03/16/18	SL	7.00		16	5,800.				5,800.			207.	207.
259	700011.0 OGTU 40' Storage Unit	03/16/18	SL	7.00		16	5,800.				5,800.			207.	207.
260	HC-843033.8 OGTU 40' Storage Unit	03/14/18	SL	7.00		16	3,400.				3,400.			121.	121.
261	406643.1 OGTU 40' Storage Unit	03/14/18	SL	7.00		16	3,175.				3,175.			113.	113.
262	410610.8 OGTU 40' Storage Unit	03/14/18	SL	7.00		16	3,175.				3,175.			113.	113.
263	550448.2 OGTU 40' Storage Unit	03/14/18	SL	7.00		16	3,175.				3,175.			113.	113.
264	CH-26 1995 Trailer #906063	07/05/17	SL	.000		16								0.	
265	CH-27 1991 Trailer #155570	07/05/17	SL	.000		16								0.	
266	CH-28 1991 Trailer #155792	07/05/17	SL	.000		16								0.	
267	CH-29 1991 Trailer #155611	07/05/17	SL	.000		16								0.	
268	CH-100 1988 Trailer #205172	01/24/13	200DB	7.00		HY17								0.	
269	CH-101 1989 Trailer #214111	01/24/13	200DB	7.00		HY17								0.	
270	CH-102 1972 Trailer #726189	04/10/17	200DB	7.00		HY17								0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
271	CH-105 1967 Trailer #101383	04/10/17	200DB	7.00		HY17								0.	
272	CH-107 1968 Trailer #10401Z	04/10/17	200DB	7.00		HY17								0.	
273	CH-108 1991 Trailer #155667	04/10/17	200DB	7.00		HY17								0.	
274	CH-110 1985 Trailer #121352	01/24/13	200DB	7.00		HY17								0.	
275	F-2 1971 Trailer #245040	01/24/13	200DB	7.00		HY17								0.	
276	F-17 1987 Trailer #104301	01/24/13	200DB	7.00		HY17								0.	
277	F-24 1988 Trailer #069430	01/24/13	200DB	7.00		HY17								0.	
278	F-25 1992 Trailer #337978	07/05/17	SL	.000		16								0.	
279	Logistics' Laptop	07/03/17	SL	5.00		16	1,760.				1,760.			323.	323.
280	F-37 1985 Trailer #215860	08/14/15	200DB	7.00		HY17								0.	
281	F-42 2008 Trailer 2008	11/13/17	SL	5.00		16	12,500.				12,500.			1,458.	1,458.
282	F-51 2008 Trailer #106995	11/13/17	SL	5.00		16	12,500.				12,500.			1,458.	1,458.
283	GN-16 1985 Homemade Trailer	04/10/17	200DB	7.00		HY17								0.	
284	GN-19 1999 Trailer #150971	07/05/17	SL	.000		16								0.	
285	R-3 1976 Trailer #77026	07/05/17	SL	.000		16								0.	
286	R-65 1983 Trailer #103406	01/24/13	200DB	7.00		HY17								0.	
287	R-66 1992 Trailer #667202	01/24/13	200DB	7.00		HY17								0.	
288	R-68 1983 Trailer #103405	01/24/13	200DB	7.00		HY17								0.	



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
289	T-31 2010 Peterbuilt #103223	12/11/17	SL	5.00		16	27,000.				27,000.			2,700.	2,700.
290	22EA 1974 Van Trailer #741472	01/24/13	200DB	7.00		HY17								0.	
291	885 1985 Dry Van #004885	01/24/13	200DB	7.00		HY17								0.	
292	Warehouse Building - Parcel 590077937	05/24/18	SL	40.00		16	21,000.				21,000.			0.	
	* Total 990 Page 10 Depr						6,271,686.				6,271,686.	1,651,640.		228,655.	1,880,295.
Current Year Activity															
	Beginning balance						5,948,870.			0.	5,948,870.	1,651,640.			1,859,727.
	Acquisitions						322,816.			0.	322,816.	0.			20,568.
	Dispositions						86,759.			0.	86,759.	84,739.			86,759.
	Ending balance						6,184,927.			0.	6,184,927.	1,566,901.			1,793,536.
	Ending accum depr less dispositions											1,793,536.			
	Ending book value										4,391,391.				

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2017

For calendar year 2017 or other tax year beginning JUN 1, 2017, and ending MAY 31, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Orphan Grain Train, Inc.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. Box 1466</b> City or town, state or province, country, and ZIP or foreign postal code <b>Norfolk, NE 68702-1466</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>31-1614650</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>480000</b>
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<b>C</b> Book value of all assets at end of year <b>22,154,521.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

**H** Describe the organization's primary unrelated business activity. ▶ **Tranporation hauling for outside parties**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **Becky Carretto** Telephone number ▶ **402-371-7393**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>7,082.</u>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1 c</b> 7,082.		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 7,082.		<b>7,082.</b>
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 7,082.		<b>7,082.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		993.
<b>16</b> Repairs and maintenance	<b>16</b>		1,729.
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		92.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	306.	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22 a</b>		<b>22 b</b> 306.
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule) <u>See Statement 1</u>	<b>28</b>		3,040.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		6,160.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		922.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <u>See Statement 2</u>	<b>31</b>		214.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		708.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) <u>1,000.</u>	<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		0.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **President** \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Danny Fuerhoff, CPA**  
 Preparer's signature: **Danny Fuerhoff, CPA**  
 Date: \_\_\_\_\_  
 Check  if self-employed  
 PTIN: **P00026845**  
 Firm's name: **McMill CPA PC**  
 Firm's EIN: **20-1430448**  
 P.O. Box 1264  
 Firm's address: **Norfolk, NE 68702**  
 Phone no.: **402-371-1160**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B). <b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T	Other Deductions	Statement	1
<u>Description</u>		<u>Amount</u>	
Fuel		818.	
Dues, license, & subscriptions		68.	
Insurance		549.	
Office supplies		29.	
Professional services		15.	
Travel		92.	
Miscellaneous		49.	
Contracted Services		20.	
Meeting and Conferences		3.	
Rent		17.	
Shipping		1,271.	
Utilities		10.	
Telephone		15.	
Supplies		84.	
Total to Form 990-T, Page 1, line 28		3,040.	

Form 990-T	Net Operating Loss Deduction			Statement	2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
05/31/13	244.	153.	91.	91.	
05/31/14	65.	0.	65.	65.	
05/31/15	58.	0.	58.	58.	
NOL Carryover Available This Year			214.	214.	