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Form. 990°

Return of Organization Exempt From Income Tax

CMB No 1545-0047

2014

Department of the Treasury Internal Revenue Sen, ce 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.

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

Open to Public Inspection

| Ā | For the | 2014 cale | ndar year, or tax year | beginning | July 1 | , 2014, a | and ending | Jur | ie 30 | , 20 15 | |
|-----------------------------|--|--------------|---|---|--|--|---|-------------------------------|---------------|--|-------------|
| В | Check if | applicable | C Name of organization | Jordan Evangelical | Theologic | al Seminary | | | D Employ | er identification nu | ımber |
| | Address | change | Doing business as IE | TS | | | | | | 32-0164159 | |
| | Name ch | - | Number and street (or | 20 box if mall is not d | elivered to s | treet address) | Foom/suite | | E Telepho | ne number | |
| \Box | Init al retu | • | P.O. Box 33042 | | | | i | | | 918-619-9869 | |
| $\overline{}$ | | u seurustei. | City or town state or p | rolince country, and Z | P or fare or | pcs*al code | | | | 0,00,010,0000 | |
| \exists | Amended | | | | | | | | G Gross re | enerote 5 | 997,648 |
| \equiv | | | Tulsa, OK 74153 F Name and address of p | essent effect. Desi | | | | | | s.bordnøes? Ves | |
| | Applicari | on pending | ļ. | | d Niednag | jei | | 1 | | s roluced? 🗌 Yes | _ |
| | | | P O Box 33042, Tuls | | | <u> </u> | | 4 '' | | s noluced / res all st (see instructio | |
| Ļ | | not status | ✓ 501/c /3 | <u> </u> | insert no | 4947(3)(1) or | 527 | | | | · 3 |
| <u></u> - | Website | | | | | | | H(c) Group | | | |
| _ | | | Corporation Trust | Association O | iter ► | L Yes | ar of formation | 2005 | M State | of legal domic le | <u> </u> |
| F | art | Summ | | | | - | | | | | |
| _ | 1 | _ | escribe the organizat | | _ | | | | | | |
| ည | } | relieve th | e burdens of all peop | le, as well as bring | hem to a | saving knowled | ge of faith t | hrough Je | sus Chris | t. This is largel | y done |
| ā | 1 | through r | aising support for an | d promoting the im | ortance o | of theological ed | lucation and | training o | leaders | hip. | |
| Governance | 2 | Check th | ns box ▶ 🗌 if the org | ganization discorti | nued its o | perations or di | sposed of | more than | 25% of | its net assets. | |
| ő | 3 | Number | of voting members o | of the governing bo | dy (Part ' | √I, line 1a) | | | 3 | | 6 |
| ≪ರ | 4 | Number | of independent votir | g members of the | governin | g body (Part VI, | , line 1b) | | 4 | | 6 |
| ies | 1 | | nber of individuals e | - | - | - | | | 5 | | 1 |
| ž | 1 | | nber of volunteers (e | | - | | | | 6 | | 10 |
| Activities | 1 | | elated business reve | | • | | | | 7a | | 0 |
| • | Ь | Net uprel | lated business taxab | le income from Fo | rm Gan-T | RECEIV | /FD | ٦٠٠, | 7b | | |
| | | 1100 011101 | ated besittess taxac | ne meeme nome e | 7111 030-1 | , at the result is | | Prior Ye | | Current Ye | |
| | 8 | Contribut | tions and grants (Pa | + VIII Joo 1b) | <u>@</u> | ٠ | 15 | 3 | | | |
| ě | 1 | | - | | A018 | MAY 172 | nia 🚟 | } | 766,283 | | 949,157 |
| Revenue | 1 | - | service revenue (Pa | - - | 1 1 | | ອນ ນ . ∏ // |) | 0 | | 0 |
| Ŗ, | 1 | | nt income (Part VIII, | | | | <u> </u> | <u> </u> | 0 | , | (610) |
| _ | 1 | | renue (Part VIII, colu | | | | () () () () () () () () () () | | 0 | | 1,033 |
| | | | enue-add lines 8 thr | | | | ie 121 | <u> </u> | 766,283 | | 949,580 |
| | 13 | Grants ar | nd similar amounts p | aid (Part IX, colum | ın (A), line | es 1-3) | | | 819,905 | | 877,490 |
| | 14 | Benefits (| paid to or for memb | ers (Part IX, colurn | n (A), line | 4) | | | اه | | 0 |
| S. | 15 | Salanes, i | other compensation, | employee benefits | Part IX, c | olumn (A), lines : | 5-10) | | 4,926 | | 5,211 |
| Expenses | 16a | Professio | nal fundraising fees | (Part IX, column (A | A), line 1 | le) | | | 0 | | 0 |
| ĝ | b | Total fun | draising expenses (F | Part IX, column (C), | line 25) | > | 12,087 | | | | |
| Ω | 17 | Other exp | penses (Part IX, colu | mn (A), lines 11a- | 11d, 11f- | | | | 10,652 | | 41,131 |
| | 1 | | enses. Add lines 13 | | | | i) . [| | 835,483 | | 923,832 |
| | | | less expenses. Sub | | | | | | (69,200) | | 25,748 |
| 2 5 | | | | | | :::: | | nning of Cu | | | |
| at Assets or nd Balances | 20 | Total ass | ets (Part X, line 16) | | | | <u></u> | | 20,321; | | 48,002 |
| A B | 21 | | ilities (Part X, line 26 | , | | | · · - | | | | 2,229 |
| 캶 | | | ts or fund balances. | • | om lina 2i | · · · · · | • • - | | 2961 | | |
| | art II | | ure Block | Oddit Bet into 21 in | 5111 III16 Z1 | · · · · · | - : · · · · | | 20 025 | | 45,773 |
| _ | | | | | | | | | | | |
| tru | e correct | and compli | ry if declare that I have ex etc. Declaration of precess | amined this return lints. Friothes than officer! Is, I | iding accon based on all | rpanying schedules information of which | i and stateme thirsenares his | nts and to " Is any knowle | re best of n | ny knowledge land | belief it s |
| | | ` | $-$ () \cdot \times | | | | | | /. | 11/11 | |
| Sig | ın İ | Sign | sture of officer | wy | | | | | 3// | 4/16 | |
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| | 1 | | or print name and title | | | | | | · | | |
| Pa | id | Print 133 | pe preparer's name | 750 | Dish | 2 | الأشرا | 11 /1 / | Check [| ☑ r} ^{PTIN} | |
| Pro | eparer | Katie B | rugger | 7 64 | 447 | \sim | _5/1 | 9/16 | se '-emp | | 5437 |
| | e Only | | ame 🕨 | • • | | | | Firm | 's E!'\ ► | | |
| | | Frmsa | dress ► | | | | | Pho | e ru | 540-247-27 | |
| _ | | | this return with the | | | e instructions) | | <u> </u> | | | No |
| For | Paperw | ork Reduc | ction Act Notice, see | the separate instruc | tions. | | Cat No. | 1°252V | 20 | Form 9 | 90 (2014) |
| | | | | | | | | ٠ | J | | |

| Part I | V Checklist of Required Schedules | | | . ago c |
|---------|---|----------|---------------|----------------|
| | · | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | 1 | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | † | <u> </u> |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | ł | | |
| | "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | ļ | | |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | | , | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | ✓ | <u> </u> |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | 1 | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | √ |
| 18 · | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | - | - - |
| | | | n 99 0 | (2014) |

| Part | Checklist of Required Schedules (continued) | | | ~30 |
|----------|--|------------|--------------|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 1 | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | 1 | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | 1 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | , | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | ✓ | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ▼ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ✓ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | √ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | √ | |
| | | For | n 990 | (2014) |

Form **990** (2014)

| Part | · · · · · · · · · · · · · · · · · · · | | | |
|----------|--|------------|----------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u>.</u> . | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 | | Yes | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | / | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | 1 |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | , |
| _ | · | 4a | نطان | ✓ |
| þ | If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | - | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | ✓ |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 10 | | |
| | required to file Form 8282? | 7c | | / |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | . |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | į | |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| a | Note. See the instructions for additional information the organization must report on Schedule O. | .va | | سنخ |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | √ |
| h | If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 146 | | |

| 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 11 Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committees, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent b Enter the number of voting members included in line 1a, above, who are independent b Did the organization become aware during the year of a significant diversion of the organization's assets? b Life the organization become aware during the year of a significant diversion of the organization's assets? b Life the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or parent year to prove the proving proving the year of the year of the year of the year of year in year year. b Enter the orga | Part | | | | |
|---|----------|---|---------------|----------|--|
| 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 6 2 Did any officer, director, frustee, or key employee? 3 Did the organization degate control over management duties customanly performed by or under the direct supervision of officors, directors, or frustees, or key employees? 4 Did the organization begate control over management duties customanly performed by or under the direct supervision of officors, directors, or frustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization beave members, stockholders, or other persons who had the power to elect or appoint once or more members of the governing body? 5 Did the organization was members, stockholders, or other persons who had the power to elect or appoint once or more members of the governing body? 6 Did the organization was other than the governing body? 7 Did the organization was other than the governing body? 8 Did the organization was other than the governing body? 9 Is there any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization have without problems and romocours governing the activities of such chapters, affiliates; and tranches to ensure their operations are consistent with the organization is exempt purposes? 10 If Yes, "did the organization have without problems and procedures governing the activities of such chapters, affiliates; and tranches to ensure their operations are consistent with the organization to evaluate in the organization regularly and consistently monitor and enforce compliance with the | | | | | |
| 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, frustee, or key employee? 3 Did the organization delegate control over management dutes customanly performed by or under the direct supervision of officers, directors, or trustees, or key employee? 4 Did the organization make any significant changes to its governing documents since the prior Form 890 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 If Yes, 1 did the organization have written policies and procedures governing the activities of such chapters, bright the organization or serior of the governing body? 6 If Yes, 1 did the organization have written policies of the members of the governing body? 7 If yes, 1 did the organization have written policies and procedures governing the activities of such chapters, bright of the policies of the prog | Section | | | <u> </u> | <u>. (/</u> |
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| the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | | | 8b | ✓ | |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written document retention and destruction policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15a ✓ 15b ✓ 16a ✓ 17eyes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization in west in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a ✓ 17eyes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | 9 | | | | , |
| Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? to bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 5 The organization's CEO, Executive Director, or top management official 6 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt plant in schedule O be filed by the public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) t | Section | <u> </u> | | ada l | 1 |
| Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Unit the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the organization have a written document retention and destruction policy? 17 The organization's CEO, Executive Director, or top management official 18 Did the organization's CEO, Executive Director, or top management official 19 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 19 Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 10 Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section C. Disclosure 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. □ Own website □ Another's web | 000 | on bit dides (This decical birequests information about policies not required by the internal never | <u>ue Ct</u> | | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12c Did the organization have a written conflict of interest policy? If "No," go to line 13 12d Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? 12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the organization's CEO, Executive Director, or top management official 15a ✓ 15b Other officers or key employees of the organization 15a ✓ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15a ✓ 15b If "Yes" do line 15a or 15b, describe the process in Schedule O (see instructions). 15a ✓ 15b If "Yes," did the organization have awritten policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a If "Yes," did the 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. 17a | 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed ▶ 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. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) Describe in Schedul | b | | | | |
| Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Dupon request Other (explain in Schedule O) 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 duri | | - , , , | 10ь | | |
| Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ 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. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone nu | 11a | · · · · · · · · · · · · · · · · · · · | 11a | ✓ | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | | | ✓ |
| 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official | _ | · · · · · · · · · · · · · · · · · · · | 12b | | |
| Did the organization have a written whistleblower policy? | C | describe in Schedule O how this was done | 10- | | |
| Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 13 | | _ | | 1 |
| Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official | | | = | | 7 |
| independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | | | | | |
| b Other officers or key employees of the organization | | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | а | The organization's CEO, Executive Director, or top management official | | | ✓ |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | b | | 15b | | ✓ |
| with a taxable entity during the year? | 40- | | | | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 168 | | 45 | | |
| participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | h | | 16a | | ✓ |
| organization's exempt status with respect to such arrangements? | D | | | | |
| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► 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. ☐ Own website ☐ Another's website ☑ 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: ► | | | 16b | | |
| 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. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | Section | | | | ш |
| available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ 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: ▶ | | | | | |
| Own website | 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) |
| 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | | | | |
| financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: | 10 | | | | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | 19 | | erest p | oolicy | , and |
| and the state of the second and telephone in the person who person and enganization of books and telephone in | 20 | | antda. | | |
| Katie Brudder, P.U. Box 33042. 1015a, UK 74153 : 540-247-2726 | | Katie Brugger, P.O. Box 33042, Tulsa, OK 74153, 540-247-2726 | JUIUS. | | |

| Part VII | Compensation of Officers, Directors, Trustee | s, Key Employees, Highest Compensated Employees | s, and |
|----------|--|---|--------|
| • | Independent Contractors | | |

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

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

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

| Check this box if neither the organization not | any relate | d orga | aniz | | n co | ompe | nsa | ted any currer | t officer, director | r, or trustee. |
|--|---|-----------------------|-------|--------------------|-------------------------------------|---|----------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office individua | unles | Pos eck s pe | ition more | than of the state | ee) | (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 |
| (1) Dr. Imad Shehadeh | 10 | | | | | | | | | |
| President | | 1 | | ✓ | | | | 0 | 0 | |
| (2) David Niednagel | 2 | _ | | ١. | | l | | | | |
| Chairman | | ✓ | | ✓ | $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | | 0 | 0 | |
| (3) Dr. John Barnett | 11 | | | , | | | | | | |
| Secretary | | ✓ | | ✓ | _ | | | 0 | 0 | |
| (4) Jim Stubbs | 2 | , | | , | | | | | | |
| Treasurer | | ✓ | | ✓ | | | - | <u>_</u> | 0 | 0 |
| (5) Dr. Mike Cozzens | 11 | , | | | | | 1 | | | |
| Director | | ✓ | - | _ | | <u> </u> | - | 0 | 0 | |
| (6) Dr. Lee Ewin | 11 | / | | | | 1 | | _ | | |
| Director | | | | <u> </u> | <u> </u> | - | - | 0 | 0 | |
| (7) | | 1 | | ŀ | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | - | ļ | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | - | - | | | | ., | |
| (12) | | | | - | - | | - | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | s, ar | nd F | lighe | st C | ompensated E | mployees (conti | nued) | | |
|---------|---|-------------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------------|---------------------------------------|------------------------------|---------------|-----------------------|----------|
| | • | 1 | | | • | C) ition | | | | | | | |
| | (A) Name and title | (B) | | | ieck | more | than e | | (D) | (E) | | (F) | |
| | Name and title | Average hours per | | | | | ıs both or/trust | | Reportable compensation | Reportable compensation from | I . | timated rount of | |
| | | week (list any hours for | | | | , | | <u> </u> | from the | related organizations | 1 | other pensatio | on. |
| | | related | di di | stitut | Officer | Key employee | ghes | Former | organization | (W-2/1099-MISC) | | om the | JI1 |
| | | organizations below dotted | ct a t | iona | | 룡 | /ee co | | (W-2/1099-MISC) | 1 | - | anızatıo d related | |
| | | line) | Individual trustee or director | Institutional trustee | | 8 | nper | İ | | | | nızatıor | |
| | | | * | stee | | | Highest compensated employee | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | - | | | | | | | |
| (18) | | | <u></u> | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | _ | | <u> </u> | <u></u> | | | | |
| | | | ļ | | | | | | ., | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | <u>-</u> |
| (23) | | | | | | | | | | | | • | |
| (24) | | | | | | | | - | | | | | |
| (25) | | | | | | | | ļ | | | | | |
| -45 | Sub-total | ! | | | | | | | | | | | |
| 1b c | Total from continuation sheets to Part | VII Sectio | n Δ | • | • | | • | | 0 | 0 | - | | |
| d | | • • • • • | | • | | | | • | 0 | 0 | | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | t not limited | | | | ed | above | e) w | | | 00 of | | |
| | reportable compendation from the organi | zanon v | | | | | - | | -, | - | · | Yes | No |
| 3 | Did the organization list any former of | | | | | | | emp | oloyee, or high | est compensate | ed E | | |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | 3 | | 1 |
| 4 | For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | | | |
| | individual | greater til | αιι φ | | | | | s, | | edule 5 loi sul | 4 | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or ındividu | al | | V |
| Section | on B. Independent Contractors | , ,,,,, | .о.т.р. | 0.0 | | | | | Guerr person | · · · · · · | 5 | V | |
| 1 | Complete this table for your five highest | compensat | ed inc | dep | end | ent | contr | acto | ors that receive | ed more than \$1 | 00,000 o | f | |
| | compensation from the organization. Repyear. | oort compe | nsatio | on fo | or th | ne c | alend | ar y | ear ending wit | th or within the o | rganizati | on's ta | Ж |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | (C) Compen | | |
| none | | | | | | ~- | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | • | | | | | | | | |
| 2 | Total number of independent contractor | | - | | | | | th | ose listed abo | ove) who | | | |

| Part | Λίπ | Statement of Reve | | | | | | |
|---|-----|---|------------------------|------------------|-------------------|--|---|--|
| | | Check if Schedule C |) contains a res | ponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| इंद्र | 1a | Federated campaigns | s 1a | 0 | | | | |
| E Z | b | Membership dues . | 1b | 0 | | | | |
| S, E | С | Fundraising events . | 1c | o | • | | | |
| Contributions, Giffts, Grants and Other Similar Amounts | ď | Related organizations | | 0 | | | | |
| S, C | е | Government grants (cor | ntributions) 1e | 0 | | | | |
| rion r Si | f | All other contributions, g | | | | | | |
| 듍 | | and similar amounts not inc | cluded above 1f | 949,157 | 1 | | | |
| nti do | g | Noncash contributions inclu | ded in lines 1a-1f: \$ | 48,068 | | | | |
| Col | h | Total. Add lines 1a-1 | f | ▶ | 949,157 | | | |
| | | | | Business Code | | | | |
| ren | 2a | | | | | | | |
| Re | ь | | | | | | | |
| ice | С | | | | | | | |
| ēZ | d | | | | | | | |
| E | е | | | | | | | |
| Program Service Revenue | f | All other program ser | | | | | | |
| ž | g | Total. Add lines 2a-2 | ef | ▶ | 0 | | | |
| | 3 | Investment income | (including divid | ends, interest, | | | | |
| | | and other similar amo | ounts) | ▶ | O | 0 | 0 | G |
| | 4 | Income from investmen | nt of tax-exempt be | ond proceeds ► | 0 | 0 | 0 | 0 |
| | 5 | Royalties | <u> </u> | <u> </u> | 83 | 83 | 0 | 0 |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or | (loss) | ▶ | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 47,458 | 0 | | | | |
| | b | Less: cost or other basis | |] | | | i | |
| | | and sales expenses . | 48,068 | 0 | | | | |
| | С | Gain or (loss) | (610) | 0 | | | | |
| | d | Net gain or (loss) . | | <u> ▶</u> | (610) | 0 | 0 | (610) |
| enne | 8a | Gross income from fu | undraising | | | | | |
| Other Reven | | of contributions report See Part IV, line 18 | | <u> </u> | | | | |
| Ě | ь | Less: direct expenses | _ | | | | | |
| U | | Net income or (loss) t | | events . > | 0 | Ī | 0 | 0 |
| | | Gross income from ga | | | | | | |
| | ł | See Part IV, line 19 . | \cdots \cdot a | | | } | İ | |
| | ь | Less: direct expenses | s b | | | | | |
| | | Net income or (loss) | | vities ► | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of ir | nventory, less | | | | | |
| | | returns and allowanc | es a | | | į | Ì | |
| | ь | Less: cost of goods s | sold b | | | į | | |
| | С | Net income or (loss) | | entory > | 0 | 0 | 0 | 0 |
| | | Miscellaneous F | | Business Code | | | | |
| | 11a | Refund from PY Work | ers Comp Audit | 900099 | 950 | 0 | 0 | 950 |
| | b | | | | , , , | | | |
| | С | *************************************** | | | | | | _ _ |
| | d | All other revenue . | | | | | | |
| | е | Total. Add lines 11a- | -11d | | 950 | | | |
| | 12 | Total revenue. See i | nstructions | ▶ | 949 580 | 83 | 0 | 340 |

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must com | | | | lumn (A). |
|-------------|---|-----------------------|------------------------------|---|---------------------------------------|
| | Check if Schedule O contains a respons | | | | |
| | t include amounts reported on lines 6b, 7b, , 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 | 41,779 | 41,779 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 835,711 | 835,711 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | 0 | 0 | 0 | 0 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | _ |
| - | • | 0 | 0 | 0 | 0 |
| 7 8 | Other salaries and wages | 4,793 | 0 | 4,793 | 0 |
| Ū | section 401(k) and 403(b) employer contributions) | o | o | o | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes | 418 | 0 | 418 | 0 |
| 11 | Fees for services (non-employees): | | | | <u>_</u> |
| а | Management | o | o | o | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| C | Accounting | 9,119 | 0 | 9,119 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 7,540 | 7,540 | 0 | 0 |
| 12 | Advertising and promotion | 0 | 0) 75 | 0 | 0 |
| 13 14 | Office expenses | 5,181 707 | 0 | 4,586 125 | 520 |
| 15 | Royalties | 0 | 0 | 0 | <u>582</u> 0 |
| 16 | Occupancy | 0 | 0 | 0 | |
| 17 | Travel | 15,956 | 0 | 4,971 | 10,985 |
| 18 | Payments of travel or entertainment expenses | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,, |
| | for any federal, state, or local public officials | o | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 1,170 | 1,170 | 0 | 0 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 17 | 0 | 17 | 0 |
| 23 | Insurance | 188 | 0 | 188 | 0 |
| 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.) | | | | |
| а | Books for Grantee Organization Library | 1,253 | 1,253 | 0 | 0 |
| b | ** | 1,200 | 1,233 | | |
| c | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 923,832 | 887,528 | 24,217 | 12,087 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |
| | · · · · · · · · · · · · · · · · · · · | i J | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Par | tX | | 🗆 |
|-----------------------------|-----|---|---------------------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 19,142 | 1 | 46,840 |
| | 2 | Savings and temporary cash investments | 1,035 | 2 | 905 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | |
| | 4 | Accounts receivable, net | 0 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | 0 | 5 | 0 |
| g | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | 0 | 7 | |
| As | 8 | Inventories for sale or use | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | 0 | 9 | 130 |
| | 10a | Land, buildings, and equipment: cost or | | | 130 |
| | | other basis. Complete Part VI of Schedule D 10a 2,805 | | | |
| | ь | Less: accumulated depreciation 10b 2,678 | 144 | 10c | 127 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 20,321 | 16 | 48,002 |
| | 17 | Accounts payable and accrued expenses | | 17 | 2,229 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | 0 | 21 | 0 |
| 98 | 22 | Loans and other payables to current and former officers, directors, | | | |
| ≣ | | trustees, key employees, highest compensated employees, and | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 0 | | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 296 | 26 | 2,229 |
| 3 0 % | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. | | | |
| ä | 27 | Unrestricted net assets | 20,025 | 27 | 36,418 |
| a | 28 | Temporarily restricted net assets | 0 | | 9,355 |
| ᅙ | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| 5 | | complete lines 30 through 34. | | | |
|)ts | 30 | Capital stock or trust principal, or current funds | · · · · · · · · · · · · · · · · · · · | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ť. | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | <u> </u> |
| ž | 33 | Total net assets or fund balances | 20,025 | 33 | 45,773 |
| | 34 | Total liabilities and net assets/fund balances | 20,321 | 34 | 48,002 |

| _ | - | |
|------|---|--|
| Page | | |
| | | |

| 1 01111 00 | 0 (2014) | | 1 age 12 |
|------------|---|----------|------------|
| Part | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u> 🗆</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 949,580 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 923,832 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 25,748 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 | | 20,025 |
| 5 | Net unrealized gains (losses) on investments | | 0 |
| 6 | Donated services and use of facilities | | 0 |
| 7 | Investment expenses | | 0 |
| 8 | Prior period adjustments | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | |
| | 33, column (B)) | | 45,773 |
| Part | XII Financial Statements and Reporting | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | <u> 🗸</u> |
| | | Υ | es No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | |
| | Schedule O. | | 3 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a , | / |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | _ ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | |
| | separate basis, consolidated basis, or both: | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | ł |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c , | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | |
| | Schedule O. | | |
| 3a | 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? | 3a | / |
| 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. | 3b | |
| | | Form § | 990 (2014) |
| | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

| Name | of the organization | | | | | Employer identification | n number | |
|----------|--|------------------------|--|--------------------------------|--------------------------------------|---|---|--|
| | n Evangelical Theological Seminary | | | _ | | | 64159 | |
| Par | | | | | | | ons. | |
| _ | organization is not a private founda | | • | - | - | • | | |
| 1 | A church, convention of church | | | pea in se | ection 17 | U(D)(1)(A)(I). | | |
| 2 3 | A school described in section | | | o coetion | 470/b\/- | 1\/A\/;;;\ | | |
| 4 | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | |
| 6 7 | ☐ A federal, state, or local govern ☑ An organization that normally described in section 170(b)(1) | receives a subs | stantial part of its sup | | | | n the general public | |
| 8 | ☐ A community trust described in | n section 170(b |)(1)(A)(vi). (Complete I | Part II.) | | | | |
| 9 | | | | | | | than 331/3% of its | |
| 10 11 | ☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a | operated exclusions of | ively for the benefit of, lescribed in section 5 | to perfor 09(a)(1) o | m the fur r sectio n | octions of, or to carry 509(a)(2). See sect | ion 509(a)(3). Check | |
| а | ☐ Type I. A supporting organize the supported organization(sorganization. You must correct the supported organization. You must correct the support of |) the power to re | egularly appoint or ele | | | | | |
| b | Type II. A supporting organization(s). You must co | e supporting org | ganization vested in th | | | • • | | |
| С | Type III functionally integra its supported organization(s) | | | | | | y integrated with, | |
| d | Type III non-functionally integrated that is not functionally integrated requirement (see instructions) | ated. The organ | ization generally must | satisfy a | distributi | ion requirement and | • , , | |
| е | Check this box if the organiz functionally integrated, or Ty | ation received a | written determination | from the | IRS that | it is a Type I, Type i | I, Type III | |
| f | Enter the number of supported of | organizations . | | | | | | |
| g | Provide the following information | n about the supp | ported organization(s). | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | listed in you | rganization ir governing ment? | | (vi) Amount of other support (see instructions) | |
| | | | (acc matroctions)) | Yes | No | 1 | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | l | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts. grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 556,403 700,708 613,319 766,283 949,157 3,585,870 revenues levied 2 for organization's benefit and either paid to or expended on its behalf . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 556,403 700,708 613,319 766,283 949,157 3,585,870 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 287,198 Public support. Subtract line 5 from line 4. 3,298,672 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 556,403 700,708 613,319 766,283 949,157 3,585,870 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carned on 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) n Total support. Add lines 7 through 10 11 3,585,870 12 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 <u>91.99</u> % Public support percentage from 2013 Schedule A, Part II, line 14 15 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test-2013. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

| (Complete only i | f you checked the bo | ox on line 9 of Part I or | if the organization | failed to qualify | under Part II. |
|---------------------|-------------------------|---------------------------|---------------------|-------------------|----------------|
| If the organization | on fails to qualify und | er the tests listed belo | w. please complet | e Part II.) | |

| C4: | in the organization rails to quality | under the te | sis listed bei | ow, please co | Jilipiete Part | 11.) | |
|-------|--|----------------|--|--|--------------------------------------|------------------|--------------|
| | on A. Public Support | (-) cc10 | #N 0044 | (-) 6040 | 1-0 00-10 | 1 (1) 6544 | |
| | dar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | · | | |
| _ | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | Ì | | | | |
| • | organization's tax-exempt purpose Gross receipts from activities that are not an | · · · · | | | ·· · · · · · · · · · · · · · · · · · | <u> </u> | |
| 3 | unrelated trade or business under section 513 | | ł | ļ | | | |
| 4 | Tax revenues levied for the | | | | | | |
| ~ | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | 1 | | • |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| - | Amounts included on lines 1, 2, and 3 | | | | | - | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | 1 | 1 | 1 | | |
| U | received from other than disqualified | | 1 | | 1 | | 1 |
| | persons that exceed the greater of \$5,000 | | 1 | | | 1 | |
| | or 1% of the amount on line 13 for the year | | } | | | | |
| С | Add lines 7a and 7b | | | <u> </u> | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | ĺ |
| | royalties and income from similar sources . | _ | | <u> </u> | | | |
| b | Unrelated business taxable income (less | | 1 | | | | 1 |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| - | Add lines 10a and 10b | | | _ | ļ | | ļ |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | 1 | 1 | | ļ | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 40 | (Explain in Part VI.) | | | | <u></u> | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | ne organizatio | n's firet secon | d third fourth | or fifth tay " | ear as a sectio | n 501/c)/2\ |
| 17 | organization, check this box and stop he | - | | | = | | |
| Secti | ion C. Computation of Public Suppor | | | | | <u> </u> | |
| 15 | Public support percentage for 2014 (line | | | 13. column (fl) | | 15 | % |
| 16 | Public support percentage from 2013 Sci | | | | | 16 | % |
| | ion D. Computation of Investment In | | | <u> </u> | <u> </u> | | |
| 17 | Investment income percentage for 2014 (| | | by line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2013 | | | • | | 18 | % |
| 19a | 331/3% support tests—2014. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests - 2013. If the organiz | zation did not | check a box on | line 14 or line | 19a, and line 10 | 6 is more than 3 | |
| _ | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization di | d not check a | a box on line 14 | 1, 19a, or 19b. | check this box | and see instru | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| Part | IV Supporting Organizations (continued) | | · · · · · · | age C |
|-------------|--|---------|-------------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | <u></u> | , |
| 1 | Did the directors twisters or membership of one or more compared associations have the account | | Yes | No |
| · | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | Yes | No |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 4 | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | - | |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations | 1 - 1 | 1 | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instruc | tions | |
| a b c | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (sometimes). | | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ani | zations | ··· | | | |
|---|------|----------------------------|-----------------------------|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 Net short-term capital gain | 1 | | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | | |
| 3 Other gross income (see instructions) | 3 | | | | | |
| 4 Add lines 1 through 3 | 4 | | | | | |
| 5 Depreciation and depletion | 5 | | | | | |
| 6 Portion of operating expenses paid or incurred for production or | | | | | | |
| collection of gross income or for management, conservation, or | | | | | | |
| maintenance of property held for production of income (see instructions) | 6 | | | | | |
| 7 Other expenses (see instructions) | 7 | | | | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| instructions for short tax year or assets held for part of year): | | | | | | |
| a Average monthly value of securities | 1a | | | | | |
| b Average monthly cash balances | 1b | | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| e Discount claimed for blockage or other | | | | | | |
| factors (explain in detail in Part VI): | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 Subtract line 2 from line 1d | 3 | | | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | | |
| see instructions). | 4 | | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 Multiply line 5 by .035 | 6 | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Section C - Distributable Amount | | | Current Year | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | |
| 2 Enter 85% of line 1 | 2 | | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | |
| 4 Enter greater of line 2 or line 3 | 4 | | | | | |
| 5 Income tax imposed in prior year | 5 | | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | |
| emergency temporary reduction (see instructions) | 6 | | | | | |
| 7 Check here if the current year is the organization's first as a non-functional | y-in | tegrated Type III supporti | ng organization (see | | | |
| instructions). | | | | | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|--|---|-----------------------------|--|---|--|--|--|
| Secti | òn D - Distributions | | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | orted | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | ooses of supported orga | nizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5_ | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6_ | Other distributions (describe in Part VI). See instructions. | | | | | | |
| | Total annual distributions. Add lines 1 through 6. | | | | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | | | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | ··· | | | | | |
| 10_ | Line 8 amount divided by Line 9 amount | | | | | | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 | | | |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | | | | |
| | (reasonable cause required-see instructions) | | ······· | | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | | | | |
| a | | | | | | | |
| <u> </u> | | | ···· | | | | |
| <u>C</u> | | | ······ | | | | |
| <u>d</u> _ | | | | | | | |
| e | From 2013 | | ., | | | | |
| <u>f</u> | Total of lines 3a through e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| <u>h</u> | Applied to 2014 distributable amount | | | | | | |
| <u>i</u> _ | Carryover from 2009 not applied (see instructions) | | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributions for 2014 from Section | | | | | | |
| | D, line 7: \$ | | | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | ····· | | | | |
| <u> </u> | Applied to 2014 distributable amount | | | | | | |
| <u>_</u> | Remainder. Subtract lines 4a and 4b from 4. | | · | | | | |
| 5 | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| a | | | | | | | |
| <u>b</u> | | | | | | | |
| <u>C</u> | | | | | | | |
| <u>d</u> | Excess from 2013 | | | | | | |
| е | Excess from 2014 | 1 | | | | | |

| | Page (| | | | | | |
|---------|---|--|--|--|--|--|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.) | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Jordan Evangelical Theological Seminary Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Addredate value at end of year 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? ☐ Yes ☐ No 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? **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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 in Form 990, Part VIII, line 1 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: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Part | | | | | | | | |
|------------|--|----------------|---------------------------------|---|-------------------------|------------|------------------------|--|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | nd other reco | rds, chec | k any of th | ne follov | ving that are a | a significant use of i |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchan | ge progi | rams | |
| b | ☐ Scholarly research | | е | ☐ Othe | r | | | |
| C | ☐ Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collect | ons and expl | ain how t | hey further | the org | anization's ex | cempt purpose in Pa |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | |
| Pari | | | | ' | | | | |
| | Complete if the organization 990, Part X, line 21. | answered | "Yes" to For | | | | • | |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | not · · Yes · N |
| b | If "Yes," explain the arrangement in P | art XIII and c | omplete the fo | ollowing to | able: | | T | Amount |
| C | Beginning balance | | | | | 1c | | ···· ··· ··· ··· ··· ··· ··· ··· ··· · |
| d | Additions during the year | | | | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amou | | | | | | | |
| | If "Yes," explain the arrangement in P | art XIII. Chec | k here if the e | xplanatio | n has been | provide | d in Part XIII | <u> </u> |
| Par | | | "\/" t_ | 000 5 |) | - 10 | | |
| | Complete if the organization | (a) Current y | | or year | (c) Two yea | | (d) Three years b | ack (e) Four years back |
| 1a | Beginning of year balance | (a) concin y | (3) | | (0) 1110 900 | J'S OLOK | (d) Three years b | ack (e) Four years back |
| b | Contributions | — | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | 1 | | |
| d | Grants or scholarships | | | | | 1 | · | |
| e | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of t | he current ye | ear end baland | e (line 1g | , column (a | a)) held a | is: | <u> </u> |
| а | Board designated or quasi-endowme | nt ▶ | % | | | | | |
| b | Permanent endowment | % | | | | | | |
| C | Temporarily restricted endowment ▶ | | <u>.</u> % | | | | | |
| | The percentages in lines 2a, 2b, and 2 | | | | | | | |
| 3a | Are there endowment funds not in th organization by: | e possession | of the organ | zation tha | at are held | and adı | ministered for | the Yes No |
| | (i) unrelated organizations | | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | | | . 3a(ii) |
| þ | If "Yes" to 3a(ii), are the related organ | | | | | | | . 3b |
| 4 | Describe in Part XIII the intended uses | | ization's end | owment fu | unds. | | | |
| Par | | | | | | | | |
| | Complete if the organization | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | Description of property | 1 ' ' | st or other basis ivestment) | 1 ' ' | or other basis ther) | , , , | Accumulated preciation | (d) Book value |
| 1a | Land | | 0 | † | 0 | | | |
| b | Buildings | | 0 | | 0 | | 0 | |
| C | Leasehold improvements | ٠ | 0 | | 0 | | 0 | |
| d | Equipment | • | 0 | | 1,792 | | 1,792 | |
| e Tabel | Other | | 000 Deed | | 1,013 | | 886 | 127 |
| ı otal. | Add lines 1a through 1e. (Column (d) r | nust equal Fo | ımı 990, Part | v, column | i (២), iine 10 | JC.) | ▶ | 127 |

| Part VII | Investments—Other Securities Complete if the organization ans | | m 990, Part IV, line | e 11b. See Form | 990, Part X, line 12. |
|----------------|---|--|--------------------------|--|--|
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Met | hod of valuation. -of-year market value |
| (1) Financial | derivatives | | | | |
| (2) Closely-h | neld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | <u> </u> | |
| (C) | | | | | |
| (D) | | | | | |
| (E) (F) | | | | | |
| (G) | | ** | | | |
| (H) | | | | · | |
| | b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | |
| Part VIII | Investments—Program Related Complete if the organization ans | | m 990, Part IV, line | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | (c) Met | hod of valuation -of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| _(5) | | | | ļ | ······ |
| _(6) | | | | | |
| _(7) | | | <u> </u> | | |
| (8) | | | | | |
| (9) | b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | <u> </u> | L.,,,, | |
| | Complete if the organization ans | wered "Yes" to For | m 990, Part IV, line | e 11d. See Form | 990, Part X, line 15. |
| | (4 | a) Description | | | (b) Book value |
| (1) | | | | | |
| (3) | | | | | |
| (4) | | ······································ | | | |
| (5) | | | | | · · · · · · · · · · · · · · · · · · · |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Part X | mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ansoline 25. | | <u></u> | ▶ e 11e or 11f. See | Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | | |
| (1) Federal II | · · · · · · · · · · · · · · · · · · · | | | | |
| (2) | | | · | | |
| (3) | | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | ··· | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) | <u> </u> | | | |
| | r uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under | | | | |
| organization | s natinity for uncertain tax positions under | 1 114 40 (A3C /4U). Ch | SUNTINE II (IIE (EXLO) (| HE TOOLITOLE HAS DEE | in provided in Part XIII |

| Part | | | | Return. | |
|---------|--|----------|--|--------------|--|
| | Complete if the organization answered "Yes" to Form 990, | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | , | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| Ь | Donated services and use of facilities | 2b | · ·- · · · · · · · · · · · · · · · · · | | |
| C | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | ; · | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| b | Other (Describe in Part XIII.) | | | 40 | |
| С 5 | Add lines 4a and 4b | | | 4c 5 | |
| Part | | | | | |
| lait | Complete if the organization answered "Yes" to Form 990, | | | er rietarri. | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | ·-···································· |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | · · | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | | | | |
| C | Add lines 4a and 4b | | | 4c | · |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 18.) | | 5 | |
| | Supplemental Information. | | | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | | 4; Part X, line |
| 2, 1 21 | At, mies 2d and 45, and 1 art An, mies 2d and 45. Asso complete this par | t to pre | ovide any additional in | nonnation. | |
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| Schedule D (Form 990) 2014 Page 5 | | | | | | | |
|-----------------------------------|--------------------------------------|--|--|--|--|--|--|
| Part XIII | Supplemental Information (continued) | | | | | | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

| Name o | f the organization | | • • | | _ | Employer ide | entification number |
|--------|--|---|--|---|--|---------------------|---|
| | Evangelical Theological Semin | nary | | | | 32 | -0164159 |
| Part | General Information Form 990, Part IV, line | | ies Outside t | the United States. Comp | olete if the organi | zation ansv | vered "Yes" on |
| 1 | For grantmakers. Does the assistance, the grantees' eligrants or assistance? | gibility for th | e grants or as | | criteria used to | | ☑Yes □No |
| 2 | For grantmakers. Describe assistance outside the Unite | | the organizati | on's procedures for monit | toring the use o | of its grants | s and other |
| 3 | Activities per Region. (The fo | llowing Part | I, line 3 table o | can be duplicated if addition | nal space is need | led.) | ·· |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity liste a program se describe specifi service(s) in r | rvice, c type of | (f) Total expenditures for and investments in region |
| (1) | Middle East and North Africa | 0 | 0 | Grants | | | 835,711 |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| 3a | Sub-total | 0 | 0 | 1 1 20 20 16 | 17 18 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18 | | 835,711 |
| b | Total from continuation sheets to Part I | | | | | | |
| C | Totals (add lines 3a and 3b) | 0 | 0 | | | , ., | 835,711 |

Schedule F (Form 990) 2014

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. Part II

| الم حک | | | | | | | | | | | | | | | | |
|--|--------------------------------|-----|---|---|-----|-----|---|-----|---|------|------------------|------|------|--------------|------|------------|
| (i) Method of valuation (book, FMV, appraisa, other) | book | | | : | | ; | | | | | | | | | | |
| (h) Description of non-cash assistance | 1,253 Books for Library | | | | | | ; | | | | | | | | | |
| The of (b) IRS code (c) Region (d) Purpose of cash grant (f) Manner of (h) Manner of (| 1,253 | | | | | | | | | | | | | | | |
| (f) Manner of cash disbursement | 833,253 Wire Transfer | | | | | | | | | | | | | | | |
| (e) Amount of cash grant | 833,253 | | | | | | | | | | | | | | | |
| (d) Purpose of grant | Theological Educatio | | | | | | | | | | | | | | | |
| (c) Region | Middle East and NA Theological | | | | | | | | | | | | | | | |
| (b) IRS code section and EIN (if applicable) | | | | | | | | , | | | | | | | | |
| (a) Name of organization | | | | | | | | | | | | | - | | | |
| - | Ξ | (2) | ල | € | (2) | (9) | 2 | (8) | 6 | (10) | . (13 | (12) | (13) | (| (15) | <u>(</u> 9 |

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 N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2014
Part III Grants ar

| (a) Type of grant or assistance | of grant or assistance (b) Region (c) Number of | (c) Number of | (d) Amount of | (e) Manner of | (f) Amount of | (g) Description | (h) Method of valuation |
|---------------------------------|---|---------------|---------------|---------------|---------------|------------------------|-------------------------------------|
| | | recipients | cash grant | disbursement | assistance | of non-cash assistance | (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
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| (12) | | | | | | | |
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| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| | | | | | | Sch | Schedule F (Form 990) 2014 |

| Page | 4 |
|------|---|
| | |

| Part | V Foreign Forms_ | | |
|------|---|-------|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | ☐ Yes | ☑ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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 - Jordan Evangelical Theological Seminary (JETS) makes grants to organizations and individuals outside of the United States |
|--|
| based on written or understood grant agreements to accomplish its program purposes around the world. JETS monitors the use of grants |
| in various ways including JETS Board review of grantee annual audited financial statements, regular review of program accomplishments, |
| and onsite observation of ministry programs. |
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SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990,

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

32-0164159

%□

√ Yes

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

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?

General Information on Grants and Assistance

lordan Evangelical Theological Seminary

Part

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Missionary support (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40,279 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 22-1717576 (b) EIN 1 (a) Name and address of organization Pkwy #300, Richardson, TX 75081 Christar, 1500 International Part II Ξ (12) Q € 9 9 9 9 9 9

| Schedule I (Fo | Schedule I (Form 990) (2014) | | | | | Page 2 |
|----------------|---|--|--------------------------|--------------------------------------|---|--|
| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | mestic Individuals space is needed. | s. Complete if the | organization answe | red "Yes" to Form 990, F | • |
| | (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 non-cash assistance |
| - | | | | | | |
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| 7 Part IV | Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information. | he information red | uired in Part I, line | 2. Part III. column | (b), and any other addition | onal information. |
| Part 1, Line | Part 1, Line 2 - Jordan Evangelical Theological Seminary (JETS) makes grants to organizations in the United States based on written or understood grant agreements to accomplish certain | JETS) makes grants | to organizations in th | e United States based | on written or understood gra | nt agreements to accomplish certain |
| program pu | program purposes. JETS monitors the use of these grants in various ways including observation of ministry programs in the field as well as receiving program accomplishment reports. | s in various ways inc | luding observation of | f ministry programs in | the field as well as receiving | program accomplishment reports. |
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Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Jordan Evangelical Theological Seminary

Employer identification number

32-0164159

| Part | Questions Regarding Compensation | | | | |
|------|--|--|-----|-----|----------|
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a. Complete Part III to pi | ovided any of the following to or for a person listed in Form rovide any relevant information regarding these items. | | Yes | No |
| | ☐ First-class or charter travel | Housing allowance or residence for personal use | ! | | |
| | ✓ Travel for companions | Payments for business use of personal residence | !!! | ! | |
| | ☐ Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | ; | 1 |
| | ☐ Discretionary spending account | Personal services (e.g., maid, chauffeur, chef) | | 1 | |
| | _ Discretionary spending account | | | | |
| ь | If any of the hoves on line 1a are checked, did th | ne organization follow a written policy regarding payment | | ! | 4 |
| - | | penses described above? If "No," complete Part III to | | | |
| | explain | · | 1b | | 1 |
| | | | | | |
| 2 | | r to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked in line | 2 | | √ |
| | | | | | Ė |
| 3 | Indicate which, if any, of the following the filing organization's CEO/Executive Director. Check all the related organization to establish compensation of the compens | nat apply. Do not check any boxes for methods used by a | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, organization or a related organization: | Part VII, Section A, line 1a, with respect to the filing | 1 | | |
| а | Receive a severance payment or change-of-control | I payment? | 4a | | ✓ |
| b | Participate in, or receive payment from, a supplement | ental nonqualified retirement plan? | 4b | | 1 |
| C | Participate in, or receive payment from, an equity-b | pased compensation arrangement? | 4c | | 1 |
| | If "Yes" to any of lines 4a-c, list the persons and pr | rovide the applicable amounts for each item in Part III. | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) o For persons listed in Form 990, Part VII, Section A, | | | | |
| | compensation contingent on the revenues of: | | | | |
| а | The organization? | | 5a | | 7 |
| b | Any related organization? | | 5b | | 1 |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of: | line 1a, did the organization pay or accrue any | | i | |
| а | The organization? | | 6a | | 7 |
| b | Any related organization? | | 6b | | 1 |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | : | |
| 7 | | A, line 1a, did the organization provide any non-fixed | | | |
| | • • | describe ın Part III | 7 | | ✓ |
| 8 | | paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | • | | 8 | | 1 |
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| 9 | If "Yes" to line 8, did the organization also foll | ow the rebuttable presumption procedure described in | | | |
| - | Regulations section 53 4958-6(c)? | The second secon | اما | | |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII,

Note. The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| Note. THE SUM OF COUNTIES (D)(I)—(iii) FOR EACH INSTEAD INDICATION AND SAME COMPANIED OF FOR VII, SECTION A, WILL BY AND AND A TOO MISS COMPANIED. | or each | (B) Provident | 131 Equal III TOTA and | SC compareation | יוני אווי ספסיוטוו עי וווופ | a applicable column | (b) and (c) annount | יים חומר ווים איכופה. |
|--|------------|---|---|---|--------------------------------|---------------------|----------------------|--|
| | | (b) Dicardowii c | וו עי־ב מווט/טו וטש-ועווי | oc compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable | other deferred compensation | benefits | (a)-(i)(a) | in column (B) reported as deferred in prior |
| | - | | | compensation | | | | |
| | (3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 Dr. Imad Shehadeh - President | € | 0 | | | | 0 | 0 | 0 |
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| Page 3 | part | for | | | | Ì | | | | | | | | | | | | 2014 |
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| a. | this | , pays for the bona fide business travel of Julia Shehadeh, the wife of President Dr. Imad Shehadeh when they travel for | | | | | | | | | | | | | | | | Schedule J (Form 990) 2014 |
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| m 990) 2014 | Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | Part I, Line 1a and Line 1b - Jordan Evangelical Theological Seminary | fund-raising purposes for the organization. | | | | | | i i i | | | | | | | | | |
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| J (For | le the | ine 1 | ising | | | | | | | | | | | | | | | |
| Schedule J (Form 990) 2014 | rovic r an | art I, L | ınd-ra | | | | | | | | 1 1 1 1 1 | | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

| | vangelical Theological Seminary | | | | ······· | 32-0164 | 159 |
|---|--|---|---|--|--|---|---------------------------------------|
| Part I | Types of Property | | | (-) | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contr amounts repor Form 990, Part V | ted on | | (d) of determining ntribution amounts |
| 1 A | Art—Works of art | | | - | _ | | |
| 2 A | Art—Historical treasures | | | | | | |
| 3 A | Art - Fractional interests | | | | | | |
| 4 B | Books and publications | | Branch Commencer | | | | |
| 5 C | Clothing and household | | | | | | |
| g | goods | | | | | | |
| 6 C | Cars and other vehicles | | | | | | |
| 7 B | Boats and planes | | | | | | |
| 8 Ir | ntellectual property | | | | | | |
| 9 S | Securities—Publicly traded | 1 | 1 | | 48,068 | Fair Market | Value |
| 10 S | Securities—Closely held stock . | | | | | | |
| 11 S | Securities-Partnership, LLC, | | | | | | |
| 0 | or trust interests | ļ | | | | 1 | |
| 12 S | Securities-Miscellaneous | | | | | | |
| 13 C | Qualified conservation | | | | | | |
| | contribution—Historic | İ | | | | | |
| s | structures | | | | | | |
| 14 C | Qualified conservation | | | | | | |
| C | contribution—Other | | | | | | |
| 15 F | Real estate-Residential | | | | | | |
| 16 F | Real estate—Commercial | | | | | | |
| 17 F | Real estate-Other | | | | | | |
| 18 C | Collectibles | | | | | | |
| 19 F | Food inventory | | | | | | |
| | Orugs and medical supplies | | | | | | |
| | Faxidermy | | | | | | |
| | Historical artifacts | | | | | | |
| | Scientific specimens | | <u> </u> | | | | |
| | Archeological artifacts | | | | | | |
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| Schedule M (Form 990) (2014) Page 2 | |
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| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
| Part I, Line 9 | Column B - The number of contributions reported is the number of contributions received, not the number of items contributed. |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Jordan Evangelical Theological Seminary 32-0164159 Form 990, Part VI, Line 11b – The completed Form 990 is distributed to the Board of Directors prior to filing with the IRS for review and comment. Form 990, Part VI, Line 12a - Jordan Evangelical Theoligical Seminary (JETS) did not have a Conflict of Interest Policy in place as of the end of the fiscal year. However, the Board of Directors of JETS adopted a Conflict of Interest Policy in December 2015. Form 990, Part VI, Line 13 - JETS did not have a Whistleblower Policy in place as of the end of the fiscal year. However, the Board of Directors of JETS adopted a Whistleblower Policy in December 2015. Form 990, Part VI, Line 14 - JETS did not have a Document Retention and Destruction Policy in place as of the end of the fiscal year. However, the Board of Directors of JETS adopted a Document Retention and Destruction Policy in December 2015. Form 990, Part VI, Lines 15a and 15b, JETS does not currently compensate any officers or key employees of the organization, but if it does in the future, the Board of Directors will follow a process of reviewing comparability data to determine appropriate compensation. Form 990, Part VI, Line 19 - JETS makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Form 990, Part VII, Line 5 - Dr. Imad Shehadeh, President of Jordan Evangelical Theological Seminary, is a paid employee of Christar (an unrelated 501(c)(3) nonprofit organization) and is secunded to Jordan Evangelical Theological Seminary as well as Jordan Evangelical Theological Seminary in Jordan. Form 990, Part XII, Line 1, Explanation for change in accounting method used to prepare form 990. In prior year, incorrect selection of Cash basis was selected. The JETS Form 990 is prepared on Accrual basis of accounting.