

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



,				
_				۸
•		Y 0	и в	8
	•		•	r
Form	-		w	,

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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

2015, and ending

Ā	For the	2015 cale	ndar year, or tax year beginning	, 2	015, and en	ding	_	, 20				
В	Check if a	applicable	C Name of organization Redeemer D	ubai			D Employer identification number					
	Address c	change	Doing business as					27-1975559				
$\overline{\Box}$	Name cha	-	Number and street (or P O box if mail	is not delivered to street address	s) Room	√suite	E Telepho	ne number				
$\overline{\Box}$	Initial retui	_	12115 Hinson Rd					501-975-5050				
$\overline{\Box}$		v/terminated	City or town, state or province, countr	y, and ZIP or foreign postal code)							
$\vec{\Box}$	Amended		Little Rock, AR 72212				G Gross re	eceipts \$	1,067,464			
\exists			F Name and address of principal officer			H(a) is this a		subordinates? Yes				
_	Арріюцію	on pending	, , , , , , , , , , , , , , , , , , , ,					s included? Tes				
	Tax-exem	not status	✓ 501(c)(3)) ◀ (insert no) ☐ 4947(a)((1) or 527			a list (see instruction				
<u>'</u> _	Website:		<u> </u>	/ 4 (msert no) - 4947/a/	(1) 01 321		ıp exemption					
<u>у</u> К			Corporation Trust Association	on Other ▶	L Year of for			of legal domicile	AR			
	art I	Summ		ononer =	L Teal Of Ioi	mation ZUI	U IN State	or legal dorniche	AR			
			_ -	n or most significant activ	vition							
Ф		•	scribe the organization's mission									
Governance	_		Dubai provides financial suppor	t for Redeemer Church Dur	oai, a Christi	ian Church loc	ated in Du	adi, UAE,				
Ë			urch planting activities	incontinued its operations	dianaa	d of more the	250/ of	ito not consta				
Š	1		is box ▶☐ if the organization d		-		1	its net assets.				
Ğ			of voting members of the govern					<u> </u>	4			
Activities &	1		of independent voting members			16)			3			
鼍	1		nber of individuals employed in		v, line 2a)		. 5		4			
흫			nber of volunteers (estimate if h		• • • •		. 6		3			
⋖			elated business revenue from P		2 . ∦		. 7a		0			
	b	Net unrel	ated business taxable income f	rom Form 990-1, line 34			. 7b		0			
				3 JUL 1 1 2016	Ö	Prior	Year	Current Y	ear —————			
ø			tions and grants (Part VIII, line f	· /	· 60		744,500		1,067,464			
틸	1	_	service revenue (Part VIII, line 2									
Revenue			nt income (Part VIII, column 🐴),		²							
-	11 (Other rev	enue (Part VIII, column (A), line:	s 5, 6d, 8c, 9c, 10c, and 1	1e)							
	+	Total reve	enue-add lines 8 through 11 (m	ust equal Part VIII, column	(A), line 12)		744,500		1,067,464			
	13 (Grants ai	nd similar amounts paid (Part IX	(, column (A), lines 1-3) .			435,412		535,749			
	14 1	Benefits	paid to or for members (Part IX,	column (A), line 4)								
Se	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A),	lines 5-10)				77,912			
Expenses	16a	Profession	nal fundraising fees (Part IX, co	lumn (A), line 11e)								
ğ	b -	Total fun	draising expenses (Part IX, colu	mn (D), line 25) -								
Ü	17 (Other exp	oenses (Part IX, column (A), line	s 11a-11d, 11f-24e) .			63,340		148,624			
	18	Total exp	enses. Add lines 13-17 (must e	equal Part IX, column (A), I	ine 25) .		498,752		762,285			
	19	Revenue	less expenses. Subtract line 18	3 from line 12	<u></u> .		245,748		305,179			
8	1					Beginning of	Current Year	End of Ye	ar			
Assets or	20	Total ass	ets (Part X, line 16)				291,431		596,610			
Ž,	21	Total Itab	ilities (Part X, line 26)									
ž		Net asse	ts or fund balances. Subtract lir	ne 21 from line 20			291,431		596,610			
	art II	Signa	ture Block									
U	nder penalt	ties of perju	ry, I declare that Mave example this re	turn moluding accompanying sc	hedules and s	tatements, and to	the best of	mv knowledge and	belief, it is			
trı	ie, correct,	, and comp	ete Declaration of preparer other than	officer) is based on all information	of which pren	parer has any kno	wledge	,				
			HINDER TILL	Den Mark		_		7-6-1				
Si	gn	Sign	agure of officer	1	1-	~0	Date		V			
Н	ere	1	VIKE DEDICKIE	$M \subset S$	[//						
	İ	Туре	or brint name and title	~~~~	77.44	-		<u>-</u>				
_		Print/Ty	pe preparer's name	Preparer's signature		Date		PTIN				
	aid	_					Check self-em					
	epare		ame ▶			<u> </u>	ırm's EIN ▶	·				
U	se Only	y <u> </u>	iddress ▶				hone no					
M	v the IR		s this return with the preparer s	hown above? (see instruct	tions)		none ilo	TVa	s No			
_			ction Act Notice, see the separat			at No 11282Y	<u> </u>		990 (2015)			
	, , apci W	. JIN NEUU	outer not receive, and the achalat	ou wouldig.	C	al INU 112021		roin a	(CU13)			



Form 99	0 (2015) Page 2
Part	Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Redeemer Dubai's mission is to help establish and support influential evangelical Christian churches located throughout the middle
	east. Redeemer Church of Dubai was established in 2010 and Immanuel Church of Fujairah, UAE was started by the Dubai church
	in 2015.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	•
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
. +	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, ter each program each reported.
	(Code:) (Expenses \$ 578,410 including grants of \$ 195,027) (Revenue \$)
-14	Redeemer Dubai help fund the Dubai church by funding in excess of \$364,000 in expenses (room rent, conferences, travel, etc.)
	and by providing grants directly to the Dubai church which they used for normal Church operating expenses.
	und by providing grants another the based of the state of
4b	(Code:) (Expenses \$
	Redeemer Church Dubai is committed to planting influential churches throughout the world. Part of that commitment is seen by its
	support of the new church, Immanuel Church of Fujairah. These grants were to help establish that church.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including graits of \$) (Nevertible \$)
	•••••••••••••••••••••••••••••••••••••••
	•
	•
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 656,052

Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-	165	
•	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		✓
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		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>·</u>
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		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
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.			
a	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
C	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 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.	11e		√
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		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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		1
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

Part	Checklist of Required Schedules (continued)		V I	
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
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	•	√
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		✓
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		✓
	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	-	✓
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key 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		√
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b		✓	
С	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		<u>·</u>
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>	29 30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	1
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? <i>If "Yes," complete Schedule R, Part I </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 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37 38	1	✓
			n 990	(2015)

Form **990** (2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No.
			res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		,	
	reportable gaming (gambling) winnings to prize winners?	1c	✓_	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓ _
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
ē	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		i i
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		İ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
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	1		
11	Section 501(c)(12) organizations. Enter.	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	154		+
ь	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	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	1
14a	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14a	\vdash	+
U	- II - 105. THE IL HIGH A TOTAL TEO TO TOPOLI THOSE PAYTHEIRS; II TVO. DIVVIUE AH EXPIANATION IN OCHEUNE U .			1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ıns	tructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-	Did the average star have local charters by saches an officiate?	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>
b	Other officers or key employees of the organization	15b	✓_	ļ,
16a	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?	16a		✓
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			
C4'	organization's exempt status with respect to such arrangements?	16b		
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Arkansas			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	☐ 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 int financial statements available to the public during the tax year.	·		y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Sarah Albahsous PO Box 359 Mayflower, AR	cords	•	
	Jaian Albanjub FU DUA 333 Maynuwci, AK			

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

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

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

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

Check this box if neither the organization not	r any related	a orga	anız	atio	пс	mpe	nsa	ted any curren	t omcer, director	, or trustee.
				(0		-				
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					than d is both		Reportable	Reportable	Estimated
	hours per	office				or/trust		compensation	compensation from	amount of
	week (list any hours for	유	Ins	ç	₹	랿픑	77	from the	related organizations	other compensation
	related	dire	tit	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	tion	•	Key employee	9 8 8		(W-2/1099-MISC)		organization and related
	line)	trus	al tn		уее	ğ				organizations
		Individual trustee or director	Institutional trustee			Highest compensated employee				
			Ф			ted				
(1) Dave Furman	<5			_			1			
12115 Hinson Rd Little Rock, AR 72212		✓		✓				0	88,739	
(2) Steve Snider	<1									
105 Noyant Little Rock, AR 72223		\						0		
(3) Bill Wellons	<1									
15112 Chambery Dr Little Rock, AR 72223		✓					_	0		
(4) Mike Boschetti	<2									
13101 Bart Moreland DR Roland AR 72135		✓		✓				0		
(5)	ļ									
					_		-			
(6)	ļ						ŀ		1	
			_				-			
(7)										
							├			
(8)	ļ						1			
	<u> </u>						_			
(9)	_									
7/0							-	-		
(10)	}									
700					-		⊢			
(11)										
(40)				-			┢			
(12)	ļ									
(40)	 			<u> </u>	-		\vdash	 	 	
(13)										
<u></u>	 		-		\vdash		\vdash	 		
(14)								1		
	1	ı	i l	ı	1	ı	1	I	I	i

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)							
	(A)	(B) Position (do not check more than o				one	(D)	(E)		(F)			
	Name and title	Average					is both		Reportable	Reportable		ımated	
		hours per		er and	dad	ırect	or/trust	ee)	compensation	compensation from		ount of other	
		week (list any hours for	Individual trustee or director	5	ð	~	뭐	Б	from the	related organizations		orner bensation	n
		related	불물	≱	Officer	y e	동	Former	organization	(W-2/1099-MISC)		m the	•
		organizations	없	Institutional trustee	 	Key employee	Highest compensated employee	4	(W-2/1099-MISC)			ınızatıon	
		below dotted	ĬĬ	<u> </u>		\ <u>§</u>	<u></u>					related	_
		line)	ste	S.		ď	Pen		1		orga	nızatıons	,
			•	ē			sate						
					_	_	ă	$ldsymbol{ld}}}}}}$					
(15)		<u> </u>]										
(16)								_					
32		 	1		1								
(17)											<u> </u>		
7		†	İ						1				
(4.0)		 	_	\vdash	\vdash	\vdash		-		_	 		
(18)		 	ł										
				⊢	⊢	 	ļ <u>.</u>	-			 		
(19)		_											
_							<u> </u>						
(20)						1							
(21)													
3	······································	T	1		ŀ								
(22)			 		<u> </u>				† ·		<u> </u>		
3 /		†											
(22)		<u> </u>				┢		-	<u> </u>		1		
(23)		}	ł			1					1		
				_	<u> </u>	-					_		
(24)													
				<u> </u>	<u> </u>	<u> </u>		_					
(25)		1			ŀ								
									L				
1b	Sub-total							•	0	88,739			0
С	Total from continuation sheets to Part	VII, Section	n A					▶			1		
d	Total (add lines 1b and 1c)	-						▶	0	88,739	3		0
2	Total number of individuals (including but							<u>- 1 14</u>	<u> </u>				_
-	reportable compensation from the organ		1 10 11	1030	, III	ieu	above	<i>5)</i>	no received in	ore triair \$100,0	00 01		
	reportable compensation from the organ	Zation										T., T	
2	Did the aurenmetter list any former of	Winny divon					leave e		احاط بم مدينما			Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete							3IIIL	ployee, or nigr	iest compensat		4	لــــا
	• •							•			· <u>3</u>		✓_
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	an \$	150	,000)? [f "Ye	s, "	complete Sch	nedule J for su	ich	1	
	indıvidual										. 4	1	✓
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedi	ule J 1	for s	such person		. 5	1 - 1	1
Section	on B. Independent Contractors									 , ,			
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than \$1	100 000 0		
•	compensation from the organization. Rep												24
	year.				• • • • • • • • • • • • • • • • • • • •			٠	your onamig im		o gamear	011 0 10	
	<u> </u>							_					
	(A) Name and business add	tress							(B) Description of s	envices	(C) Compen		
								┡	Description of s	-	Compen		
								$oxed{oxed}$					
				_				Ī					
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limi	ted to	th	nose listed ab	ove) who			
	received more than \$100,000 of compens									,			

Part VIII										
		Check if Schedule O contains a respon	nse or note to	any line in this l	Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections			
<u></u>					revenue		512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a								
E E	b	Membership dues 1b								
, § §	С	Fundraising events 1c				İ				
ig ig	d	Related organizations 1d								
ě, Ë	е	Government grants (contributions) 1e				1				
is is	f	All other contributions, gifts, grants,								
를 를		and similar amounts not included above 1f	1,067,464							
들임	g	Noncash contributions included in lines 1a-1f: \$								
S E	h	Total. Add lines 1a-1f	▶	1,067,464						
_en		B	Susiness Code		_					
Ven	2a									
В	b									
ice	С									
Se.	d									
Ë	е									
Program Service Revenue	f	All other program service revenue .								
Pro	g	Total. Add lines 2a-2f	▶	Î						
	3	Investment income (including dividend	ds, interest,							
		and other similar amounts)	▶							
	4	Income from investment of tax-exempt bond	proceeds▶							
	5	Royalties	▶							
		(ı) Real	(II) Personal							
	6a	Gross rents								
	b	Less: rental expenses								
	c	Rental income or (loss)	-	1						
	d	Net rental income or (loss)	•							
	7a	Gross amount from sales of (i) Securities	(II) Other							
		assets other than inventory	-							
	ь	Less: cost or other basis								
		and sales expenses								
	С	Gain or (loss)								
	d	Net gain or (loss)	▶							
	-	- 1. (1. gam. e. (1. gam.								
enueve	8a	Gross income from fundraising events (not including \$								
Other Re		of contributions reported on line 1c). See Part IV, line 18 a								
ð	1	Less: direct expenses b								
		Net income or (loss) from fundraising even	ents . 🕨							
	9a	Gross income from gaming activities.								
		See Part IV, line 19 a								
		Less: direct expenses b			 	·	·			
		Net income or (loss) from gaming activiti	es . 🕨							
	10a	Gross sales of inventory, less								
		returns and allowances . a								
	b	Less cost of goods sold b								
	С	Net income or (loss) from sales of invent	ory 🕨							
		Miscellaneous Revenue E	Business Code			-				
	11a									
	b									
	С									
	d	All other revenue					1			
	e	Total. Add lines 11a-11d	▶							
	142	Total revenue. See instructions				 				

Part IX	Statement of I	Functional	Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	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	18,843	18,843		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	516,906	516,906		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	72,375		10,975	61,400
9	Other employee benefits				
10	Payroll taxes	5,537	-	5,537	
11	Fees for services (non-employees):				
а	Management				
р	Legal				
C	Accounting			_	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17				
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57.925	55 705	2040	
12	Advertising and promotion	57,825 4,687	55,785	2,040	4,687
13	Office expenses	5,560		5,560	4,007
14	Information technology	3,300		5,500	
15	Royalties				
16	Occupancy				
17	Travel	39,972	33,187		6,785
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	26,831	26,831		
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24 a	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.)				
b		 			
C		 			
d					
e	All other expenses	13,749	4,500	9,249	
25	Total functional expenses. Add lines 1 through 24e	762,285	656,052	33,361	
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)		555,552	33,334	,

Ľ	art X				
		Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	291,431	1	596,610
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
•	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	291,431		596,610
	17	Accounts payable and accrued expenses	231,431	17	330,010
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors,		21	
ë	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	00	· · · · · · · · · · · · · · · · · · ·		23	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	_			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26				
	26	Total liabilities. Add lines 17 through 25		26	
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
핕	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
É	33	Total net assets or fund balances	291,431	33	596,610
	34	Total liabilities and net assets/fund balances	291,431		596,610
					Form 990 (2015)

Fqrm 99	90 (2015)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total Total Total Total Tale Villy Column (1.9) In 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	_	1,06	57 <u>,464</u>
2	— (), =)	2			<u> </u>
3	Trovolto 1000 oxportos outras mile 2 mentino 2	3)5,17 <u>9</u>
4	Not assets of faile balances at beginning of year (most equal that is,) into early establish (1),	4		29	1,431
5	That difficulties guille (research) continued in the cont	5			
6	Bollatod bollilood and doc of labilities 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6			
7	invocation expenses in the first term of the fir	7			
8	The period dejubilities of the transfer of the	В			
9	Office changes in field assets of failed balances (explain in conseque of	9		_	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0		59	6,610
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	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," expla	in in			
	Schedule O.				
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 compile	d or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ain in			
	Schedule O.				لــــا
3a		th 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		l	'	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its.	3b		Щ_
			Forr	n 990	(2015)

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.

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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.

Name	of the organization		-			Employer identification	number					
Rede	emer Dubai		·			27-197						
Par							ns.					
The c	rganization is not a private founda											
1	A church, convention of church											
2	\square A school described in section											
3	☐ A hospital or a cooperative hos											
4	A medical research organization		onjunction with a hosp	oital desci	ribed in s	ection 170(b)(1)(A)(iii). Enter the					
_	hospital's name, city, and state		;				-1 14 15					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)					ai unit described in					
6	A federal, state, or local govern	nment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).						
7	An organization that normally described in section 170(b)(1)			oort from	a goveri	nmental unit or from	the general public					
8	A community trust described in											
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support f	rom conf	tributions, members	hip fees, and gross					
	receipts from activities related support from gross investme											
	acquired by the organization a						k) IIOIII Dusiiicsses					
10	☐ An organization organized and											
11	An organization organized and						out the nurnoses of					
••	one or more publicly supported	l organizations d	lescribed in section 50	09(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check					
а	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting											
b	☐ Type II. A supporting organiz	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having					
				e same p	ersons th	nat control or manag	je the supported					
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.											
С							y integrated with,					
d	☐ Type III non-functionally in	tegrated. A sup	porting organization o	perated i	n connec	tion with its support	ed organization(s)					
							an attentiveness					
е							I, Type III					
	• •		unally integrated supp	orting or	yanızano	11.						
			oorted organization(s).									
9		· · · · · · · · · · · · · · · · · · ·	T	г	rganization	(v) Amount of monetary	(vi) Amount of					
	(,,	(.,, =	(described on lines 1-9	listed in you	ır goveming	support (see	other support (see					
			above (see instructions))	docui	nentr	instructions)	instructions)					
				Yes	No							
(A)					_							
(B)												
(C)												
(D)	organization. You must complete Part IV, Sections A and B. b											
/E\												
(=) ——												

CQHOOL				4=50.111	(A)(')	70/1-1/41/41/	
Part	Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1))(A)(iv) and 1	70(b)(1)(A)(Vi) . 1:4:
	(Complete only if you checked the						unaer
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support					 _	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					i	
	membership fees received. (Do not					-	
	include any "unusual grants.")	0	156,145	429,613	744,500	1,067,464	2,397,722
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	0	156,145	429,613	744,500	1,067,464	2,397,722
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	i					2,397,722
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(a) 2011 0		429,613	744,500	1,067,464	
			156,145	429,013	744,500	1,067,464	2,397,722
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business	-				·	
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,397,722
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	he organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere		<u> </u>		<u> </u>	▶ ☑
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2015 (line	6, column (f) dı	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2014 Sc					15	%
16a	331/3% support test—2015. If the organi						
	box and stop here. The organization qua	•		•			
b	331/3% support test—2014. If the organ					: 15 is 33 ¹ /3%	or more,
	check this box and stop here. The organ	lization qualifie	s as a publicly	supported org	janization .		. ▶ 🗀
17a	10%-facts-and-circumstances test-2				•	•	
	10% or more, and if the organization me						
	Part VI how the organization meets the "	tacts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	
	organization						. ▶ □
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in				_	n qualifies as a	a publicly
	supported organization						. 🟲 🗌
18	Private foundation. If the organization d	ia not check a	pox on line 13	, 16a, 16b, 17a	a, or 1/b, chec	k this box and	see

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

(Complete only it	f you checked the box or	n line 9 of Part I or if the organization failed to qualify under P	art II.
If the organization	n fails to qualify under th	e tests listed below, please complete Part II.)	

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014_	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")		<u> </u>		_		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				_		
3	Gross receipts from activities that are not an]	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				ļ		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		_		ļ		
b	Amounts included on lines 2 and 3				1	1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					-	
	Add lines 7a and 7b					ļ	
8	Public support. (Subtract line 7c from line 6.)						
<u>C4</u> :	<u> </u>			1	L	L	
	on B. Total Support	(a) 2011	(h) 2012	(a) 2012	(4) 2014	(a) 201E	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(i) Total
9			1				
10a	Gross income from interest, dividends, payments received on securities loans, rents,		İ			1	
	royalties and income from similar sources .					Ì	
h	Unrelated business taxable income (less				 		
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						İ
С	Add lines 10a and 10b			<u> </u>	 	 	
11	Net income from unrelated business						+
''	activities not included in line 10b, whether						
	or not the business is regularly carried on			-			
12	Other income. Do not include gain or			<u> </u>			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
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 first, secor	nd, third, fourtl	h, or fifth tax y	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	-			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line	B, column (f) o	divided by line	13, column (f))		15	%
16	Public support percentage from 2014 Scl					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2014			-			%
19a	331/3% support tests - 2015. If the organ						
	17 is not more than 331/3%, check this box	and stop here	e. The organizat	ion qualifies as	a publicly supp	orted organiz	ation . 🕨 🗀
b	331/3% support tests-2014. If the organize						
	line 18 is not more than 331/3%, check this	box and stop	here. The organ	nzation qualifie	s as a publicly s	supported org	janization 🕨 🗀
20	Private foundation. If the organization de	d not check a	a box on line 14	l, 19a, or 19b.	check this box	and see inst	tructions >

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Secu	on A. All Supporting Organizations		Voc	No
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		res	NO
2	class or purpose, describe the designation. If historic and continuing relationship, explain. 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).	2		
За	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.	3b		
	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.	Зс		
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.	4a		
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.	4b		
С	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)			
5a	purposes. 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).	4c 5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ	
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.	100		ļ

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	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations	1.0		L
	3,1		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	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,	<u> </u>		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	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	- <u></u> -		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	İ		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Section	on D. All Type III Supporting Organizations	•		
	3, 1, 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		
•		1		<u> </u>
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		ļ
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			ļ'
<u> </u>	supported organizations played in this regard.	3	L	L
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s 	200 :	ote :-*	ions)
С	The organization supported a governmental entity. Describe in Fart viriow you supported a government entity (s	see III		ioris).
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		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_ <u></u>	1	
	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		<u> </u>	ļ
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI.</i>	-	 	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	-	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	 	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of pnor-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) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	i		(optional)
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 instructions).	ly-in	tegrated Type III suppor	ting organization (see

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			·
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		<i>***</i>	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		_	
3_	Excess distributions carryover, if any, to 2015:			
a				
<u>b</u>				
<u>c</u>	5 0010			
d	From 2013			
<u>е</u>	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years	<u> </u>		
<u> </u>	Applied to 2015 distributable amount		-	
<u>i</u>	Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
				1
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
•	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
-6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	
	······································

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Redeemer Dubai 27-1975559 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expenditures for (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is region (by type) (e g , fundraising, program services, investments, a program service, describe specific type of service(s) in region offices in the employees, agents, and region and investments in region independent grants to recipients located in the region) in region (1) (2) (3)(4) (5) (6) (7) (8) (9) (10)(11)(12) (13) (14)(15)(16)(17)Sub-total Total from continuation

sheets to Part I c Totals (add lines 3a and 3b)

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. Schedule F (Form 990) 2015

Part | Grants al

, ,	ı	, ,	1			ı		1 1								1
(f) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0														
(f) Manner of cash disbursement	578.410 Wire Transfer	77,642 Wire Transfer														
(e) Amount of cash grant	578.410	77,642														
ne of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) D cash cash cash grant disbursement assistance of non-cash (f applicable)	Church support	Church support														
(c) Region	Middle East	Middle East														
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	Ξ	<u> </u>	ල	3	<u>(</u>	9	E	8	6	5	3	(12)	(£	4	(15)	(16)

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

Enter total number of other organizations or entities

N

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2015

Part III Grants ar

(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2015
(g) Description of non-cash assistance																			8
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant										Ī									
(c) Number of recipients																			
(b) Region																			
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1)	(2)	(3)	(4)	(5)	(9)	6	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

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

Schedule F (F	Form 990) 2015 Page 5
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).
The \$439,2	65 (consisting of cash grants along with payments for rent for weekly meeting spaces and staff health insurance) is to
Redeemer	Church Dubai located in Dubai, UAE. It is a Christian Church with common board members
so financia	I oversight and accountability is a natural ongoing activity. It's website is http://redeemerdubai.com/
The \$77,64	2 grant is to Redeemer Church of Dubai's 2014 church it planted in UAE
Immanuel	Church of Fujairah - Financial oversight and accountability is a natural
ongoing ac	ctivity due to common leadership. It's website is www.immanuelfujairah.com.
-	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

2015

OMB No. 1545-0047.

Open to Public Inspection

Employer Identification number

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

Schedule I (Form 990) (2015) ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance ✓ Yes 27-1975559 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance (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 18,843 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 61-1390910 (B) EIN 7115 Leesburg Pike, Falls Church VA 1 (a) Name and address of organization (1) The Mustard Seed Foundation or government Redeemer Dubai Part II Part ල ହ € 9 9 Ε 8 9 Ξ 6

Schedule I (Form 990) (2015)

	ו מון ווו סמון בס מעבווסויסו וו מסטויסוומו פבסי ופי ווססססמ	מו שמכר וא ווכרסכר				
	(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
-						
8						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e the information re	equired in Part I, lir	ne 2, Part III, columr	ι (b), and any other addit	onal information.
he Mustal uport and	he Mustard Seed Foundation supports Christian missionaries in the 10/40 window. Redeemer Dubai's management team has personal knowledge of the individuals its contributions uport and are well aware of their missionary activities.	ionaries in the 10/40 w	vindow. Redeemer Du	bai's management tean	n has personal knowledge of	the individuals its contributions
						Schedule I (Form 990) (2015)

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.

20**15**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	1	Employer identification number
Redeemer Dubai		27-1975559
Redeemer Dubai's bylaws require a person with a potential conflict of interest to rep	ort such potential	conflict to the board . No such report
was made during the year. In addition, at each year end, the Board of Directors revie	w material financia	I transactions with the Lead Pastor
to discusss any potential conflict of interest and the Board of Director Minutes recor	ds the results of s	uch discussions. There were no such
conflicts or apparant conflicts during the year.		
Form 990 was reviewed by a CPA and was compared to previously submitted 990s to	datarmina consis	tency in reporting. This is in addition
FOITH 350 was reviewed by a OFA and was compared to previously submitted 5505 to	<u>Jucter mine consis</u>	nency in reporting. This is in addition
to Board Members' review.		
Dave Furman is the lead Pastor of Redeemer Church Dubai and received \$88,739 in o	compenstion from	that church which is the organization
D. danna Dubai anna arta		
Redeemer Dubai supports.		
		•••••