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For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

## **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

DLN: 93493313013276 OMB No 1545-0047

		enue Servic	<u>'</u>					
			lendar year, or tax year beginnin  C Name of organization	g 07-01-2015 , and ending 06-30-20	116	D Franci		I
_		applicable	Far East Broadcasting Company Inc			D Empi	oyer ic	lentification number
_	ame ch	change nange				95-1 —	4615	74
	nitial ret	-	Doing business as					
F			Number and street (or P.O. box if m	all is not delivered to street address) Room/s	suite	E Teleph	none nu	ımber
	/termır nended	nated I return	PO Box 1			(562	)947	-4651
		n pending	City or town, state or province, coun	ntry, and ZIP or foreign postal code				
			La Mirada, CA 906370001			<b>G</b> Gross	receipt	s \$ 15,351,256
			F Name and address of princip	pal officer	H(a) Is	this a grou	p retu	rn for
			Edward Cannon PO Box 1			bordinates	2	☐ Yes 🗸
			La Mirada, CA 906370001			lo e all suborc	dinates	. – –
I Ta	x-exer	npt status	▼ 501(c)(3)	insert no ) 4947(a)(1) or 527		cluded?		Yes No
	ebsit	e:▶ www	w febc org			•		t (see instructions)
						roup exemp		
<b>K</b> For	m of or	ganization	✓ Corporation Trust Associa	tion Other ►	L Year of	f formation 1	.945	<b>M</b> State of legal domicile CA
Pa	rt I	Sum	mary					
			scribe the organization's mission	or most significant activities				
	<u>F</u>	EBC's m	ission is to bring Christ to the wo	orld through radio and other media				
ce	-							
Tall	-							
ven	2 (	Check th	is box ▶ ┌ if the organization di	scontinued its operations or disposed	of more tha	ın 25% of ıt	s net	assets
Governance			, -					1
×8	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	10
Activities &				of the governing body (Part VI, line 1b	•		4	8
<b>₹</b>			·	alendar year 2015 (Part V, line 2a)			5	61
AC			•	ecessary)			6	130
				art VIII, column (C), line 12 m Form 990-T, line 34			7a	0
	ВΝ	et unreia	ated business taxable income no	m rottii 990-1, line 34	· · ·	rior Year	7b	Current Year
	8	Contri	butions and grants (Part VIII lu	no 1 h)	-		368	10,396,823
Ġ	9	- ` ` ` ` , ` , ` , ` , ' , ' , ' , ' , '				10,254,368		1,095,048
Ravenue	10	_	,	(A), lines 3, 4, and 7d)		43,		35,454
Ŗ.	11		· ·	lines 5, 6d, 8c, 9c, 10c, and 11e)		-269,159		12,125
	12	Totalı	revenue—add lines 8 through 11	(must equal Part VIII, column (A), li	ne	11,184,222		11,539,450
		12)						
	13		, ,	IX, column (A), lines 1-3)		4,235		3,876,288
	14		·	X, column (A), line 4)		3,515,929		0
&	15	5-10)		ee benefits (Part IX, column (A), lines				3,695,530
S(F	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)		180	,000	180,000
Expenses	ь	Total fu	indraising expenses (Part IX, column (D)	), line 25) ▶1,260,527				
ш	17			lines 11a-11d, 11f-24e)		1,588	,319	1,981,927
	18	Total	expenses Add lines 13–17 (mus	st equal Part IX, column (A), line 25)		9,519	,417	9,733,745
	19	Reven	ue less expenses Subtract line	18 from line 12		1,664	,805	1,805,705
Net Assets or Fund Balances					Beginnin	g of Current	Year	End of Year
afan	20	Total	assets (Part X, line 16)			11,257	700	12,535,248
AB	21		liabilities (Part X, line 26)		_	3,467		3,135,075
S.E.	22		ssets or fund balances Subtract		•	7,790		9,400,173
Pa	1301		ature Block				,	, ,
				amined this return, including accompa	, -			•
		_	belief, it is true, correct, and com nowledge	pplete Declaration of preparer (other	than officer)	is based or	n all in	formation of which
ргер	arer ne	45 ally Ki	lowieuge					
		****				2016-11-08		
Sign		Signa	ature of officer			Date		
Her	e		el G Wagner Dir Fin & Adm or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date		PTIN	
Pai	Ч		David C Moja	David C Moja	[ (	Check if self-employed	P007	47006
	u pare	ar F	irm's name			Firm's EIN 🕨		0892
	Pare On	1 +	irm's address ▶ 3010 Saturn Street Suite	e 205	ı	Phone no (71	4) 961	-9300
	. JII	'' <b>y</b>	Brea, CA 92821					
May	the IR	S discus	ss this return with the preparer sh	hown above? (see instructions)				. √Yes No

Cat No 11282Y

Form**990**(2015)

Form **990** (2015)

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

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Chacklist of Paguirod Schodulas

Par	t IV 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," complete Schedule A 🐕	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
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		No
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?  If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🙎	8		No
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		No
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		No

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

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 💆 . . . . . . . . . . . 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 💆 . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🥞

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .  ${\mathbb Z}$ 

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV 🔒 🔒 🔧

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Νo

Νo

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Νo

Νo

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Νo

Form 990 (2015)

11a

11b

**11**c

**11**d

11e

**12**a

12b

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14a

14b

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20a

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Page 4

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Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . 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, Paits I and III . . . . . . . . . . 🔀 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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 

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

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**28**c

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35a

35b

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Yes

Form 990 (2015)

Yes

Yes

orm	990 (2015)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	·   No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   168		res	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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		No
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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
u	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	<b>7</b> g		
	Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
h	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	13a		
ט	In which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	Į l		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

ındependent

year by the following The governing body? .

Section C. Disclosure

Part

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VI Governance, Management, and Disclosure	

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 . . . . .

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

Section A. Governing Body and Management Yes No 1a 10

1a Enter the number of voting members of the governing body at the end of the tax 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

Did the organization have members or stockholders? . . . . . . . . .

**10a** Did the organization have local chapters, branches, or affiliates? .

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶Daniel G Wagner 15700 Imperial Highway La Mirada, CA 90638 (562) 448-1768

f b Other officers or key employees of the organization  $\ldots \ldots \ldots \ldots$ 

List the States with which a copy of this Form 990 is required to be filed▶

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

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

CA, WV, VA

**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? . . . . . . . . . . . . . . . . . .

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . .

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Enter the number of voting members included in line 1a, above, who are

1 h

8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

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7a

Νo Νo

Yes

Νo

Form 990 (2015)

10b

11a

12a

12h

**12**c

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15a

15b

**16**a

16b

Νo Νo

Νo

Νo

Nο

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

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

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

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

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

compensated employees, and former such persons

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Estimated Average Position (do not check Reportable Reportable hours per more than one box, unless compensation compensation amount of week (list person is both an officer from the from related other any hours and a director/trustee) organization organizations compensation (W-2/1099-(W-2/1099for related from the individual to or director Highest compensated employee organizations Institutional MISC) MISC) organization 2 below employee and related dotted line) organizations trustee Trustee 2 00 (1) Fred Gladney 0 Chairman (2) Rich Bot Х Х 0 Vice Chair 2 00 (3) Alynne Douglas Х Х 0 0 Secretary 2.00 (4) Wayne Shepherd Х 29.000 0 Х Assistant Secretary 37 50 (5) Edward Cannon Χ 204,429 0 36,618 Ex-Officio Directlr and CEO 2 00 (6) Laune Kattner 0 Director (7) Rob Keith Х 0 Director 2 00 Х 0 Director 2.00 (9) Michael Klausman Х 0 2 00 (10) John Wauterlek 2 00 (11) Douglas Pennoyer 0 Director 37 50 (12) Dan Wagner Х 93,679 0 24,716 Director of Finance & Admi 37 50 (13) Cheri Carpenter 22,117 Х 62,272 0 Corporate Secretary

0

0

0

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pose to a person a Individual trustae or director	tion ( han c n is l	one b ooth octor	an o	unles s officer	Former	( <b>D</b> ) 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
1b Sub-Total		 ection 4	٠.			<b>*</b>				
d Total (add lines 1b and 1c) .	•				<u>.</u>	· <b>&gt;</b>		389,380	0	83,451
2 Total number of individuals (in \$100,000 of reportable compa						d abov	e) wl	ho received more th	nan	

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		
	on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes

3		No
4	Yes	
5		No

## Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

services rendered to the organization? If "Yes," complete Schedule I for such person

Total number of independent contractors (including but not limited to those listed above) who received more than

Printing & Mailing

Fundraising Consulting

Shortwave Transmission

IT Support

(B)

Description of services

(C)

Compensation

180,833

179,430

160,905

117,868

Form 990 (2015)

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address

\$100,000 of compensation from the organization  $\triangleright$  4

Section B. Independent Contractors Fluid Communications Inc 58 Plaza Square Studio D Orange, CA 92866

Douglas Shaw & Associates Inc 1717 Park St Ste 300 Naperville, IL 60563 Babcock International Group 1000 Lakeside North Harbour

Portsmouth, England P06 3EN UK Rezitech Inc PO Box 515381 84711 Los Angeles, CA 900516681

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Form 99								Page <b>S</b>
Part V	/1111	Statement o			and the Doublett			_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- S	1a	Federated cam	paigns 1a					
ant	Ь	Membership du	es <b>1b</b>					
G. Gr	c	Fundraising eve	ents <b>1</b> c					
iffs ar A	d	Related organiz	ations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) <b>1e</b>					
ion r Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	10,396,823				
ibut The	g	similar amounts no	ons included above	84,857		-		
a C	-	1a-1f \$	- 4 - 46		10,396,823			
<u>5                                    </u>	h	Total. Add lines	sla-lf	· · · •	10,396,823			
골	2a	Broadcast Revenue		Business Code	1 003 014	1 003 014		
۲۷۶	b	- Dioducast Revenue		515100	1,093,014	1,093,014		
ıń QΣ	c							
ž.	d							
γ Έ	e		_					
Program Service Revenue	f	All other progra	am service revenue		2,034	2,034		
ĕ	g	Total. Add lines	s 2a-2f		1,095,048			
	3		ome (including dividen		36,620			36,620
	4		ar amounts)	proceeds	11,121			
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents	52,000					
	Ь	Less rental expenses	39,875					
	C	Rental income or (loss)	12,125					
	d	Net rental inco	me or (loss)		12,125			12,125
	7a	Gross amount	(ı) Securities	(II) O ther				
	76	from sales of assets other than inventory	3,770,765					
	Ь	Less cost or other basis and	3,771,931					
	c	sales expenses Gain or (loss)	-1,166					
	d	Net gain or (los	·		-1,166			-1,166
une	8a	events (not inc						
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c) se 18					
the	ь	Less direct ex	penses b					
0	c	Net income or (	(loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	1		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold <b>b</b>					
			(loss) from sales of inv	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	d	All other reven	ue					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions .					
					11,539,450	1,095,048	0	47,579

# Form 990 (2015) Part IX Statement of Functional Expenses

	•		
ection $501(c)(3)$ and $501(c)(4)$ organ	uzations must complete all col	lumns All other organizations	must complete column (A)

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000	10,000		
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	3,866,288	3,866,288		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	520,414	192,895	224,392	103,127
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,277,282	1,578,063	355,499	343,720
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,650	84,682	19,799	18,169
9	Other employee benefits	606,165	455,559	82,666	67,940
10	Payroll taxes	169,019	103,335	36,574	29,110
11	Fees for services (non-employees)	,	,		,
a	Management	442,370	341,073	9,029	92,268
b	Legal	25,863	10,340	7,153	8,370
c	Accounting	44,839	6,726	35,871	2,242
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	180,000			180,000
f	Investment management fees	5,131	5,131		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,501	5,071	130	1,300
13	Office expenses	184,956	104,383	36,858	43,71
14	Information technology	181,203	108,651	31,591	40,96
15	Royalties				
16	Occupancy	102,329	66,305	21,527	14,49
17	Travel	274,833	197,041	36,415	41,37
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			50	
19	Conferences, conventions, and meetings	44,721	21,434	4,553	18,73
20	Interest				
21	Payments to affiliates	102.067	102 255	7.075	2 52
22 23	Depreciation, depletion, and amortization	193,967	183,355 38 573	7,075	3,53
23 24	Other expenses Itemize expenses not covered above (List	62,714	38,573	16,860	7,28
47	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on				
a	Schedule O) Printing & Publications	251,449	23,429	21,793	206,22
a b		120,899	46,574	52,066	206,22
c	Meals & Entertainment	40,152	18,978	5,481	15,69
d					
e					
25	Total functional expenses. Add lines 1 through 24e	9,733,745	7,467,886	1,005,332	1,260,52
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 Tif following SOP 98-2 (ASC 958-720)				·

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34

Net Assets or Fund Balances

(B)

End of year

3,617,319

543,244

140,424

97,118

861,145

4,045,828

2,784,309

445.861

400,167

2,734,908

3,135,075

5,994,489

3,405,684

9,400,173

12,535,248 Form 990 (2015)

12,535,248

Part X	Balance	Sheet

Part X	Balance Sh
	Check If Sched

	Balance	Sheet
_	Check if S	chedule O

`	
	Balance Sheet
	Charle of Cahadula O

Sheet	

Savings and temporary cash investments

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D .

 $key\ employees, highest\ compensated\ employees, and\ disqualified$ persons Complete Part II of Schedule L . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**Total liabilities.** Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities . .

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Accounts receivable, net . .

013)	
Balance	Sheet

,	
Balance	Sheet
Check if S	chedule (

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Cash-non-interest-bearing . . . .

O contains a response or note to any line in this Part X . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

2,020,791 1,080,149 2 3 135,529 4

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95,130

955,551

2,958,752

2,690,767

1,321,031

11,257,700

378,032

3,089,475

3,467,507

5,350,135

2,440,058

7,790,193

11,257,700

3 769 102

2,907,957

10a

10b

(A)

Beginning of year

## Page **12**

11,539,450

9,733,745

1,805,705

7,790,193

-14,521

-181,204

9,400,173

Yes

Yes

Yes

2a

2b

2c

3a

3b

✓

No

Νo

Νo

Form 990 (2015)

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

Total revenue (must equal Part VIII, column (A), line 12) . . . . 1

Total expenses (must equal Part IX, column (A), line 25) . . . .

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Revenue less expenses Subtract line 2 from line 1 . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XII Financial Statements and Reporting

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

a separate basis, consolidated basis, or both Separate basis Consolidated basis

Schedule O

Schedule O

**b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Separate basis Consolidated basis

Single Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on Both consolidated and separate basis

#### **Additional Data**

Software ID:

Software Version: EIN: 95-1461574

Name: Far East Broadcasting Company Inc

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 341,918 including grants of \$ ) (Revenue \$ )

The U S office provides leadership, consulting services and training to 19 affiliate offices. Additionally, we provide, free of charge, studios, office space, communication services and IT support for Chinese, Korean, Russian and Vietnamese Ministries. The U.S. office also administers planned giving programs including Charitable Gift Annuities, Charitable Trusts, Wills and Bequests, etc.

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	S As Filed Da	ta -		DLN: 9:	3493313013276	
990EZ)			<b>&gt;</b>	Complete if the	Public Charity Status and Public Support  Delete 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.  Dermation about Schedule A (Form 990 or 990-EZ) and its instructions is at				OMB No 1545-0047  2015 Open to Public	
Treas		or the	w	ww.irs.gov/fo	<u>rm990</u> .				Inspection	
		enue Service	!					Fundamentidametica	-+:	
		<b>he organizat</b> adcasting Comp						Employer identific	ation number	
								95-1461574		
	rt I							part.) See instructi	ons.	
The	organı		•		iuse it is (For lines 1		•	•		
1					r association of churc					
2					) <b>(1)(A)(ii).</b> (Attach S					
3		•		•	service organization					
4					rated in conjunction	with a hospital	described in <b>se</b>	ction 170(b)(1)(A)(ii	i). Enter the	
5	_		name, city, zation opera		nefit of a college or us	niversity owned	or operated by	a governmental unit	described in section	
•	ı			omplete Part I		iiversity owned	or operated by	a governmentar anic	described in <b>section</b>	
6		A federal,	state, or loc	al government	or governmental uni	t described in <b>s</b>	ection 170(b)(	1)(A)(v).		
7							rom a governm	ental unit or from the	general public	
	_				i). (Complete Part II ion 170(b)(1)(A)(vi)		rt II \			
9	   <b>~</b>		•				•	rıbutıons, membershır	fees and aress	
10 11 a b c d e f		from gross organizati An organizati An organizati one or mor the box in Type I. As supported organizatic Type II. A manageme must comp Type III for supported Type III in ot function (see instruction (see instruction of the comparated of the number of the number of the organization of the comparated of the number of the organization of the comparated of the number of the organization	s investment on after Junation organ ation organ e publicly silves 11 a the supporting organization of the supporting of the supporting organization on-function nally integrictions) You box if the control of the supporting in the supportion of supportion of supportion of supportion of supportion at the supportion of supportion at the supportion of supportion or supportion o	at income and use 30,1975 Sized and operalized and operalized and operalized and operalized and incomplete Palice in Sporting organization supporting organization supporting organization supporting organized. As sintegrated. As sintegrated and the organization related organization related organization related organization related organization related organization.	unrelated business ta eesection 509(a)(2). ted exclusively to ter ted exclusively for the inzations described in t describes the type erated, supervised, of to regularly appoint of to regularly appoint of to tall to the inzation vested in the ind C. supporting organization in the control of the ind C. supporting organization in the control of the ind C. supporting organization of the ind C. supporting organization of the ind C.	xable income ( (Complete Parst for public salue benefit of, to a section 509(a) of supporting our controlled by or elect a major B.  ed in connection same persons on operated in complete Part IV ization operate ist satisfy a distance of the complete is a distance of the compl	less section 51 t III ) fety See sectio perform the fun a)(1) or section rganization and its supported c rity of the direct n with its support that control or connection with //, Sections A, D d in connection ctribution require int V. the IRS that it	on 509(a)(4). Actions of, or to carry of 509(a)(2) See section of the section of	but the purposes of on 509(a)(3). Check 11f, and 11g lly by giving the supporting by having control or diorganization(s) You grated with, its ganization(s) that is reness requirement	
Nar	ne of s	<b>(i)</b> supported or	ganization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv Is the orga listed in your docum	anization governing	(v) A mount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
							+			
							+			
Tota	1									
For F	aperv	work Reducti	ion Act Noti	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015	

Schedule A (Form 990 or 990-EZ) 2015 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear **(b)**2012 (a)2011 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 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 gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 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) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶□ b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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

# 10 Other income Do not include

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. 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

supported organization

instructions

▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organizatio						
Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
(or f	iscal year beginning in) ► Gifts, grants, contributions, and						
•	membership fees received (Do not include any "unusual grants")	7,041,597	7,990,014	8,030,430	10,254,368	10,396,823	43,713,232
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	624,413	898,153	997,575	1,155,054	1,095,048	4,770,243
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	7,666,010	8,888,167	9,028,005	11,409,422	11,491,871	48,483,475
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	44,130	36,360	98,795	215,986	193,848	589,119
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	44,130	36,360	98,795	215,986	193,848	589,119
8	Public support. (Subtract line 7c						47,894,356
Se	from line 6 ) ction B. Total Support						
	Calendar year				1	T	
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
`9	Amounts from line 6	7,666,010	8,888,167	9,028,005	11,409,422	11,491,871	48,483,475
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	107,489	127,420	86,952	85,306	88,620	495,787
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	107,489	127,420	86,952	85,306	88,620	495,787
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
13	VI) Total support. (Add lines 9, 10c, 11, and 12)	7,773,499	9,015,587	9,114,957	11,494,728	11,580,491	48,979,262
14	First five years.If the Form 990 is	for the organization	n's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3	
	chack this have and oton hore						_

Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))

Public support percentage from 2014 Schedule A, Part III, line 15

15 16 97 780 %

17

97 860 %

Section D. Computation of Investment Income Percentage

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

1 010 %

Investment income percentage from 2014 Schedule A, Part III, line 17

1 180 %

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

check this box and stop here

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box 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)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  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		
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	4c		
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)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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)	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 II of Schedule L (Form 990)	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
	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	10a		
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)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	· ·			

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

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

•	bection by Type I Supporting Organizations		
			Yes
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	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

Section C. Type II Supporting Organizations Yes No

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 contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the 2 supported organization(s) 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? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test\_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive?

If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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

Schedule A (Form 990 or 990-EZ) 2015

Yes

2a

2b

3a

3b

No

(B) Current Year (optional)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

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

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		
	•		•	

6	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	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonar)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	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)	1		
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> 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		
1				

d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in 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	

-	racept, me s s, sss	_	
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	

4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable A mount.</b> 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-functionally-instructions)	ntegrat	ed Type III supporting o	rganization (see

Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
f 1 Distributable amount for 2015 from Section C, line $f 6$			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
_ с			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<ul> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2015 distributable amount</li> </ul>			
i Carryover from 2010 not applied (see			
instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ <u></u>			
A pplied to underdistributions of prior years			
<b>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

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

Schedule A	(Form 990 or 990-EZ) 201	5	Page <b>8</b>
Part VI	Provide the explanation Section A, lines 1, 2, 3 Part IV, Section C, line Part V, line 1; Part V,	mation. Ins required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 18b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 12; Part IV, Section B, lines 1 and 12; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3 Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines this part for any additional information. (See instructions).	b;
		Facts And Circumstances Test	
R	eturn Reference	Explanation	
		Schedule A (Form 990 or 990-i	Z) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

(Form 990)

DLN: 93493313013276

## OMB No 1545-0047

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 2015

reas	rtment of the ury nal Revenue Service	Information about Schedule D (	► Attach to Form 99 (Form 990) and its instru		.gov/f	orm990.	Open to Inspec	
	me of the organi	zation			Empl	oyer identif	ication numb	er
Far	East Broadcasting Co	ompany Inc			0.5.4	464574		
Pa		zations Maintaining Donor				461574 Or Accour	nts.	
	Comple	ete ii tile organization answere	(a) Donor advised fund		(b)	Funds and c	ther account	
1	Total numbe	r at end of year	(4) 5 61161 4 4 4 1 5 6 4 1 4 1 1		(-/			<u> </u>
2	Aggregate va year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
4	Aggregate va	alue at end of year						
5	_	ation inform all donors and donor a rganization's property, subject to t	_		or advis	sed	☐ Yes	┌ No
6	used only for ch	ation inform all grantees, donors, a naritable purposes and not for the rmissible private benefit?				purpose	☐ Yes	┌ No
Pa	rt III Consei	r <b>vation Easements.</b> Comple	te if the organization	answered "Yes" or	า Forn	n 990, Par	t IV, lıne 7.	
1	Purpose(s) of c	onservation easements held by th	e organızatıon (check al	l that apply)				
	Preservation education)	on of land for public use (e g , recre	eation or	_ Preservation of an	histor	ically impor	tant land area	,
	·	of natural habitat	, 	Preservation of a				<b>a</b>
	<u>-</u>	on of open space	ı	Treservation of a	creme	4 1113 (0116 3	cractare	
2	Complete lines	2a through 2d if the organization l le last day of the tax year	held a qualified conserva	ation contribution in th	ne form	of a conser	vation	
				[		Held at	the End of th	e Year
а		f conservation easements			2a			
b	_	estricted by conservation easeme			2b			
с		servation easements on a certified		` ´	<b>2</b> c			
d	historic structu	servation easements included in (c ire listed in the National Register			2d			
3		servation easements modified, trar	nsferred, released, exting	guished, or terminated	by the	e organizati	on during the	
	tax year ▶							
4	Number of state	es where property subject to cons	ervation easement is loc	ated <b>&gt;</b>	_			
5		ization have a written policy regard enforcement of the conservation e		ring, inspection, hand	ling of	Γ	Yes N	lo
6	Staff and volunt year	teer hours devoted to monitoring, i	inspecting, handling of v	iolations, and enforcir	ng cons	ervation ea	sements duri	ng the
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violati	ions, and enforcing co	nserva	tion easem	ents during th	ne year
8	Does each con	servation easement reported on lir on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e requirements of sect	ion 17		_ Yes	lo
9	balance sheet,	escribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to the or					
ar	t IIII Organi	zations Maintaining Collecter of the organization answere	tions of Art, Histor		or Oth	er Simila	ır Assets.	
1a	If the organizat works of art, his	ion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footr	AS 116 (ASC 958), not assets held for public ex	to report in its reven xhibition, education, c	r resea	arch in furth		
b	works of art, his	ion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public ex	•				dic
(	(i) Revenue inclu	ded on Form 990, Part VIII, line 1	L		<b>&gt;</b> \$			
(i	ii) Assets include	ed in Form 990, Part X		•	· \$			
2		ion received or held works of art, h nts required to be reported under S			r financ	ial gain, pro	ovide the	

Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2015						Page <b>2</b>
Part	Organizations Maintaining (continued)	Collections of <i>I</i>	Art, His	torica	l Treasures, o	r Other Simila	ar Assets
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other re-	cords, ch	eck any	of the following th	at are a significa	nt use of its
а	Public exhibition		d	Г	oan or exchange p	orograms	
b	Scholarly research		e	$\Gamma$ 0	ther		
c	Preservation for future generations						
4	Provide a description of the organization's	collections and ex	plain hov	v they fu	rther the organiza	tion's exempt pur	pose in
5	Part XIII  During the year, did the organization solic assets to be sold to raise funds rather that	in to be maintained					Yes No
Par	Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV, line 9, or	reported an an	nount on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other inte	rmediary	for cont	ributions or other	_	Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fol	lowing ta	ible .		A mount
c	Beginning balance					1c	
d	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance					1f	
<b>2</b> a	Did the organization include an amount or	Form 990, Part X,	line 21,	for escr	w or custodial ac	count liability?	Yes No
_							
b	If "Yes," explain the arrangement in Part						
Pai	rt V Endowment Funds. Complet				"Yes" to Form 9  b (c)Two years ba	<del>i</del>	
	Beginning of year balance	(a)Current year	(D)PI	or year	b (c) I wo years ba	ck (d)Three years	dack (e)roul years back
b	Contributions						
_							
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	O ther expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the o	urrent year end bal	ance (lin	e 1g, co	lumn (a)) held as		
а	Board designated or quasi-endowment <b>&gt;</b>						
b	Permanent endowment ▶						
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c s	should equal 100%					
3a	Are there endowment funds not in the pos	•		that are	held and administ	ered for the	
	organization by	· · · · · · · · · · · · · · · ·					Yes No
	(i) unrelated organizations						3a(i)
L	(ii) related organizations			المامانا			3a(ii)
ь 4	If "Yes" on 3a(II), are the related organization. Describe in Part XIII the intended uses o	·					. 3b
	t VI Land, Buildings, and Equip		STIGOTYIII	one failu	-		

	organization by				Yes	No
	(i) unrelated organizations		•	3a(i	)	
	(ii) related organizations			3a(ii	)	
b	If "Yes" on 3a(II), are the related organizations listed as required	on Schedule R? .		3b		
4	Describe in Part XIII the intended uses of the organization's endo	wment funds			•	
Pa	rt VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Forn	n 990, Part IV, lı	ne 11a.See For	m 990, Part X,	line 10.	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Boo	ok value
<b>1</b> a	Land		377,343			377,343
b	Buildings		1,891,062	1,586,122		304,940
c	Leasehold improvements					
d	Equipment		1,269,347	1,125,670		143,677
_	Other		231 350	196 165		35 185

861,145

	(Form 990) 2015  Investments—Other Securities. Consee Form 990, Part X, line 12.	omplete if the org	anızatıon answered 'Ye	Page s' on Form 990, Part IV, line 11b
	(a) Description of security or category (including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	l derivatives			cost of cha of year market value
(2)Closely- (3)Other	held equity interests			
(A) Indexed	d annuities		2,724,134	F
(B) Limited	partnership		60,144	F
(C) Mortgag	ge-backed securities		31	F
	nn (b) must equal Form 990, Part X, col (B) line 12)	•	2,784,309	
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 9	90, Part IV, line 11c.s,	ee Form 990 Part X line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of end-of-year market value
-				
-				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		
Part IX	Other Assets. Complete if the organizat		n Form 990, Part IV, line	
	(a) Des	cription		(b) Book value
-				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	e 15 )		•
Part X			ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
Fiduciary O	hligations	2,699	973	
Сарітаї сеа	se Obligations	34	1,935	

2,734,908

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

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

. . . . . . . . . . .

Add lines 2a through 2d . . . .

Subtract line 2e from line 1 . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 4a and 4b . .

Return Reference

Part XIIII Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Schedule D (Form 990) 2015

1

2

е

а

b

c

Part XII

5

1

2

а

b

c d

e

а

b

c

information

Part X, Line 2

5

3

3

2e

-181,204

5,131

-39.875

97,500

39,875

5,131

2e

3

4c

Page 4

-98,225

-34,744

11,539,450

9.865.989

137,375

5,131

9,733,745

Schedule D (Form 990) 2015

9,728,614

11,574,194

Complete if the organization answered 'Yes' on Form 990	, Part	t I\	/, lı	ne	<u>12a</u>	١.				
Total revenue, gains, and other support per audited financial statement	s.						•	1		11,4
Amounts included on line 1 but not on Form 990, Part VIII, line 12										
Not unusalized some (leases) on investments	1	. 1					14 521		İ	

2d

2a

2h 2c

2d

The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities As of June 30, 2016 and 2015 , FEBC had no uncertain tax positions that qualify for recognition or disclosure in the financial statements. FEBC files information tax returns in the U.S. and various states. FEBC is subject to income tax examinations for the current year and

	mounts metaded on the 1 sac not on 1 only 330,1 are vill, me 12			'
<b>a</b> Net	t unrealized gains (losses) on investments	2a	-14,521	
<b>b</b> Dor	nated services and use of facilities	2b	97,500	
c Poc	coveries of prior year grapts	20		,

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

а	Net unrealized gains (losses) on investments	2	2a	-14,521	- 1	
b	Donated services and use of facilities	2	2b	97,500		
c	Recoveries of prior year grants	. 2	2c			

Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12) . . . . . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

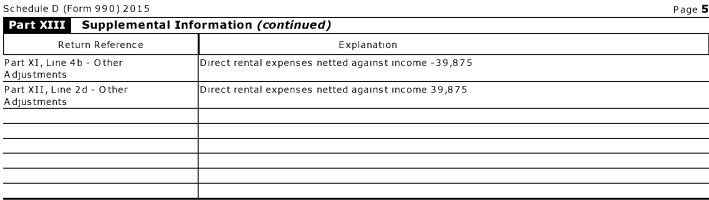
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

certain prior years based on the applicable laws and regulations

a	Net unrealized gains (losses) on investments
b	Donated services and use of facilities 2b 97,500
c	Recoveries of prior year grants
d	Other (Describe in Part XIII )



efile GRAPHIC print - D	O NOT PROCESS	As Filed Dat	ta -	DLN	l: 93493313013276	
SCHEDULE F (Form 990)	Statement of Activities Outside the United States					
(1 01111 330)	► Complete i	Part IV, line	n answered "Yes" to Form 14b, 15, or 16.	990,	2015	
Department of the Treasury Internal Revenue Service	nformation about Schedul		o Form 990. nd its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection	
Name of the organization Far East Broadcasting Compan	y Inc			<b>Employer ide</b> 95-146157	entification number	
	mation on Activitie organization answer		ne United States. orm 990, Part IV, line	14b.		
1 For grantmakers. Doe and other assistance, used to award the gran	the grantees' eligibili			_		
2 For grantmakers. Des assistance outside the		ganızatıon's p	rocedures for monitori	ng the use of its gra	, ,	
3 Activites per Region (Th	ie following Part I, line 3	table can be di	uplicated if additional spa	ace is needed )		
(a) Region	<b>(b)</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 listed in (d) program service, describ specific type of service(s) in region		
(1) See Add'l Data			,			
(2)						
(3)						
(4)						
(5)						
<b>3a</b> Sub-total	0	6			4,267,438	
<b>b</b> Total from continuation s to Part I		0			4 267 429	
c Totals (add lines 3a and For Paperwork Reduction Act Not	/			<u> </u> No 50082W	4,267,438 edule F (Form 990) 2015	

Part II Grants and Other Assistance to Organizations or Entities Outside the United Sta
---

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
( 3)								
(4)								
( 5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
( 13)								
(14)								
( 15)								
(16)								
( == )								

20

Schedule F (Form 990) 2015

appraisal, other)

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV,

Part III Can b	יש
(a) Type of grant or assistance	

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sche	edule F (Form 990) 2015			Рa	ge <b>4</b>
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	Ī✓	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)	Г	Yes	Ī✓	Νo
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)	Г	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)	Г	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)	Г	Yes	<b>√</b>	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	_		_	

┌ Yes

Schedule F (Form 990) 2015

**✓** No

5713, do not file with Form 990)

this part to provide any additional information (see instructions).

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

## 990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
Part I, Line 2	Needs are communicated through a proposal process. The projects are evaluated and prioritized Development will make appeals based upon common needs across multiple entities or for a specific affiliate. Grants are ultimately awarded based upon dollars raised and the needs communicated. While operating independently and under different leadership, foreign affiliates operate under a common charter which aligns mission and operations. Additionally, ministry partner agreements outline specific accountabilities for specific grants.

 990 Schedule F, Supplemental Information

 Return Reference
 Explanation

 Part I, line 3
 The US operations records funding of affiliates as an Affiliate Grant Expense Missionar

art I, line 3

The U.S. operations records funding of affiliates as an Affiliate Grant Expense. Missionar
y payroll are paid via the same payroll system as U.S. Employees. Expenses reviewed are ty
pically reimbursed when documentation is submitted to the accounting office in LaMirada, C.

#### **Additional Data**

and Mexico, but

Software ID:

Software Version:

**EIN:** 95-1461574

Name: Far East Broadcasting Company Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	offices in the region	employees or agents in region	conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service(s) in region	for region
East Asia and the Pacific - Australia, Brunei, Burma,	0	0	Grants to recipients		2,705,159

			grants to recipients located in the region)		
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Grants to recipients		2,705,159
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	6	Program Svcs	Radio Media Communications	401,150
North America - Canada	0	0	Grants to recipients		620

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region) 75,536 8,437

Grants to recipients

976,536

			J ,	
South Asia - Afghanistan, Bangladesh,	0	0	Grants to recipients	17
Europe (Including Iceland &	0	0	Grants to recipients	

Form 990 Schedule F Part I - Activities Outside The United States

Greenland) -Russia & the Newly

Independent States -

(b) IRS code (1) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement organization (book, FMV, assistance assistance applicable) appraisal, other) lEast Asia and the Media/Radio 471,057 Wire/Check Pacific Broadcast

١.		i deine	Diodacasc				
			Media/Radio Broadcast	170,047	Wire/Check		

		Broadcast	170,047	Wheyencek		
	East Asia and the	Media/Radio	324,487	Wire/Check		

	Pacıfic	Broadcast				
	East Asia and the	Media/Radio	324,487	Wire/Check		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

lBroadcast

Pacific

	racine	Dioaucast				
	East Asia and the	Media/Radio	324,487	Wire/Check		
	Doorfie	Drandanat				

	raciiic	Dioadcast				
	East Asia and the	Media/Radio	324,487	Wire/Check		
	D =6	ln				

	East Asia and the	Media/Radio	835,100	Wire/Check		
	Pacific	Broadcast				
	East Asia and the	Media/Radio	324,48/	wire/C neck		

(b) IRS code (1) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement organization (book, FMV, assistance assistance applicable) appraisal, other) East Asia and the Media/Radio 143.072 Wire/Check Pacific Broadcast

		i dellie	Diodacuse				
			Media/Radio Broadcast	135,176	Wire/Check		
_							

lBroadcast

Form 990 Schedule F Part II - Grants or Entities Outside The United States

	Pacıfic	Broadcast	,	,		
	East Asia and the	Media/Radio	299,927	Wire/Check		

	Pacific	Broadcast				
	East Asia and the	Media/Radio	299,927	Wire/Check		

	E . 4	M 1 /D 1	467.006	W (CL )		-
	Pacific	Broadcast				i

lEast Asia and the IM edia/Radio 167,896 Wire/Check

Pacific

(b) IRS code (ı) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement organization (book, FMV, assistance assistance applicable) appraisal, other) East Asia and the Media/Radio 39,501 Wire/Check Dacific Drondonet

	Pacific	Dioaucast				
	East Asia and the	Media/Radio	6,611	Wire/Check		
	Pacific	Broadcast				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

	Pacific	Broadcast				
	East Asia and the	Media/Radio	92,440	Wire/Check		
	Doorfie	Drandanat				

	East Asia and the	Media/Radio	92,440	Wire/Check		
	Pacıfic	Broadcast				ĺ

	Pacıfic	Broadcast				
	East Asia and the	Media/Radio	92,440	Wire/Check		

	Broadcast	,		

	Pacific	Dioaucast				
	East Asia and the	Media/Radio	10,850	Wire/Check		

						4
	East Asia and the	Media/Radio	10,850	Wire/Check		

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (f) Manner of section (e) A mount of valuation (d) Purpose of grant (c) Region non-cash cash and EIN(ıf cash grant cash disbursement organization (book, FMV, assistance assistance applicable) appraisal, other) South Asia Media/Radio 82,773 Wire/Check

181,121

795.415 Wire/Check

. Wire/Check

	 Broadcast				
Ş	Media/Radio Broadcast	92,763	Wire/Check		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Russia & the Newly

Independent States

Russia & the Newly

Independent States

Media/Radio

Media/Radio

lBroadcast

lBroadcast

(b) IRS code (I) Method of (q) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(If cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Europe (Including Media/Radio 8,437 wire/Check

5,395 Wire/Check

	East Asia and the	Media/Radio	3.600	Wire/Check		
	Iceland & Greenland)	Broadcast				
	, , ,	1 '	,		l .	1

Media/Radio

lBroadcast

Pacific lBroadcast

Pacific

lEast Asia and the

Form 990 Schedule F Part II - Grants or Entities Outside The United States

DLN: 93493313013276

OMB No 1545-0047

Inspection

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

**Employer identification number** 

Tal Last broadcasting Compa	ny me				95-1461574	ŀ
	ctivities.Completers are not require				on Form 990, Part IV	/, line 17.
1 Indicate whether the org	anızatıon raised fund	s through	any of th	e following activities C	heck all that apply	
a			•	e 🔽 Solicitation of no	on-government grants	
<b>b</b> 🔽 Internet and email s	olicitations			<b>f</b> Solicitation of go	overnment grants	
<b>c</b> Phone solicitations			,	g 🔽 Special fundrais	ing events	
d    ✓ In-person solicitation	ons					
2a Did the organization have or key employees listed services?						es No
<b>b</b> If "Yes," list the ten hig to be compensated at le				sers) pursuant to agree	ments under which the f	undrais er is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Douglas Shaw Associates 1717 Park Street Suite 300	Fundraising Consultant	Yes	No No	0	180,000	-180,000
Naperville, IL 60563						
3						
4						
5						
6						
7						
8						
9						
10						
Total	_1	l	<b>•</b>		180,000	-180,000
3 List all states in which the	organization is regis	tered or I	ıcensed t	n solicit contributions o	r has been notified it is 6	xempt from

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

registration or licensing

che	edule G (Form 990 or 990-EZ) 2015				Page 2
Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution receipts greater than \$5,000	ons and gross income			
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col <b>(a)</b> through col <b>(c)</b> )
a)					
Ĭ					
Revenue	1 Gross receipts				
	2 Less Contributions				
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	<b>5</b> Noncash prizes				
S	<b>6</b> Rent/facılıty costs				
Expenses	<b>7</b> Food and beverages				
ž	8 Entertainment				
D T	9 Other direct expenses				
Ē	10 Direct expense summary Add lines	4 through 9 ın column (d	)		
	11 Net income summary Subtract line 1	.0 from line 3, column (c	i)		
Pai	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		<b>(a)</b> Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
₽ 	1 Gross revenue				
Ses	2 Cash prizes				
Expens	<b>3</b> Noncash prizes				
Direct H	4 Rent/facility costs				
5	5 Other direct expenses				
		<b>Yes</b> %	┌ Yes%	<b>☐ Yes</b> %_	
	<b>6</b> Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary Add lines	2 through 5 in column (c	1)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	lumn (d)		
9	Enter the state(s) in which the organiza	tion conducts gaming as	ctivities		
а	Is the organization licensed to conduct		<u>'</u>		Yes No
b	If "No," explain				
0a	Were any of the organization's gaming l				Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493313013276 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Far East Broadcasting Company Inc 95-1461574 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) (1) Presence 42-1676143 501 (c) 3 10,000 Community Investment 20651 Golden Springs Drive Ste 104 Walnut, CA 91789 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015					Page <b>2</b>
	tance to Domestic Indivited if additional space is	riduals. Complete if the organizes needed	zation answered "Yes" on Foi	rm 990, Part IV, line 22	
(a)Type of grant or assistance	ce <b>(b)</b> Number recipients		(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental I	<b>nformation.</b> Provide	the information required	ın Part I, line 2, Part III,	column (b), and any other a	additional information.
Return Reference	Return Reference Explanation				·

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493313013276 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Name of the organization **Employer identification number** Far East Broadcasting Company Inc 95-1461574 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo

Νo

40

5a

5b

6a

6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Νo

Νo

Νo

Νo

Νo

payments not described in lines 5 and 6? If "Yes," describe in Part III

Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	D	(ii)	(in)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

12,300

24.522

241,251

1.620

٧.	a, italii	c and i	icic

177.809

25.000

1 Edward Cannon

Ex-Officio Directly and CEO

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Page 3 Supplemental Information 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 Return Reference Explanation

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493313013276 **SCHEDULE M Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the Treasury Internal Revenue Service Name of the organization Far East Broadcasting Company Inc 95-14 Types of Property (a) (b) (c) Number of contributions Check Noncash contribution ıf or items contributed amounts reported on no applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . Art-Historical treasures

10

Х

Number of Forms 8283 received by the organization during the tax year for contributions

for which the organization completed Form 8283, Part IV, Donee Acknowledgement

for exempt purposes for the entire holding period? .

**b** If "Yes," describe the arrangement in Part II

contributions? . . . . . . . .

b If "Yes," describe in Part II

Art—Fractional interests Books and publications Clothing and household

Cars and other vehicles

Boats and planes . . . Intellectual property . .

Securities-Publicly traded .

10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous .

Real estate—Other . . 18 Collectibles . . . .

20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . 24 Archeological artifacts .

13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial .

**19** Food inventory .

**26** Other ▶ ( \_\_\_\_\_) **27** Other ▶ ( \_\_\_\_\_ **28** Other ▶ ( \_\_\_\_\_)

25 Other ► (\_\_

. . . . .

goods

6

7

9

17

2015 Open to Public

OMB No 1545-0047

Inspection **Employer identification number** 

61574
(d) Method of determining ncash contribution amoun

84,857 FMV

29

30a

31

32a

Yes

Yes

Yes

No

Νo

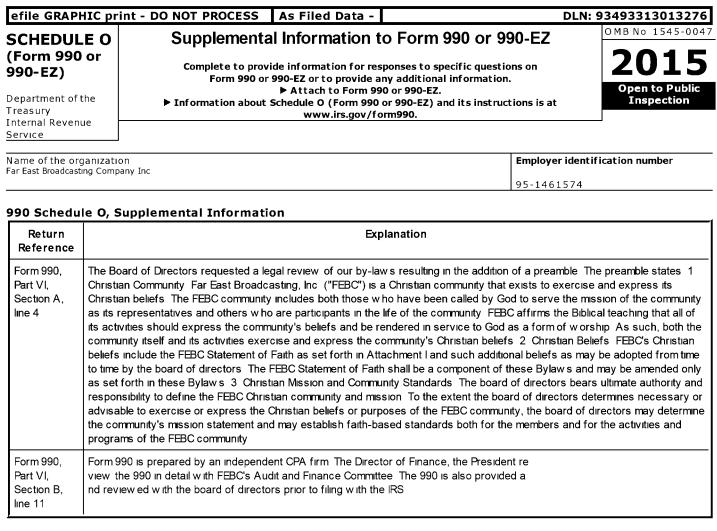
If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2015)

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Schedule M (Form 990) (2015)				
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.				
Return Reference	Explanation			
Part I, Column (b)	The number of contributions represents the number of contributions received			
Part I, Line 32b	Property is received by iDonate and receipted by iDonate foundation with the proceeds passed along to FEBC			
	Schedule M (Form 990) (2015)			



990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990. Part VI. Section Forms are circulated to Board members and officers on an annual basis and reviewed by the Finance Committee

B, line 12c	Disclosed conflicts are reported back to the Board
	The President's compensation is set and approved by the board, who are considered to be in
B, line 15	dependent, and documented in the minutes The President and Personnel set compensation bas

ent performs periodic reviews of the compensation structure as part of its duties

ed upon competitive data for executive management and staff. The Finance and Audit departm

990 Schedule O, Supplemental Information

Return Reference Explanation

ric tarri ric re rece	Deplaration .
Form 990 Part VI Section C line 19	Governing documents, conflict of interest policy and financial statements are available upon request

Form 990, Part VI, Section C, line 19 Governing documents, conflict of interest policy and financial statements are available upon request

Change in value of fiduciary obligations -181,204

Form 990, Part XI, line 9

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Page 12, Part XI, FEBC has a Finance Committee that assumes responsibility for the oversight and the selection process of the

audit This oversight process has not changed from prior year

Line 2C