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Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public
Inspection

Form 990 (2016)

Cat No. 11282Y

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 www.irs.gov/form990. 2016, and ending For the 2016 calendar year, or tax year beginning June 30 20 17 July 1 D Employer identification number C Name of organization Jordan Evangelical Theological Seminary Check If applicable. 32-0164159 Domo business as JETS Address change Number and street for P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 918-619-9869 Initial return P.O. Box 33042 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 927,649 Amended return Tulsa, OK 74153 F Name and address of principal officer: H(a) is thus a group return for subordinates? Yes Vo **David Niednagel** Application pending H(b) Are all subordinates included? Yes No. P.O. Box 33042, Tulsa, OK 74153 If "No." attach a list, (see instructions) 501(c)(3) 501(c) (4947(a)(1) or) ◀ (Insert no.) Tax-exempt status: H(c) Group exemption number > Website: ▶ Form of organization. Corporation Trust Association Other > L Year of formation 2005 M State of legal domicile: OK Part I Summary Briefly describe the organization's mission or most significant activities. Jordan Evangelical Theological Seminary works to relieve the burdens of all people, as well as bring them to a saving knowledge of faith through Jesus Christ. This is largeley done Activities & Governance through raising support for and promoting the importance of theological education and training of leadership. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 1 6 Total number of volunteers (estimate if necessary)... 10 Total unrelated business revenue from Part VIII. column((C)-line 12) 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Revenue 040 Prior Year **Current Year 08** 2018 MAY 8 Contributions and grants (Part VIII, line 1h). 835,440 922,711 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4 and 7d) N. **হ10** (124)(259)Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 106 38 32 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 835,422 922,490 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 820,783 868,916 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,709 4,856 ≥16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Sb Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 28,733 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 873,047 902,505 19 Revenue less expenses. Subtract line 18 from line 12 (37,625)19,985 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,921 48,599 21 Total liabilities (Part X, line 26) . 773 20,466 22 Net assets or fund balances. Subtract line 21 from line 20 8:148 28,133 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is officer) is based on all information of which preparer has any knowledge. true, correct, and complete. Declaration of preparer (other th Sign Signature of officer TREASURER Here Type or print name and title Print/Type preparer's name Date Paid Check 🗸 self-employed Katie Brugger P01965437 Preparer Firm's EIN ▶ Firm's name ▶ Use Only 540-247-2726 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

| Part | Ш | Statement of Program Service Accomplishments | |
|------|-------|---|---|
| · · | | Check if Schedule O contains a response or note to any line in this Part III | <u>. </u> |
| 1 | Brief | ly describe the organization's mission: | |
| | Jord | an Evangelical Theological Seminary works to relieve the burdens of all peoples, as well as bring them to a saving knowled | ge of |
| | | in Jesus Christ. This work is currently done by raising funds for and promoting the importance of theological education an | |
| | traın | ing of leadership, printing brochures and promotional materials, promoting the translation and publishing of relevant books | , and |
| | | I to oversee and evaluate educational programs. | |
| 2 | | the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? |] No |
| | If "Y | es," describe these new services on Schedule O. | |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program ices? | ∄No |
| | If "Y | es," describe these changes on Schedule O. | |
| 4 | expe | cribe the organization's program service accomplishments for each of its three largest program services, as measur enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c otal expenses, and revenue, if any, for each program service reported. | |
| 4a | (Coc | | |
| | | ed funds to support Jordan Evangelical Theological Seminary ın Jordan (JETS-Jordan) for student scholarshıps, campus | |
| | | truction, academic publications, and support for graduates launching ministries. JETS-Jordan targets the 22 Arabic-speaki | |
| | | tries of the Middle East, Arab Peninsula and North Africa and seeks to equip spiritual leaders for planting and strengthening | ł |
| | | ches in the Arab World. JETS-Jordan is not denominationally related and offers B.Th., M.A.B.S., M.Div., Th.M., and D.Min. | |
| | | ees JETS-Jordan has an evangelical statement of faith and its degrees are accredited by three international accrediting | |
| | agen | cies. JETS-Jordan graduates serve in several Arab countries as well as among Arab communities in several western count | ries. |
| | lord | an Evangelical Theological Cominary also supports missionaries serving at IETS Jordan. In addition, Jordan Evangelical | |
| | | an Evangelical Theological Seminary also supports missionaries serving at JETS-Jordan. In addition, Jordan Evangelical Hogical Seminary raised awareness and promoted the importance of theological education and training leadership in the Ara | ahic |
| | | | 3DIC |
| | Spea | king world. | |
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| 4b | (Coc | le:) (Expenses \$including grants of \$) (Revenue \$) | |
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| | Oth | r program conjuces (Decembe in Schedule O.) | |
| 4d | | er program services (Describe in Schedule O.) | |
| 4e | | enses \$ including grants of \$) (Revenue \$) I program service expenses ▶ 868,916 | |
| 70 | iola | program service expenses ► 868,916 | |



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

| | | | | 3- |
|------|--|---------------|----------------|----------|
| Part | Checklist of Required Schedules (continued) | | Yes | No |
| 20.0 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | res | √ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | _ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 1 | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | <u> </u> | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | ✓ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | İ |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| _ | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ✓ |
| р | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 056 | | 1 |
| 00 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 25b | ļ | |
| 26 | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 逐步開 | | 13.18 |
| , | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | Sales Sales | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . | 28a | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | ✓ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 20 | | , |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | ✓ |
| 0. | Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | ان | | _ |
| | complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | <u> </u> | <u> </u> |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | ✓ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | <u> </u> | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | L | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | , |
| 20 | Part VI | 37 | <u> </u> | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 20 | , | |
| | 10. 1404017 at 1 offit ood filoto are required to complete confedence. | 38 | . ▼ | l |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| ,,, | Check if Schedule O contains a response or note to any line in this Part V | | | | |
|----------|--|--|---------------|------------------------|-----------------|
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | 1 | 1 | | 沙蒙 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 ; | | Roser, it. | 1 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendo | rs and | | 4 A | 3000 |
| | reportable gaming (gambling) winnings to prize winners? | · | 1c | ✓ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | 1 | 4 7 | 1 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | √ | 3 |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | _ | 3a | | ✓ |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C | <u></u> | 3b | | . |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other at | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fi | | | | , |
| | account)? | | 4a | -3 - e 1549/1 | 25.45.55 |
| 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 Action (CDAD) | ccounts 🔏 | 1.24 | | |
| | (FBAR) | <u>1</u> | 1 | 4 | 70.00 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . | | 5a | | V |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | _ | 5b | | / |
| c 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | <u>5c</u> | | |
| Ua. | | | . | | , |
| 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 contribut | | 6a | | - |
| ~ | gifts were not tax deductible? | i | ᆈ | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 6b ⊜⊈ | رو کارتیار | 106 W |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | . doode | 43, | 7 7 7 | |
| _ | and services provided to the payor? | ~- | 7a | أشكشت | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | <u> </u> | 7b | | <u> </u> |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | | '' | | ļ |
| _ | required to file Form 8282? | - 1 | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | CAE DE | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | 7e | Katara. | نخنید ا |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | — | 7f | | Ż |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re | <u> </u> | 7g | | _ - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10 | · — | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | <u> </u> | بِيْ فِي | STEW ST. | P. 19 445 |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | وعالمس | |
| 9 | Sponsoring organizations maintaining donor advised funds. | ************************************** | is i | | 1 |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . | [| 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1,1 | £ 7,333 | 18.00 | A 5/18 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | i in le | 3 2 3 | , u 17 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | | 197 |
| 11 | Section 501(c)(12) organizations. Enter: | | "," "," | 4.1 | 10 |
| a | Gross income from members or shareholders | | . OS | ~;3X | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | į. | 5 | in H | 独議 |
| | against amounts due or received from them.) | | - | | 100 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | <u> </u> | l2a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 5,0 | | | La de |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | ,T | 100 | 1 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | · · <u> 1</u> | 13a | خۇنى ي | 4.54 |
| L | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | £4. | 34 | in Life | E ST |
| b | Alexander and the first term of the first term o | 2 | W. | 4 4752 | 1 |
| _ | _ | | E | غ د يوه د ځ په يو د | |
| C 140 | <u> </u> | | (L) | در در ۳ | 16 4 |
| 14a h | Did the organization receive any payments for indoor tanning services during the tax year? | ļ | 4a | | ✓ |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
|-----------|---|-----------|-------------|----------------|
| , , , , , | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | ions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . 🗸 |
| Secti | on A. Governing Body and Management | | | , |
| | l . | Su arross | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | 20 |
| Ъ | Enter the number of voting members included in line 1a, above, who are independent . 1b | 107 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 100 F | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 2 | | - |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | 6 | ļ | 1 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | - | | ' |
| | one or more members of the governing body? | 7a | | 1 |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | <u> </u> | † · |
| | stockholders, or persons other than the governing body? | 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | CALLY. | TANK. | 7 |
| | the year by the following: | | | |
| а | The governing body? | 8a | 1 | -3-3-8-619 |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | l |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | <u> </u> |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | √ | J-0 20591 |
| 10- | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | المناسحة |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ✓ | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | ļ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 10- | , | |
| 12 | | 12c | V | |
| 14 | Did the organization have a written whistleblower policy? | 44 | √ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 14 | 14 = Ent | ne states |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 4 | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | THE STATE | |
| b | Other officers or key employees of the organization | 15b | | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 1.00 | * 33 | 7000 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 1 | | |
| | with a taxable entity during the year? | 16a | مطسعانس | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 1,30 | 100 | 拉灣 |
| | 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? | 16b | | |
| | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ none | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | า 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest (| policy | , and |
| 00 | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | | |
| | Katie Brugger, P.O. Box 33042, Tulsa, OK 74153, 540-247-2726 | | | |

| 990 (2016) | Page 7 |
|------------|--------|

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

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

Form

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

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

| ✓ Check this box if neither the organization no | r any relate | d org | anız | atic | n c | ompe | nsa | ited any currer | nt officer, directo | r, or trustee. |
|---|---|----------------------|-------|----------------------|----------|-----------------------------------|-----|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | office or directo | unles | Pos neck ss pe | rson | e than or/trust employee employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Dr. Imad Shehadeh President | 10 | 1 | | 1 | | | | 0 | 0 | Ç |
| (2) David Niednagel | 2 | / | | / | | | | | | |
| (3) Dr. John Barnett | 1 | - | | ۲ | \vdash | | | 0 | 0 | C |
| Secretary | †i | 1 | | 1 | | | | o | 0 | o |
| (4) Jim Stubbs | 2 | | | | | | | | | |
| Treasurer | | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (5) Dr. Mike Cozzens | 11 | | | | | | ŀ | | | |
| Director | | ✓ | | | | | | 0 | 0 | 0 |
| (6) Dr. Lee Ewin | 11 | _ | | | | | | | | |
| Director · | ļ | / | | | _ | | | 0 | 0 | 0 |
| (7) | | ļ | | | | | | | | |
| (8) | | ļ | | | | | | | | |
| (9) | | | | | | ļ | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | - | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | (A) Name and title | (B) Average | (do n | ot ch | Pos neck is pe | c) stion more | e than o | one nan | (D) Reportable | (E) Reportat | ole | Esti | (F) | |
|---------|--|---|-------------------------|-----------------------|----------------------|---------------------|------------------------------|-------------|--|---|----------|----------------------------------|---|--|
| | | hours per week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensatio related organizati (W-2/1099-N | l ons | o comp fro orgai and | ount of ther ensatio m the nization related nizations | ı |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | . | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | - | | | | | | | | | | |
| (19) | | | | - | | _ | ļ | | | | | | | |
| (20) | | | _ | | | | | | | | | | | |
| (21) | | | | | | - | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | _ | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | - | | | | - | | | | | | |
| 1b | Sub-total | | on A | | • | <u> </u> | | > | 0 | | 0 | | | |
| d | Total (add lines 1b and 1c) | | | | | | | <u>\</u> | 0 | | 0 | | | (|
| 2 | Total number of individuals (including but reportable compensation from the organi | | 1 to tr | ose | list | ed a | above | e) w | ho received m | ore than \$1 | 00,00 | 10 of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete to | | | | | | | emp | oloyee, or high | est compe | ensate | ed 3 | Yes | No ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or inc | dıvıdu | al 📆 | and a | - 15 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| Section | on B. Independent Contractors | : 17 703, 0 | .ompi | CIC | 001 | icac | 11001 | 0, 3 | such person | • • • | • • | 5 | _• | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | ax |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| none | | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | | | |
| _ | | , | | | | | | | | | 9225 | 1 . 17 | 3525- | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | |) th | iose listed abo | ove) who | | | | |

| Part | VIII | Check if Schedule O | | resna | onse or note to | n any line in this | : Part VIII | | Ш |
|-------------------------------------|----------|---|-----------------|-----------------|---------------------------------------|--|--|--|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts | 1a | Federated campaigns | <u> </u> | 1a | 0 | | | | |
| ts, Grants Amounts | b | • | ⊢ | 1b | 0 | | | | |
| | С | Fundraising events . | | 1c | 0 | | | | |
| Gıfts, ilar Ar | d | Related organizations | <u> </u> | 1d | 0 | | | | |
| Sim | e f | Government grants (con All other contributions, gi | | 1e | 0 | | | | |
| utic | , | and similar amounts not inc | | 44 | 000 744 | | | | |
| t t | _ | Noncash contributions includ | _ | 1f 6 ¢ | 922,711 5,011 | "是是是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一 | | | |
| Contributions, (and Other Simil | 9 h | Total. Add lines 1a-1 | | | 5,011 | 922,711 | | AND THE RESERVE AND | The state of the s |
| | | Totali / taa iii loo Ta T | | Ť | Business Code | Secretary Secretary Secretary Secretary | | A STATE OF THE STA | THE THE REPORT OF |
| /en | 2a | | | t | · · · · | BARRA C BARRANA | 77 30 F 45 F 45 V | 215 53 45 45 45 45 45 45 45 45 45 45 45 45 45 | 232 230 |
| æ | b | | | | | | | | |
| /ice | С | | | | | | | | |
| Sen | d | | | | | | | | |
| ш | е | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Program Service Revenue | f | All other program sen | | _ | | | Strot Zakin to a salar sy in sa | State of the state | Water and the second second second |
| <u>-</u> | g | Total. Add lines 2a-2 | | | | 0 | | 第一个个小型的 | |
| | 3 | Investment income and other similar amo | | iviaei | | | | | |
| | 4 | Income from investmen | • | | | 0 | 0 | 0 | 0 |
| | 5 | | | | , | 38 | 38 | 0 | 0 |
| | Ŭ | noyanics | (i) Real | . Т | (ii) Personal | 30 2007 C22322 | 20 | | Mary was a second |
| | 6a | Gross rents | | $\neg \uparrow$ | | (a) (b) | | | |
| | Ь | Less: rental expenses | | \dashv | | | | | |
| • | С | Rental income or (loss) | | | | | | | |
| | d | Net rental income or (| <u> </u> | | > | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from sales of | (i) Securities | 3 | (ii) Other | | | State of the state | |
| į | _ | assets other than inventory | 4, | 900 | 0 | | | 15 30 30 00 | 200 |
| | b | Less cost or other basis | | | | | | | |
| | | and sales expenses . | | 159 | 0 | | | The state of the s | |
| | d | Gain or (loss) Net gain or (loss) . | (2 | 259) | | (250) | | | AND THE PARTY OF T |
| | u | iver gain or (loss) . | | . <u>г</u> | <u> </u> | (259) | V CARACTER STREET | The state of the s | (259) |
| 9 | 8a | Gross income from fu | ındraisina | | | | | | |
| ē | <u> </u> | events (not including \$ | | | | | | | |
| Other Reve | | of contributions reporte | ed on line 1c). | | | | | | |
| ē | | See Part IV, line 18 . | | a | | | | | |
| \$ | b | Less. direct expenses | | b | | | | the hand | |
| _ | С | Net income or (loss) f | | | vents . > | 0 | | 0 | 0 |
| | 9a | Gross income from ga | _ | 1 | | | | | |
| | | • | | _⊢ | | | | | |
| | b | Less. direct expenses Net income or (loss) for | | _b_ | ition | | | | |
| | с 10а | Gross sales of in | - | _ | illes | O THE TRUE IN THE SE | 0 | 0 | O |
| | IVa | returns and allowance | | a | | | | | |
| | ь | Less cost of goods s | old | ь | | | 100 | | |
| | C | Net income or (loss) f | | | ntory ► | 0 | O | 0 | 0 |
| | | Miscellaneous R | | | Business Code | | **** | | IT THE WALL |
| | 11a | | | | | | | | |
| | b | ••••• | | [| | | | | |
| | С | | | | | | | | |
| | d | All other revenue . Total. Add lines 11a- | | L | | | THE BUILT THE THE BUY | Elikary Homes II Y. A. 13 | 第一 英語をよいられる |
| | e 12 | Total revenue. See in | | | | 022.400 | 1 | STATE OF THE STATE | |
| | | | | · · · · | · · · · · · · · · · · · · · · · · · · | 922,490 | U | . 0 | (259) |

| | IX Statement of Functional Expenses | | | | |
|----------|--|-----------------------|--|--|--|
| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | · | | | |
| | Check if Schedule O contains a respon | se or note to any li | ne in this Part IX . | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 63,450 | 63,450 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | The state of the s |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | 005.455 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, | 805,466 0 | 003,466 | | |
| 6 | trustees, and key employees | 0 | 0 | 0 | 0 |
| 7 | persons described in section 4958(c)(3)(B) . Other salaries and wages | 0 4,511 | 0 | 0 4,511 | - |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | o | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 11 | Payroll taxes | 345 | 0 | 345 | 0 |
| а | Management | 0 | 0 | 0 | C |
| ь | Legal | 0 | · · · · · · · · · · · · · · · · · · · | 0 | |
| ا | Accounting | 8,970 | 1 | 8,970 | |
| d | Lobbying | 0 | BURSE, Thunder Like Court Hardwall at a rest | | 0 |
| f | Investment management fees | 0 | | Control of the Contro | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (O) | 0 | | 0 | |
| 12 | Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 | Office expenses | 6,602 | 0 | 5,724 | 878 |
| 14 | Information technology | 205 | 0 | 125 | 80 |
| 15 | Royalties | 0 | · | 0 | 1 |
| 16 17 | Occupancy | 0 | | 0 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 11,312 | | 3,557 | |
| 19 | Conferences, conventions, and meetings . | 0 | | 0 | |
| 20 | Interest | 0 | | 0 | |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 25 | 0 | 25 | 0 |
| 23 | Insurance | 244 | O DESERVATION OF PARTICULAR PRODUCTION OF PART | 244 | O |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | の変化がある。 | |
| а | ECFA membership fees | 1,375 | .0 | 1,375 | 0 |
| Ь | | | | | |
| c d | | | | | |
| u e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 902,505 | 868,916 | 24,876 | 8,713 |
| 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 following SOP 98-2 (ASC 958-720) | | | | -, |

Form 990 (2016) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 7,983 48,451 Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a Less accumulated depreciation 10b b 10c 2.805 Investments—publicly traded securities 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) 8,921 48,599 Accounts payable and accrued expenses Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 20,000 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 20,466 Balances complete lines 27 through 29, and lines 33 and 34. 2,691 13,681 5,457 14,452 Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ò Capital stock or trust principal, or current funds Net Assets

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

Retained earnings, endowment, accumulated income, or other funds.

28,133

48,599

8,148

8,921

| | -4 | |
|------|----|----|
| Page | 7 | -2 |
| | | |

| | | | | | <u> </u> |
|------|--|----------|---------------------------------------|--|--------------|
| Part | | | | | |
| · | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 92 | 2,490 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 90 | <u>2,505</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 1: | 9,985 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1 | 8,148 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 2 | 8,133 |
| Part | XII Financial Statements and Reporting | - | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | ` | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | KAY! | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın ın | | | |
| | Schedule O. | | 242 3 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | olled or | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | 1 |
| | reviewed on a separate basis, consolidated basis, or both: | | | £ ₁₂ | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | E STEEL ME | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on a | San Allins | 1 | |
| | separate basis, consolidated basis, or both: | | A 75. | Sept 3 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 学 选一篇 | γ ₆ , γ ₂ 1-2, γ ₂ | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | ntant? | 2c | √ | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plaın ın | 4.34 | | |
| | Schedule O. | | | 30,77 87 T | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | |
| | | | Form | 990 | (2016) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

| | | ngelical Theological Seminary | | | | | | 64159 | |
|---------|----------|--|------------------------------------|--|-------------------------|------------------------------|--|-------------|---------------------------|
| Pa | rt l | Reason for Public Cha | rity Status (All | organizations must | comple | te this p | art.) See instruction | ns. | |
| The | | zation is not a private founda | | • | | - | • | | \bigcirc |
| 1 | □ A | church, convention of churc | hes, or associat | on of churches descr | ıbed ın s ı | ection 17 | '0(b)(1)(A)(i). | | 1) / |
| 2 | | school described in section | | | | | | | \cup $ $ |
| 3 | | hospital or a cooperative ho | | - | | | | | • |
| 4 | | medical research organization ospital's name, city, and stat | - | onjunction with a hos | pital desc | nbed in s | section 170(b)(1)(A) | (iii). Ente | er the |
| 5 | | n organization operated for ection 170(b)(1)(A)(iv). (Com | | college or university | owned o | or operate | ed by a government | al unit o | described in |
| 6 | □ A | federal, state, or local gover | nment or govern | mental unit described | in secti | on 170(b) |)(1)(A)(v). | | |
| 7 | | n organization that normally escribed in section 170(b)(1) | | | port from | n a gover | nmental unit or fron | the ge | neral public |
| 8 | □ A | community trust described i | n section 170(b |)(1)(A)(vi). (Complete | Part II.) | | | | |
| 9 | or ur | n agricultural research organ ' university or a non-land-gra niversity: | nt college of agr | riculture (see instruction | ons). Ente | er the nar | ne, city, and state of | the coll | ege or |
| 10 | re su | n organization that normally occipts from activities related upport from gross investment outlined by the organization a | to its exempt fu tincome and un | nctions—subject to c related business taxa | ertain exi ble incon | ceptions, ne (less s | and (2) no more that ection 511 tax) from | n 331/39/ | of its |
| 11 | ☐ Ar | n organization organized and | l operated exclu- | sively to test for publi | c safety. | See sect | ion 509(a)(4). | | |
| 12 | | n organization organized and | | | | | | | |
| | | one or more publicly support | | | | | | | |
| | Cł | heck the box in lines 12a thro | ugh 12d that de | scribes the type of sup | oporting o | organızati | on and complete line | s 12e, 1 | 2f, and 12g. |
| а | | Type I. A supporting organ | | | | | | | |
| | | the supported organization | | | | | the directors or trust | ees of th | ne |
| | | supporting organization. Y | _ | • | | | | | |
| b | | Type II. A supporting organ | | | | | | | |
| | | control or management of organization(s). You must | complete Part I | V, Sections A and C | • | | | - | |
| С | | Type III functionally integ its supported organization(| | | | | | ally integ | rated with, |
| d | | Type III non-functionally i | | | | | | | |
| | | that is not functionally integ | | | | | | d an att | entiveness |
| | _ | requirement (see instructio | • | • | | • | | | |
| е | 4-2 | Check this box if the organ functionally integrated, or 1 | Type III non-fund | a written determination at the street and the street at th | on from ti oporting | ne IRS th organizat | at it is a Type I, Type ion. | e II, Type | e III |
| f | | er the number of supported of | | | | | | L | |
| g | | vide the following information | | , | | | T | | |
| | (i) Nan | ne of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 | listed in you | organization or governing | (v) Amount of monetary support (see | | amount of support (see |
| | | | | above (see instructions)) | | ment? | instructions) | ınst | ructions) |
| <u></u> | | · · · · · · · · · · · · · · · · · · · | | | Yes | No | | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | ***** | | | | | | | |
| Total | i | | | - , | | | | | |

Part II

| • | (Complete only if you checked t Part III. If the organization fails to | | | | | | alify under |
|----------|---|--|---|---|-------------------------------------|-----------------------------------|-----------------------------------|
| Sect | ion A. Public Support | o quality unde | 51 ti 10 to 3t5 iic | ned below, p | ioado dompio | 20 T drt 111.) | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | (2) 23 12 | (2) 2010 | (6) 2011 | (4) 2010 | (6) 2010 | (i) rotal |
| _ | include any "unusual grants.") | 613,319 | 766,283 | 949,157 | 835,440 | 922,711 | 4,086,910 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | o | o | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Total. Add lines 1 through 3 | 613,319 | | | 835,440 | | 4,086,910 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | Baka b. The fire | THE STREET OF STREET | TO ALL THE MANUSCRIPTION | CONTRACTOR OF AN | THE PART SERVICE | 505,692 |
| | on B. Total Support | BROWN CONTRACT | Washington Court | 。 高級化學、 中國學術學 第862 | Example To A. STR. | 和湖 等美国能。 | 3,581,218 |
| | idar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 613,319 | 766,283 | 949,157 | 835,440 | | 4,086,910 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0 | 0 | 0 | 0 | 0 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | | 建筑的 | | | 建设工作的 | THE PERSON NAMED IN | 4,086,910 |
| 12 13 | Gross receipts from related activities, etc First five years. If the Form 990 is for the | he organization | n's first, secon | | | | 226 n 501(c)(3) |
| | organization, check this box and stop he | | | | | | 🕨 🗆 |
| | on C. Computation of Public Suppo | | | | | | |
| 14 15 | Public support percentage for 2016 (line Public support percentage from 2015 Sci | | • | | | 14 | 87.63 % 91.02 % |
| 16a | 331/3% support test—2016. If the organ box and stop here. The organization qua | ization did not | check the box | on line 13, ar | nd line 14 is 33 | | check this |
| b | 331/3% support test—2015. If the organ this box and stop here. The organization | | | | | | ore, check ▶ 🗍 |
| 17a | 10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization. | eets the "facts "facts-and-circ | -and-circumsta umstances" te | ances" test, chest. The organi | neck this box a zation qualifies | and stop here. s as a publicly | Explain in supported |
| b | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization. | 015. If the organication meets the meets the "factors" | anızatıon did n e "facts-and-d ts-and-circums | ot check a bo circumstances' stances" test. | x on line 13, 1 ' test, check t | 6a, 16b, or 17 this box and s | a, and line stop here. a publicly |
| 18 | Private foundation. If the organization di | | | | ı, or 17b, chec | | |

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

15

16

Schedule A (Form 990 or 990-EZ) 2016 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an 3 unrelated trade or business under section 513 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b . . . 11 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 12 loss from the sale of capital assets (Explain in Part VI.) . . . /. . . . 13 Total support. (Add lines 9, 10c, 11, and 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) 14

| ecti | on C. Computation | n of Put | dic Supp | ort | Parc | ·Δn | ta | no. | | | | | | | | | | | | |
|------|---------------------|----------|-------------------|------|------|-----|----|-----|--|--|--|--|--|--|--|--|------|--|-----|---|
| | organization, check | this box | and stop h | iere | | | | | | | | | | | | | | | . 1 | ▶ |
| | i not mo yourd in t | | | | | | | | | | | | | | | | | | | |

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

Public support percentage from 2015 Schedule A, Part III, line 15

| Secti | ion D. Computation of Investment Income Percentage | | |
|-------|--|--------|--------------------|
| 17 | Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |
| 19a | 331/2% support tests-2016. If the organization did not check the box on line 14, and line 15 is more | e thar | າ 33¹/₃%, and line |

| | 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . | | |
|---|--|-----|--|
| b | 331/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, | and | |
| | line 18, is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization | • | |

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

15

%

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Section | A. All | Supporting | Organiz | zations |
|---------|--------|------------|---------|---------|

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 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 Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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 | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 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.) | 10h | | |

| | ile A (Form 990 or 990-EZ) 2016 | | - 1 | age 3 |
|-------|--|--|---------|--------------|
| Part | IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | , | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations | 11c | | |
| Secu | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 162 | NO |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | - | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | . 00 | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s) | 1 1 | | |
| Secti | ion D. All Type III Supporting Organizations | ــــــــــــــــــــــــــــــــــــــ | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | ĺ | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | nstru | ctions | s) |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below | | | |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see ins | structi | ons) |
| 2 | Activities Test. Answer (a) and (b) below. | 1 | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 169 | 140 |
| ű | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | - | |
| - | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | 20 | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| a | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| b | • | Ja | | |
| U | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard | 26 | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) | jani | zations | |
|--|-------|---------------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A - Adjusted Net Income | iizai | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | (|
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Pnor Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | <u>.</u> | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | - |
| 6 Multiply line 5 by .035. | 6 | · · · · · · · · · · · · · · · · · · · | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | 1.7 | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | · · <u>-</u> - | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | - |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y int | egrated Type III supporti | ng organization (see |

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

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|---|
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

OMB No 1545-0047

2016

Name of the organization Employer identification number Jordan Evangelical Theological Seminary 32-0164159 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (duning year) 3 Aggregate value of grants from (during year) . Addregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

| Pari | | | | | | | | | |
|--------|--|---------------------------|--------------|---------------------|-------------|------------|------------------------|----------------|------------|
| `3 | Using the organization's acquisition, collection items (check all that apply): | | her reco | rds, check | any of th | ne follov | ving that are a | significant | use of its |
| а | ☐ Public exhibition | | d | 🔲 Loan d | r exchang | ge prog | rams | | |
| b | ☐ Scholarly research | | е | ☐ Other | | | | | |
| С | ☐ Preservation for future generations | S | | | | | | | |
| 4 | Provide a description of the organizat XIII. | tion's collections a | ınd expla | ain how the | ey further | the org | anization's ex | empt purpos | se in Part |
| 5 | During the year, did the organization | | | | | | | | |
| | assets to be sold to raise funds rather | r than to be mainta | ined as p | part of the | organızat | ion's co | llection? . | · 🗌 Yes | i □ No |
| Part | IV Escrow and Custodial Arra | angements. | | | | | | | |
| | Complete if the organization | answered "Yes" | ' on For | m 990, Pa | art IV, Iın | e 9, or | reported an a | amount on I | Form |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee | , custodian or oth | er ıntern | nediary for | contribu | tions or | other assets | not | |
| | included on Form 990, Part X? | | . . . | | | | | · [] Yes | i □ No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the fo | llowing tal | ole: | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | : | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount | nt on Form 990, Pa | art X, line | 21, for es | crow or c | ustodia | account liabil | ıty? 🗌 Yes | □ No |
| b | If "Yes," explain the arrangement in P | art XIII. Check here | of the ex | planation | has been | provide | ed on Part XIII | <u>.</u> | |
| Par | | | | | | | | | |
| | Complete if the organization | | | | | | | | |
| | | (a) Current year | (b) Pro | or year | (c) Two yea | rs back | (d) Three years ba | ack (e) Foury | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| þ | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of t | he current year en | d balanc | e (line 1g, | column (a | a)) held a | as: | • | |
| а | Board designated or quasi-endowmen | nt 🕨 | % | | | | | | |
| b | Permanent endowment > | % | | | | | | | |
| C | Temporarily restricted endowment ▶ | <u> </u> | | | | | | | |
| | The percentages on lines 2a, 2b, and | | | | | | | | |
| 3a | Are there endowment funds not in the | e possession of the | e organiz | zation that | are held | and ad | ministered for | the _ | |
| | organization by: | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | | | | . 3a(i) | |
| | (ii) related organizations | | | | | | | . 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related o | | | | | | | . 3b | |
| 4 | Describe in Part XIII the intended uses | | n's endo | wment fur | nds. | · · · · · | | | |
| Part | | | _ | | | | _ | | |
| | Complete if the organization | | | | | e 11a. : | See Form 99 | 0, Part X, Iır | ne 10. |
| | Description of property | (a) Cost or oth (investme | | (b) Cost or (oth | er) | d∈ | Accumulated preciation | (d) Book | value |
| 1a | Land | | 0 | | 0 | 建筑 | 公司是1000年 | | 0 |
| b | Buildings | | 0 | | 0 | | 0 | | 0 |
| C | Leasehold improvements | | 0 | | 0 | | 0 | | 0 |
| d | Equipment | | 0 | | 1,792 | | 1,792 | | 0 |
| е | Other | · | 0 | | 1,013 | | 1,013 | | 0 |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 99 | O Part | Column i | (R) line 10 | (C) | • | | |

| Part VII | Investments—Other Securities | | 222 2 | 441 0 5 | 000 D . W. L 40 |
|-------------------|---|--------------------------------|-------------------------|--------------------|---|
| | Complete if the organization ans | | | | |
| | (a) Description of security or categor (including name of security) | У | (b) Book value | | od of valuation of-year market value |
| (1) Financial | derivatives | | | | |
| (2) Closely-l | neld equity interests | [| | | |
| (3) Other | | | | | |
| (A) | | | | | ·· - |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) (G) | | | | | |
| (H) | | | | | |
| | h) must agual Form 000 Port V and (O) line 10) | | | | |
| Part VIII | b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Relate | A | | | |
| raft VIII | Complete if the organization ans | | a 000 Part IV line | 11c Soc Form | 000 Port V Juno 12 |
| | (a) Description of investment | swered res on Form | | · | |
| | (a) Description of investment | | (b) Book value | | od of valuation of-year market value |
| /1\ | | | | | |
| (1) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | ***** | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | - · · · -,-···· | | | | · · · · · · · · · · · · · · · · · · · |
| | b) must equal Form 990, Part X, col (B) line 13) | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization ans | wered "Yes" on Form | n 990, Part IV, line | 11d. See Form | 990, Part X, line 15. |
| | | a) Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | ··· | | | ·· |
| (3) | | ················ | | | |
| (4) | | | | | |
| (5) | | | | , | |
| (6) | | | | | |
| <u>(7)</u> | | | | | |
| (8) | | | | | |
| (9) | mn (b) must equal Form 990, Part X, c | ol (D) line 15 \ | | | |
| Part X | Other Liabilities. | OI. (B) IIII e 13.) | | | · |
| rartA | Complete if the organization ans | word "Voe" on Form | 000 Dort IV line | 110 or 11f Con | Form 000 Dart V |
| | line 25. | wered tes on Form | 1 990, Fart IV, lifte | Tie or III. See | rom 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | ···- | | |
| (1) Federal ır | | (5) 2001 12100 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | <u> </u> | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | <u> </u> | | | |
| Total. (Column (I | b) must equal Form 990, Part X, col (B) line 25) | | | | |
| | uncertain tax positions. In Part XIII, prov | de the text of the footnot | e to the organization's | financial statemer | its that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part | XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F | | Return. |
|------|--|--------------------|-----------------|
| 1 | Total revenue, gains, and other support per audited financial statements. | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | 5 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | | er Return. |
| | Complete if the organization answered "Yes" on Form 990, F | Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1. | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| þ | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | : 18.) | 5 |
| Part | XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 14. D. 4 N/ 1 | D 11/1 / D 11/1 |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | | |
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| | orm 990) 2016 | Page 5 |
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| Part XIII | Supplemental Information (continued) | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

| orua | n Evangencai Theologicai Semii | nary | | | | -0 194139 |
|------------|---|-------------------------------------|--|--|--|---|
| Par | General Information Form 990, Part IV, line | n on Activiti | es Outside | the United States. Comp | olete if the organization ansv | |
| 1 | For grantmakers. Does the assistance, the grantees' eli | organization gibility for the | e grants or as | sistance, and the selection | | |
| | grants or assistance? | | | | | ☑Yes □No |
| 2 | For grantmakers. Describe assistance outside the Unite | | the organizati | on's procedures for monit | toring the use of its grants | s and other |
| 3 | Activities per Region. (The fo | ollowing Part | I, line 3 table o | can be duplicated if addition | nal space is needed.) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) | Middle East and North Africa | 0 | 0 | grants to recipients | | 804,116 |
| (2) | Sub-Saharan Africa | | • | | | 4.050 |
| (3) | Sub-Sandran Airica | 0 | 0 | program services | travel to region | 1,350 |
| | · | | | | | |
| (4) | | | - | | | |
| (5) | | | | | | |
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| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | - | | | | | |
| | · | | | | | · ** |
| (16) | | | | | | |
| (17) 3a | Sub-total | | | | | 005.455 |
| ъ В | Sub-total Total from continuation | 0 | 0 | CONT. THE SOLD WAS TO SEE | | 805,466 |
| | sheets to Part I | | | | | |
| С | Totals (add lines 3a and 3b) | 0 | 0 | 建筑中心市外籍地区中部等 | 《新兴》,《新兴》,《新兴》 | 805,466 |

Page 2

Schedule F (Form 990) 2016

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

| (i) Method of valuation (book, FMV, appraisal, other) | | | | | | i | | | | | | | | |
|---|-----------------------|-----|-----|-----|-----|-----|-----|-----|------|------|------|--------|------|--|
| (h) Description of noncash assistance | | | | | | | | | : | | | | | |
| (g) Amount of noncash assistance | | | | | | | | | | | | | | |
| (f) Manner of cash disbursement | 804,116 Wire transfer | | | | | | | | | | | | | |
| (e) Amount of cash grant | 804,116 | | | | | | | | | | | | | |
| (d) Purpose of grant | Theological Educatio | | | | | | | | | | | | | |
| (c) Region | liddle East and NA | | | | | | | | | | | | - | |
| (b) IRS code section and EIN (if applicable) | | | | | | | | | | | | | | |
| (a) Name of organization | | (2) | (0) | (4) | (9) | (9) | (8) | (6) | (10) | (12) | (13) | (14)/6 | (15) | |

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

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part III Grants ar

| (a) Type of grant or assistance | of grant or assistance (b) Region (c) Number of recipients | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
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| (17) | | | | | | | |
| (18) | | | | | | | |
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| Page | 4 |
|------|---|
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| Part | V Foreign Forms | | |
|------|--|-------|------|
| 1 | Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | ☐ Yes | √ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) | Yes | ☑ No |

Schedule F (Form 990) 2016

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Supplemental Information

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

| Part I, Line 2 - Jordan Evangelical Theological Seminary (JETS) makes grants to organizations outside of the United States based on written |
|---|
| or understood grant agreements to accomplish its program purposes around the world. JETS monitors the use of grants in various ways |
| ncluding JETS Board review of grantee annual audited financial statements, regular review of program accomplishments, and onsite |
| observation of ministry programs. |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations

2016 pen to Public Inspection OMB No 1545-0047

№

| | Grants and Other Assistance to Organizations, | OF CHEL ON GIMIO |
|---|---|--------------------------------|
| (Form 990) | Governments, and Individuals in the United States | |
| _ | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | |
| Department of the Treasury | ► Attach to Form 990. | Open to Publ |
| Internal Revenue Service | ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | Inspection |
| Name of the organization | | Employer identification number |
| Jordan Evangelical Theological Seminary | eological Seminary | 32-0164159 |
| Part I General | Part I General Information on Grants and Assistance | : |
| 1 Does the orga | Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and | sistance, and |
| the selection c | the selection criteria used to award the grants or assistance? | Yes |
| 2 Describe in Pa | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | |
| Part II Grants | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form | answered "Yes" on Form |
| 990, Par | 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | eded. |

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---|--|--|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (1) Christar, 1500 International Pkwy #300, Richardson, TX 75081 | 22-1717576 | 501(c)(3) | 63,450 | 0 | | | Missionary support |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government org 3 Enter total number of other organizations listed in the line 1 | 501(c)(3) and gov ganizations listed | ernment organizat in the line 1 table | ganizations listed in the line 1 table table | ne 1 table . | | | 0 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instructions | s for Form 990. | | ď | Cat No 50055P | | Schedule I (Form 990) (2016) |

| Schedule I (Fo | schedule I (Form 990) (2016) |
|----------------|---|
| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. |
| | Part III can be duplicated if additional space is needed. |

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
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| 4 | | | | | | |
| 5 | | | | | | |
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| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | he information re | equired in Part I, lin | e 2; Part III, column | (b); and any other addition | onal information. |

Part 1, Line 2 - Jordan Evangelical Theological Seminary (JETS) makes grants to organizations in the United States based on written or understood grant agreements to accomplish certain program purposes. JETS monitors the use of these grants in various ways including observation of ministry programs in the field as well as receiving program accomplishment reports.

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Jordan Evangelical Theological Seminary

Part | Questions Regarding Compensation

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

32-0164159

| | | | Yes | No |
|--------|--|--|--|---|
| 1a | | | 13. PM | 15 2 |
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant in | OE & & V | 5 (A) () | |
| | <u> </u> | nce or residence for personal use | 300 | |
| | | isiness use of personal residence | | A.S |
| | _ | club dues or initiation fees | | |
| | ☐ Discretionary spending account ☐ Personal service | es (such as, maid, chauffeur, chef) | 1,302 | |
| | | | 136 m | |
| b | many or me control on me to concentrat, and the organization, tone | | حقنافا | 18:00 |
| | or reimbursement or provision of all of the expenses described a explain | · · · · · | | 1 |
| | explain | 1b | 1 42 Es 195 | 137,534.1 |
| 2 | Did the every stice were about the every transfer to the every transfer transfer to the every transfer transfer to the every transfer tran | | 100 m | المنافد ا |
| 2 | Did the organization require substantiation prior to reimbursing o directors, trustees, and officers, including the CEO/Executive Director | | | |
| | 1a? | | | |
| | | 2 · · · · · · · · · 2 | orest star | 101 HU 11 |
| 3 | Indicate which, if any, of the following the filing organization used to est | tablish the companyation of the | 114 | |
| J | organization's CEO/Executive Director. Check all that apply. Do not che | | 4 | 1000 1000 1000 1000 1000 1000 1000 100 |
| | related organization to establish compensation of the CEO/Executive D | | | 155 11 |
| | ☐ Compensation committee ☐ Written employing | 1. 質数 | S.X | 新港 |
| | ☐ Independent compensation consultant ☐ Compensation s | 1,467.19 | 医学 | 7 |
| | | board or compensation committee | And the second | 130 |
| | | Survey of the su | | |
| 4 | 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: | | | رايش. والمشي |
| а | Receive a severance payment or change-of-control payment? | | | 1 |
| b | | tirement plan? 4b | | 1 |
| С | Participate in, or receive payment from, an equity-based compensation | arrangement? 4c | | 1 |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable | amounts for each item in Part III. | 张 崇与 | 八灣 |
| | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 100 | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must | | The state of | 100 |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the orga | anization pay or accrue any | | 77 |
| | compensation contingent on the revenues of. | 771444 2.1444 | To ha | |
| a | 3 | <u>5a</u> | | ✓ |
| b | , | | e en en | 1 |
| | If "Yes" on line 5a or 5b, describe in Part III. | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | A Ag | 1 |
| • | Farrage hated as Farrage OOO Part VIII. Control A location And Add | | | 200 |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the orga- compensation contingent on the net earnings of: | anization pay or accrue any | A | |
| _ | , | | 12 E | |
| a b | · · · · · · · · · · · · · · · · · · · | | - | √ |
| D | If "Yes" on line 6a or 6b, describe in Part III. | · · · · · · · · · · · · · · · · · · · | Brod F | 1 |
| | in tes off line oa of ob, describe in Part III. | | 100 E | 20,000 |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did th | ne organization provide any pontived | E date! | di Par |
| • | payments not described on lines 5 and 6? If "Yes," describe in Part III. | · · · · · · · · · · · · · · · · · · · | | 1 |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued purs | <u></u> | | <u> </u> |
| _ | to the initial contract exception described in Regulations section | | | |
| | ın Part III | | | 1 |
| | | | | 李祖 |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable | presumption procedure described in | DESERTABLE | الانتخاصات |
| | Regulations section 53.4958-6(c)? | ` | | |

Page 2

Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II

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

| | | (B) Breakdown of W-2 | t W-2 and/or 1099-MIS | and/or 1099-MISC compansation | | | | |
|--------------------------------|------|---|---|---------------------------------------|---|---|---|--|
| | | o monuno de | | in the second | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (ı) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable | other deferred compensation | benefits | | in column (B) reported as deferred on prior |
| | | | | compensation | | | | Form 990 |
| | (3) | 0 | 0 | | 0 | | 0 | 0 |
| 1 Dr. Imad Shehadeh, President | 3 | 0 | | 0 | | 0 | 0 | 0 |
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| 5 | (ii) | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
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| 7 | (ii) | | | | | | | |
| | (0) | | | | | | | |
| 8 | (E) | | | | | | | |
| | (0) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (0) | | | | | | | |
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Schedule J (Form 990) 2016

| Schedule J (Form 990) 2016 Page 3 |
|--|
| 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. |
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| Schedule J (Form 990) 2016 |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization | Employer identification number |
|--|---|
| Jordan Evangelical Theological Seminary | 32-0164159 |
| | |
| Form 990, Part VI, Line 11b - The completed Form 990 is distributed to the Board of Directors prior to f | lling with the IRS for review and |
| comment. | |
| | |
| | |
| Form 990, Part VI, Line 12c - Members of the Jordan Evangelical Theological Seminary (JETS) Board of | f Directors sign the conflict of interest |
| policy annually at a board meeting. As a result, questions arise as to whether certain circumstances o | r events are conflicts of interest. |
| These are discussed openly at board meetings and if there were circumstances that warranted, notice | would be appropriately noted and |
| documented and approved/disapproved at the same board meeting. | |
| | |
| Form 900 Part VI Lines 15a and 15b. JETS does not currently company at any efficience or less amples | rese of the opening translation but if it does no |
| Form 990, Part VI, Lines 15a and 15b - JETS does not currently compensate any officers or key employ | ees of the organization, but if it does in |
| the future, the Board of Directors will follow a process of reviewing comparability data to determine ap | propriate compensation. |
| | |
| Form 990, Part VI, Line 19 - JETS makes its governing documents, conflict of interest policy, and finan | aial statements qualable to the aublic |
| rount 350, Fait VI, Line 13 - 32 (3 makes its governing documents, connect of interest policy, and iman | cial Statements available to the public |
| upon request. | |
| | |
| | |
| Form 990, Part VII, Line 5 - Dr. Imad Shehadeh, President of JETS, is a paid employee of Christar (an un | nrelated 501(c)(3) nonprofit |
| organization) and is secunded to JETS as well as Jordan Evangelical Theological Seminary-Jordan. | |
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