EXTENDED TO NOVEMBER 15, 2018

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

٠,٠	J	/ 3	Boturn of Organization Exempt Ere			OMB No_1545-0047
00	Form	QE	Return of Organization Exempt Froundary Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			
2018	FUITI	, À	Do not enter social security numbers on this form as i			
87	Dupa	tment of t	ie rieasury	_	<u>-</u>	Open to Public Inspection
83			2017 calendar year, or tax year beginning and end		iniormation.	inspection
			C Name of organization	g	D Employer identifica	ation number
EE EE		neck if oplicable	C Name of organization		D Employer identifica	ation number
		Address change	PERU MISSION USA, INC			
Ш	X	Name change	Doing business as		20-01	32882
Z	-	Initial return		om/suite	E Telephone number	
SCANNED		Final	P.O. BOX 25912	Jiii/ Suito		49-6440
ပ္သ		Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,221,818.
(J)		Amende return			H(a) Is this a group reti	
m		Applica- tion	F Name and address of principal officer JOHN VOSS		for subordinates?	
U.D		pending	SAME AS C ABOVE	ΝΉ	H(b) Are all subordinates incl	
	1 Ta	ax-exer	npt status X 501(c)(3)	527	,	st (see instructions)
1			▶ WWW.PERUMISSION.ORG		H(c) Group exemption	
•	K Fo	orm of o	rganization. X Corporation Trust Association Other >	L Year o	of formation 2003 M	State of legal domicile GA
	Pa	rt i	Summary			
		<b>1</b> B	riefly describe the organization's mission or most significant activities ${ m TO}$ PRO	MOTE	THE ADVANCE	MENT OF
	2	R	ELIGION.			
	rna	<b>2</b> C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more	than 25% of its net asse	
	Governance	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	11
		4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	9
	sa	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
	ctivities &		otal number of volunteers (estimate if necessary)		6	172
	Act		otal unrelated business revenue from Part VIII, column C), line ECEIVED et unrelated business taxable income from Form 990-1 line 32 ECEIVED		7a	0.
		b N	et unrelated business taxable income from Form 990-1 line 341-0-1VED	70		
			ontributions and grants (Part VIII, line 1h)	18	Prior Year 960,567.	Current Year 1,221,648.
	a		ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)	RS-OSC	0.	0.
	Revenue		westweet was as (Dart VIII as known (A) known (A) known (A)	١٣	195.	170.
	ا يه		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10 DEN, UT		0.	0.
	j		otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		960,762.	1,221,818.
	$\neg$		rants and similar amounts paid (Part IX, column (A), lines 1-3)		391,065.	365,858.
		<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	ဖွ	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		0.	0.
	_ su	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
2	2 <del>Š</del>		otal fundraising expenses (Part IX, column (D), line 25)	<u>•</u>		
, S	, m		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		614,444.	809,308.
212	{		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,005,509.	1,175,166.
42	2 - 0	<b>19</b> R	evenue less expenses Subtract line 18 from line 12			46,652.
$\mathcal{N}_{\mathcal{L}}$	2်င်ရှိ	00 T	ntal assets (Dart V. line 15)	Вед	717,313.	End of Year 739, 221.
cél	鬣(		otal assets (Part X, line 16) otal liabilities (Part X, line 26)	-	57,117.	32,373.
wi	重		et assets or fund balances Subtract line 21 from line 20		660,196.	706,848.
₩	Pa		Signature Block		<u> </u>	
∞ e	Unde	r penaltı	es of perjury, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to the best of my k	nowledge and belief, it is
2018 A			and complete. Declaration of preparer (other than officer) is based on all information of which i			
4			John Jan		11-13-	-18
0	Sign	, []	Signature of officer	1 1	Date	•
ပ	Here	,	JOHN VOSS, EXECUTIVE DIRECTOR	120		
띰			Type or print name and title			71 77111
1 m			Print/Type preparer's name Preparer's signature		ate Check	PTIN
1 12	Paid		MY BIBBY AMY BIBBY Son D. L.	$\frac{L}{\chi}$ $\mu$	1/07/18 self-employed	
, 0	Prepa	_ ⊢	irm's name DIXON HUGHES GOODMAN LLP	U	Firm's EIN	56-0747981
7 5	Use (	ן אווער	irm's address 500 RIDGEFIELD COURT ASHEVILLE, NC 28806		04/00	Q\ 254_2254
91	<u></u>	the IDC	<del></del>		Phone no. (82	
- <b>3</b> :		tne IRS	discuss this return with the preparer shown above? (see instructions)  LHA For Paperwork Reduction Act Notice, see the separate instructions.		<del></del>	X Yes No Form 990 (2017)
4240	13200	11-28-	To repersion heduction Act notice, see the separate instructions.		マク.	/ 51111 555 (2017)
8					10	

Form 990 (2017) PERU MISSION USA, INC Part V Checklist of Required Schedules

			res	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ļ
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		<sub>V</sub>
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			٠
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<sub>V</sub>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
а	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	7.0		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	==
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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_	Х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			۱ ۲۶
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G. Part III		990	

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	-	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	į		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	-	X
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	24a		x
b	Schedule K If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Č	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			-
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
	•		990 (	(2017)

20-0132	882	Р	age 5
		Yes	No
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ning			
•	1c	Х	
0			
	2b		
,	3a		X
, a	3b		
, -	4a		<u>X</u>
	•	-	1
AR)	; 5a		X
	5b		X
	5c		
n solicit	6a		х
	6b		
	-	-	•
to the payor?	7a		X
	7b		
	7c		Х
<del>-</del>			37
	7e		X
equired?	7f		Λ.
equireu ,	7 <u>g</u>		

# Form 990 (2017) PERU MISSION USA, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response of flote to any line in this rait v		_			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	14		·	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?		•	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	_2a_	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country			ļ'	-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	coun	s (FBAR)	1		٠_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nızatıon solıcıt			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ııred			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ļ		,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f	L	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•			<u>'</u>
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					٠,
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9ь	ļ	
10	Section 501(c)(7) organizations. Enter	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	<b>∤</b> '		
11	Section 501(c)(12) organizations. Enter.	ı	1	Ŀ	<b> </b> *	<u>[</u> ,
а	Gross income from members or shareholders	11a		ľ		ľ
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b		<u> </u>	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		┨		}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			ľ		. ا
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1	1		
	organization is licensed to issue qualified health plans	13b		1.		
	Enter the amount of reserves on hand	13c		12.		-
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	: O		14b	000	
				Form	990	(2017)

Form 990 (2017) PERU MISSION USA, INC 20

[Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	140 16	spons	e					
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
<del></del>	tion At deventing body and management		Yes	No					
1.	Enter the number of voting members of the governing body at the end of the tax year 11								
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	-	1	<b>'</b>					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u>.</u> د							
	b Enter the number of voting members included in line 1a, above, who are independent 1b								
	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
2	officer, director, trustee, or key employee?								
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X					
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
5	Did the organization have members or stockholders?	6	Х						
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
1 a	more members of the governing body?	7a	х						
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_/a							
Ü	persons other than the governing body?	7b	х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	X						
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		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This desired by regulate information about policies in required by the internal flat ones desired		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		*					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	•					
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		•						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,					
	taxable entity during the year?	16a		X					
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	٠.		L.					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		١.	<b>.</b> .					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed SC, GA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	arlable	•						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)	_							
19									
<b>-</b> -	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE ORGANIZATION - 901-649-6440 P.O. BOX 25912, GREENVILLE, SC 29616								
	P.O. BOX 25912, GREENVILLE, SC 29616		000	(2017)					

732006 11-28-17

Form **990** (2017)

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

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

 $\mathbf{x}$ 

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

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

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

(A) (B) (C) Name and Title Average (do not above to	)	(D)			
Name and Title   Average   Posit		(D)	(E)	(F)	
Name and Title Average (do not check m	ION ore than one	Reportable	Reportable	Estimated	
hours per box, unless pers	box, unless person is both an COMPO		compensation	amount of	
week	ector/trusteer	from	from related	other	
(list any   흛       hours for   특		the organization	organizations (W-2/1099-MISC)	compensation from the	
related $\frac{3}{2}$	sated	(W-2/1099-MISC)	(***2/1099****130)	organization	
(list any hours for related organizations below line)	yee	(** 2. *********************************		and related	
below   Figure   Figu	est co			organizations	
line) Individud by Officer	Key employee Highest compensated employee Former				
(1) BILL BRADFORD 1.00					
PRESIDENT X X	$\perp$	0.	0.	0.	
(2) JOHN VOSS 5.00					
EXECUTIVE DIR./TREASURER X X	$\bot$	0.	0.	0.	
(3) BOB BARBER 1.00					
VICE PRESIDENT X X	$\bot\bot$	0.	0.	0.	
(4) CHRIS BOLTON 1.00		_		_	
BOARD MEMBER X		0.	0.	0.	
(5) WES BAKER (MISSIONARY) 50.00		404 000			
BOARD MEMBER X	++	131,999.	0.	0.	
(6) BRAD BALL 1.00			0	0	
BOARD MEMBER X	++	0.	0.	0.	
(7) ALONZO RAMIREZ (MISSIONARY) 50.00 X		6,000.	0.	0.	
(8) BENJIE SLATON 1.00	+	6,000.	0.		
BOARD MEMBER X		0.	0.	0.	
(9) JEREMY WEAVER 1.00	++	•	0.		
TREASURER / DIRECTOR X X		0.	0.	0.	
(10) DR. RYAN MOODY 1.00	++	† · · · · ·	<u> </u>		
BOARD MEMBER X		0.	0.	0.	
	++				
	+ +				
		- "			

Form 990 (2017)

Form 990 (2017) PERU MIS	SION USA	١,	IN	IC_					20-0	<u> 1328</u>	82	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
· (A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson :	than d s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	on	Estir amo	F) mated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC) from organ and			ensation in the sization related zations
												·
		_							:			
								-				
			<del></del>									
								405.000				
1b Sub-total c Total from continuation sheets to Part Vi	I, Section A						<b>&gt;</b>	137,999.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	137,999. eceived more than \$100,	000 of reportable	0.		0. 1
compensation from the organization					_						TY	es No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		ıstee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on		3	Х
4 For any individual listed on line 1a, is the su	ım of reportabl								he organization		4	Х
and related organizations greater than \$156  5 Did any person listed on line 1a receive or a	accrue compen	satı	on fr	rom	any	unre			dual for services	,		
rendered to the organization? If "Yes." con Section B. Independent Contractors	nglete Schedule	e <i>J f</i>	or su	ıch r	oers	on					5	X
Complete this table for your five highest co the organization. Report compensation for										pensatio	n from	1
(A) Name and business		oai c	arium.	19 W	101	21 <b>VV</b> 11		(B) Description of s		Cor	(C)	ation
SHERMAN W. BAKER P.O. BOX 144, SUTHERLAND	SPRINGS	,	ТX	7	81	61	- 1	EXECUTIVE LEADERSHIP, '	TEACHING		131	,999.
		_										
									-			<del></del>
							$\dashv$					
2 Total number of independent contractors (i	_	ot lin	nited	d to 1	_		ted	above) who received mo	ore than		,	, -
\$100,000 of compensation from the organi	zation				1	-				- Fo	orm 99	<b>90</b> (2017)

	•	Check if Schedule O contain	ns a response c	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
2 2	1 a	Federated campaigns	1a					
Ea	b		1b					
2 8		Fundraising events	1c					
Ϊŧs		Related organizations	1d					
5,뜀		Government grants (contribution						
ű.		All other contributions, gifts, grants,					•	
돌		similar amounts not included above		221,648.				
Ēġ	g	Noncash contributions included in lines 1a-						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f	-		1,221,648.		,	υ t
				Business Code				
8	2 a							
Ž	b	·						
Sag	С	:					<u> </u>	
lex Sex	d	·						
Program Service Revenue	е							
ا ته		All other program service revenu	ie					
_		Total. Add lines 2a-2f		<b>&gt;</b>				
İ	3	Investment income (including di	vidends, interes	st, and	170			170
		other similar amounts)			170.			170.
İ	4	Income from investment of tax-e	exempt bond pr	oceeds				
	5	Royalties	() Deal	(v) Davaged		····	•	
	6 -	Grand ranta	(ı) Real	(II) Personal				
	6 a	<del>-</del>						
	b	Rental income or (loss)						
- 1	4	Net rental income or (loss)						
			(i) Securities	(II) Other				
		assets other than inventory	Westermen	(1) 0 11 10				
	b	Less cost or other basis	-					
İ		and sales expenses						
	С	Gain or (loss)			]			
İ	d	Net gain or (loss)		<b>•</b>				
	8 a	Gross income from fundraising e	events (not					
ue		ıncluding \$	of					
ě		contributions reported on line 1	c) See					
Other Reven		Part IV, line 18	a					
Ě۱		Less direct expenses	ь					
Ĭ		Net income or (loss) from fundra		<u> </u>				
	9 a	Gross income from gaming activ	rities See					
		Part IV, line 19	a					
		Less direct expenses	b				-	
		Net income or (loss) from gaming Gross sales of inventory, less ref	- (					
	ю а	and allowances						
	h	Less cost of goods sold	a j					
		Net income or (loss) from sales of	- (					
Ì	<u> </u>	Miscellaneous Revenue		Business Code				
Ì	11 a					_		'
	b							
ļ	С							
]	d	All other revenue						
	е	Total. Add lines 11a-11d	-	<b></b>				
	12	Total revenue See instructions.			1,221,818.	0.	0.	170.

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		_	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	this Part IX (B)	(C) T	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			i	¢
	and domestic governments. See Part IV, line 21			٠,	
2	Grants and other assistance to domestic			•	
	individuals See Part IV, line 22			1	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			, "	,
	individuals See Part IV, lines 15 and 16	365,858.	365,858.		ا معدد
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				<del></del>
c	Accounting				<del></del>
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
g g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	19,369.	•	19,369.	
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	16,370.	6,693.	9,330.	347.
14	Information technology			-	
15	Royalties				
16	Occupancy	7,200.	7,200.		
17	Travel	928.	928.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	300.		300.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)		**	•	
а	MISSIONARY SUPPORT AND	568,341.	568,341.		
b	MINISTRY EXPENSES	151,100.	151,100.		
С	ADMINISTRATIVE	45,700.		45,700.	
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,175,166.	1,100,120.	74,699.	347.
26	Joint costs Complete this line only if the organization			ł	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	τχ	Balance Sneet			
	•	Check if Schedule O contains a response or note to any line in this Par		1	<b>,</b>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	224,845.	1	275,033.
	2	Savings and temporary cash investments	425,368.	2	425,538.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			·
		trustees, key employees, and highest compensated employees. Compl	·		
		Part II of Schedule L		5	
	G	Loans and other receivables from other disqualified persons (as defined	dunder	•	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and confi	,	, .	
		employers and sponsoring organizations of section 501(c)(9) voluntary	······································	ľ.	
s		employees' beneficiary organizations (see instr) Complete Part II of Sci	n L	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	67,100.	9	38,650.
	10a				
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	717,313.	16	739,221.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	57,117.	19	32,373.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
တ္ထ	22	Loans and other payables to current and former officers, directors, trus	tees,		
Liabilities		key employees highest compensated employees, and disqualified personal compensated employees.	sons in the same that	1 9	a real populars to the sail
iabi		Complete Part II of Schedule L		_22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part	X of		
		Schedule D	50 440	25	20 272
_	26	Total liabilities. Add lines 17 through 25	57,117.	26	32,373.
		·	and of the same of	. /	
es		complete lines 27 through 29, and lines 33 and 34.	12 122		70 070
Fund Balances	27	Unrestricted net assets	13,122.	27	78,070.
Bal	28	Temporarily restricted net assets	647,074.	28	628,778.
<u>a</u>	29	Permanently restricted net assets	. — —	29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here	▶		
ě		and complete lines 30 through 34.	·	,	
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· <u></u>
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	660 106	32	706 040
_	33	Total net assets or fund balances	660,196.	33	706,848.
	34	Total liabilities and net assets/fund balances	717,313.	34	739,221.

Form **990** (2017)

	990 (2017) PERU MISSION USA, INC	20-	0132882	Pa	ge 12
Pa	TIXI Reconciliation of Net Assets				
	' 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	1,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,17		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>52.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66	0,1	96.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<u></u>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	70	6,8	<u>48.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		].		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both		l, l		
	Separate basis Consolidated basis Both consolidated and separate basis		<u>.                                    </u>		$oxed{oxed}$
b	Were the organization's financial statements audited by an independent accountant?		2b	X	Ļ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			_
	consolidated basis, or both				,
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			Ш
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ــــــــــــــــــــــــــــــــــــــ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audı	t L		<u> </u>
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt	:		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PERU MISSION USA, INC 20-0132882 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (II) EIN in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5. 7, or 8 of Part Lor if the organization (1) fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	• • • •				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")	1436364.	1322029.	1023006.	960,567.	1221648.	5963614.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities					-					
	furnished by a governmental unit to										
	the organization without charge		_								
4	Total. Add lines 1 through 3	1436364.	1322029.	1023006.	960,567.	1221648.	5963614.				
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	•	i								
	amount shown on line 11,										
	column (f)						202,132.				
6	19 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	6 Public support. Subtract line 5 from line 4   5761482.										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
	Amounts from line 4	1436364.	1322029.	1023006.	960,567.	1221648.	5963614.				
8	Gross income from interest,										
	dividends, payments received on										
securities loans, rents, royalties,											
	and income from similar sources	318.	336.	195.	170.	1,334.					
9											
_	9 Net income from unrelated business activities, whether or not the										
	business is regularly carried on				ļ						
10	Other income Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI)										
11				_		•	5964948.				
	Gross receipts from related activities,	etc (see instruction	ons)			12					
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	x year as a section	501(c)(3)					
	organization, check this box and stor	=	, ,		•	_	▶□				
Se	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2017 (I	ıne 6, column (f) dı	vided by line 11, co	olumn (f))		14	96.59 %				
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.83 <u>%</u>				
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and				
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X				
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			ightharpoons				
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pai	rt VI how the organ	nization				
	meets the "facts-and-circumstances"			-	-	•	ightharpoons				
b	10% -facts-and-circumstances test	_	•	•	- T - L - L	7a, and line 15 is	10% or				
	more, and if the organization meets th	-									
	organization meets the "facts-and-circ						ightharpoons				
_18	Private foundation. If the organization										
						dule A (Form 990					

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	ļ					<b>1 /</b>
membership fees received (Do not						/'
include any "unusual grants ")						
<ol><li>Gross receipts from admissions,</li></ol>						
merchandise sold or services per- formed, or facilities furnished in						X
any activity that is related to the					/	1
organization's tax-exempt purpose						
3 Gross receipts from activities that				1	/	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	!				/	<del></del>
5 The value of services or facilities	}			/		
furnished by a governmental unit to	!					
the organization without charge				/		
6 Total. Add lines 1 through 5	<u> </u>			<del>                                     </del>		<del> </del>
7a Amounts included on lines 1, 2, and	,					
3 received from disqualified persons				+ /		<del>                                     </del>
b Amounts included on lines 2 and 3 received from other than disgualified persons that						
exceed the greater of \$5,000 or 1% of the				/		
amount on line 13 for the year				/		<del> </del>
c Add lines 7a and 7b		•		;		<del>                                     </del>
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	<u> </u>	-	<del>'</del>	1		<u> </u>
<del></del>	(-) 2012	(h) 2014	(=) 2015/	(4) 2016	(=) 2017	/O Total
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015/	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 10a Gross income from interest,			/			+
dividends, payments received on			/	İ		
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income			/			<del> </del>
(less section 511 taxes) from businesses						
acquired after June 30, 1975			/			-
c Add lines 10a and 10b			Í			
11 Net income from unrelated business		- /	·			<del>                                     </del>
activities not included in line 10b,		/				
whether or not the business is regularly carried on		/				
12 Other income Do not include gain		j				
or loss from the sale of capital		/				
assets (Explain in Part VI)  13 Total support (Add lines 9, 10c, 11, and 12)		j				
14 First five years. If the Form 990 is for	r the organization's	first, second, third	d. fourth, or fifth ta	ax vear as a section	501(c)(3) organiz	ation.
check this box and stop here		/	2, 100111, 01 111111	_,,	(-)(-)	▶□
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III,/line 15			16	%
Section D. Computation of Inves	tment Income	Percentage			•	
17 Investment income percentage for 20	)17 (line 10c, colur	nn (f) divided by lin	e 13, column (f))	•	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2017. If the	,		on line 14, and line	15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ai	- /					▶□
b 33 1/3% support tests - 2016. If the	. ,					and
line 18 is not more than 33 1/3%, che						ightharpoons
20 Private foundation. If the organization	,					<u> </u>
732023 10-06-17	——————————————————————————————————————			Sch	edule A (Form 99	0 or 990-E <b>Z</b> ) 2017
	,	16				

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *If you checked 12a or 12b in Part I, answer (b) and (c) below*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 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.
- 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
  - **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.)

		Yes	No
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	7 7 9a 9b 9c		

r, ai	Supporting Organizations (continued)			
		E =	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1.12		**, &**!
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	i a à la	بلأنا	17.1
	below, the governing body of a supported organization?	11a		$\vdash$
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
sec	tion B. Type I Supporting Organizations			
	Duth during the desired and a second	<u>स्थाप</u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			70 8
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1. 6	
	controlled the organization's activities. If the organization had more than one supported organization,	1	<b>}</b> & _i	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 12 00 0	1-324	T <sub>orn</sub>
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1,170 20	1" "4	P⁻- FIA
2	Did the organization operate for the benefit of any supported organization other than the supported		ويرا	***
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	\$ 3-1 3	in large age	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1	أقعم املأ	Lih et
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
Sec	tion C. Type it Supporting Organizations		Vac	Na
	Ways a majority of the arganization's directors or trustees during the tay year also a majority of the directors	<u>ि ३४</u> १	Yes	No.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.3.2	اسي بيقة ودور	1
	- · · · · · · · · · · · · · · · · · · ·	<b>美华斯</b>		
	or management of the supporting organization was vested in the same persons that controlled or managed	4	<del>*1 /</del>	to Darry
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	भू दुस्याच्याः स्टब्स्	السائرينا	\$ 3. 18.
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3 4		100
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			17.47.4 23
	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	[EE, 7]	<u>573</u>	<u>इंट्र</u>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 7 7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, n. e	€
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u></u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	[g	LE P.	$F_{\alpha}$ , $F_{\alpha}$
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	50 E		1
	supported organizations played in this regard	3		
Sec	tion 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 instructions)	).		
а	The organization satisfied the Activities Test Complete line 2 below			
ь	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 (see inst	ructions),		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	15 m	7.	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			, in 5
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 34
	how the organization was responsive to those supported organizations, and how the organization determined	<b>Y</b> / '		\$2.9X
	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		P.P.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			2 12 1
	reasons for the organization's position that its supported organization(s) would have engaged in these	2.7 \	F	. "18"
	activities but for the organization's involvement	2b		L
3	Parent of Supported Organizations Answer (a) and (b) below.	[N.V.]		\$7.75.1 \$7.45.1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[2]	9.5 eg 1	7 7 72
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Har.	ابر الاعتاد الد	3000
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2017

Enter 85% of line 1

4

Enter greater of line 2 or line 3

Income tax imposed in prior year

DEED THE SE

1

2

3

4

Par	Type III Non-Functionally Integrated 509			
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
٠2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	A		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6	-		
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii) `
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
			, PIE-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-		,	
	able cause required explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2017			
а				
b	From 2013 ·	PERSONAL PROPERTY.		
<u> </u>	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	- DOMANNES MAR EMPLYED DI AL PRIMADA DA ARMENTA		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
`	than zero, explain in Part VI. See instructions		HATTISAST L. ON THE WASTE AND STRANGE TO THE TOTAL	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			PROGRAMME FOR HER TOTAL TOTAL SECTION AND THE TANK THE PROPERTY.
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	CONTRACTOR OF THE SECOND CONTRACTOR OF THE SEC		
8	Breakdown of line 7			Manager and Control of the Control o
	Excess from 2013			
	Excess from 2014 ·	The second secon		
	Excess from 2015		THE PERSON NAMED IN THE PERSON NAMED IN	The same of the sa
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Nam	e of the organization	Employer identification number 20-0132882
Do	PERU MISSION USA, INC rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
Pa		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	(I-) France and other accounts
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised f	
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	-
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose continuous	
Da	impermissible private benefit?  rt'II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	Yes No
ш		IV, line /
1	Purpose(s) of conservation easements held by the organization (check all that apply)	ally was a stand of a sec
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat  Preservation of a certified	nistoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	
_	day of the tax year  Total number of conservation easements	Held at the End of the Tax Year
a		2a
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	2b
c C		2c
d	listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	
3	year	anization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
J	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	
	<b>&gt;</b> -	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$	<i>.</i>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, 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	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	l balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide the following amounts
	relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	► \$ ► \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	Assets included in Form 990, Part X	<b>▶</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

		SSION USA,						20-01	32882	Page 2
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or 0	Other S	imila	r Asset	s (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that a	re a signi	ficant ι	use of its o	collection i	tems
	(check all that apply)									
а	Public exhibition	c	ו 🗀 ו	oan or exc	hange program	ıs				
b	Scholarly research	e	. 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit o	r receive donations (	of art, his	torical treas	sures, or other s	sımılar as	sets			
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete ıf the	organizatio	n answered "Ye	es" on Fo	rm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for co	ontributions	s or other asset	s not inc	luded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	e Distributions during the year									
f	f Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or cu	ustodial accoun	t liability	7		Yes	☐ No
b_	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	n has been	provided on Pa	rt XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered "	Yes" on Fo	rm 990, Part IV	, line 10				
		(a) Current year	(b) Pr	nor year	(c) Two years	back (d	Three	years back	(e) Four	ears back
1a	Beginning of year balance									
b										
С	Not a subsect and a subsect and the subsect an									
d										
е	Other expenditures for facilities									
	and programs					1				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	, column (a)	)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%								
За	The percentages of lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ınds						
Par	t VI Land, Buildings, and Equipm									
<del></del>	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a S	ee Form 990, F	Part X, lin	e 10			
	Description of property	(a) Cost or c			or other	(c) Acci		ed	(d) Book	value
	, , , ,	basis (investr	nent)	basis	(other)	depre	ciation		•	
1a	Land				1_					
b	Buildings				1					
C	Leasehold improvements								-	
d	Equipment									
	Other					-				
		aval Form 000 Port	V == l==	- /D\ / 1/	0-1					0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 PERU MISSIO	N USA, INC		20-0132882 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b See Form 990, Part X, line 1	2
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)		<del></del>	
(D)			
(E)			
(F)			
(G)			<del></del>
(H)			· · · · · · · · · · · · · · · · · · ·
		<del> </del>	٠,
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.	<u> </u>	<u> </u>	-
	F 000 D-+N/ I	. 11 - 0 F 000 B- + V I 1	•
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		st or end of-year market value
<del></del>	(b) Book value	(c) Wethod of Valuation Cos	st of end of year market value
(2)			
(3)		+	
(4)		+	·
(5)			
(6)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)		to the control about the begin in the first	पाल कारणमाम्बुद्धारक पण पण झाळू व्यवस्था स्थाप १९ व.स. १९ हा १९ हु १९ दर्ग
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d See Form 990, Part X, line 1	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	= 15.)		
Part X' Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Form 990, Part X	, line 25
1. (a) Description of liability	Í	(b) Book value	
(1) Federal income taxes			Cap & 10 A
(2)		der the second	THE RESERVE OF A
(3)		,	ı t
		<del></del>	

(4) (5) (6) (7) (8)(9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

**Statement of Activities Outside the United States** 

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public \*Inspection ....

OMB No 1545-0047

Name of the organization

Employer identification number

PERU MISSION US	A. TNC			20-013288	2
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
Form 990, Part IV	/, line 14b				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance?	Yes X No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outside	de the
United States					
3 Activities per Region (Tr	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram 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	recipients located in the regiony		in the region
				ASSISTING MISSIONARIES	
SOUTH AMERICA -				AND PROMOTING THE ADVANCEMENT OF THE	
ARGENTINA, BOLIVIA,	o	0	GRANTS TO PERU MISSION	GOSPEL OF JESUS CHRIST -	365,858.
ARGENTINA, BODIVIA,			BRANTS TO FERO MISSION	ASSISTING MISSIONARIES	
				AND PROMOTING THE	
SOUTH AMERICA -				ADVANCEMENT OF THE	
ARGENTINA, BOLIVIA,	0	10	PROGRAM SERVICE ACTIVITIES	GOSPEL OF JESUS CHRIST	490,608.
<del></del>					
	,				
		-			
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					<del> </del>
	1		}		
2 a Cub tatal	0	10	The state of the s	Control of the Control of the second of the	856,466.
3 a Sub-total .	<del>                                     </del>	70	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	The state of the s	030,400.
b Total from continuation sheets to Part I	0	0	The Man was a second of the	The state of the s	0.
c Totals (add lines 3a			Water Table	THE PROPERTY OF THE	<del></del> -
and 3h)	_ 0	10	The San I would be supplied to the san continue to the same	· 通知中国 · · · · · · · · · · · · · · · · · · ·	856,466.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed PERU MISSION USA, Schedule F (Form 990) 2017

INC

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	PARISH ASSISTANCE IN VARIOUS REGIONS IN PERU	.858,858.	WIRE TRANSFER	0.		FMV
							!	
	,							
2 Enter total number of by the IRS, or for which	recipient organization ch the grantee or cou	ns listed above that are rinsel has provided a sect	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	oreign country, r	ecognized as tax-exe	ampt		П

Schedule F (Form 990) 2017

32

Enter total number of other organizations or entities

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20-0132882	lividuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16	
Schedule F (Form 990) 2017 PERU MISSION USA, INC	Part III Grants and Other Assistance to Individuals Outside the United States.	Part III can be duplicated if additional space is needed

Page 3

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	(h) Method of valuation (book, FMV, appraisal, other)				,					Schedule F (Form 990) 2017
	(g) Description of noncash assistance									Sched
	(f) Amount of noncash assistance									
	(e) Manner of cash disbursement									
	(d) Amount of cash grant									
_	(c) Number of recipients									
Iditional space is needed	(b) Region							·		
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance								•	

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

Schedule F (Form 990) 2017

Yes X No

Yes X No

6

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713, don't file with Form 990)

#### " SCHEDULĘ O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

PERU MISSION USA, INC	20-0132882
FORM 990, PART VI, SECTION A, LINE 6:	-
AFFILIATE MISSIONARIES, WHO ARE COMMISSIONED TO SERVE WITH	THIS
ORGANIZATION BY THEIR RESPECTIVE GOVERNING BOARDS, ARE MEM	BERS OF THIS
ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
NEW DIRECTORS ARE NOMINATED BY A THREE-FIFTHS VOTE OF THE	ADMINISTRATIVE
COMMITTEE AND ELECTED BY A THREE-FOURTHS VOTE OF THE AFFIL	IATE MEMBERSHIP
OF THE CORPORATION.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE APPOINTMENT OF NEW DIRECTORS TO THE BOARD IS SUBJECT T	O THE APPROVAL OF
MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE BOOKKEEPER	AND EXECUTIVE
DIRECTOR. THEN THE FORM 990 WAS REVIEWED BY THE FULL BOAR	D OF DIRECTORS AT
A MEETING PRIOR TO FILING THE RETURN WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS A FORMAL	POLICY THAT
REQUIRES ALL BOARD MEMBERS AND OFFICERS TO DISCLOSE ANY PO	TENTIAL CONFLICTS
AND OBSTAIN FROM VOTING ON MATTERS WITH A POTENTIAL CONFLI	СТ.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

PERU MISSION USA, INC  Employer identificatic 20-0132882  WWW.GUIDESTAR.ORG.  FORM 990, PART VI, SECTION C, LINE 19:  THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.  FORM 990, PART VII:  BOARD MEMBER, WES BAKER, IS COMPENSATED FOR MISSIONARY SERVICES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.  FORM 990, PART XII, LINE 2C  THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
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