



990-EZ

Form

2949218108409 8

OMB No. 1545-1150

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

Jan. 1

, 2017, and ending

Dec. 31, 2017

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

JIA MISSIONS

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 3964

D Employer identification number

45-260958

E Telephone number

540-539-5358

City or town, state or province, country, and ZIP or foreign postal code

WINCHESTER, VA 22604

F Group Exemption
NumberG Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other CHARITABLE MISSIONS ORGANIZATION

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 63,148 89

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	63,148 89
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Net Assets	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,148 89
	10 Grants and similar amounts paid (list in Schedule O)	10	
Expenses	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	69,209 12
	17 Total expenses. Add lines 10 through 16	17	69,209 12
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,060 23
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-7211.01
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-13,271 24

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<u>8137.52</u>	8,022.82
23	Land and buildings	—	—
24	Other assets (describe in Schedule O)	—	—
25	Total assets	<u>8137.52</u>	8,022.82
26	Total liabilities (describe in Schedule O)	<u>15,348.53</u>	21,294.06
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>-7211.01</u>	-13,271.24

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Local and International Missions work

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here . . . ►

29a

30

1

Other program services (describe in Schedule O)

1

32 Total program service expenses (add lines 28a through 31a) ►

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Misty Fields, President	20	0	0	0
John Womack, Vice President	20	0	0	0

03A

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33	✓	

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	✓
35a	✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	✓
35b	

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35c	✓
36	✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36	✓
37a	✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a	0
37b	✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

37b	✓
38a	✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a	✓
39	?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	
39a	

39 Section 501(c)(7) organizations. Enter:

39b	
40a	

a Initiation fees and capital contributions included on line 9

40a	
40b	✓

b Gross receipts, included on line 9, for public use of club facilities

40b	✓
40c	

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0

40c	
40d	

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40d	✓
40e	✓

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40e	
41	

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

41	
42a	

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41	
42a	

41 List the states with which a copy of this return is filed ►

42a	
42b	✓

42a The organization's books are in care of ► John Womack

Telephone no. ► 540-539-5358

Located at ► 3691 Green Spring Road, Winchester, VA

ZIP + 4 ► 22603

42b	✓
42c	✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c	✓
43	

If "Yes," enter the name of the foreign country: ►

43	
44a	

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

44a	
44b	

c At any time during the calendar year, did the organization maintain an office outside the United States?

44b	
44c	

If "Yes," enter the name of the foreign country: ►

44c	
44d	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

44d	
45a	

and enter the amount of tax-exempt interest received or accrued during the tax year

45a	
45b	

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

45b	
46	

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

46	
47	

c Did the organization receive any payments for indoor tanning services during the year?

47	
48	

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

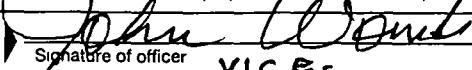
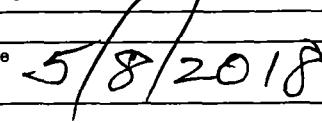
48	
49	

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

49	
50	

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

50	
51	

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/>					
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
b	If "Yes," was the related organization a section 527 organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
(a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation					
f Total number of other employees paid over \$100,000 ► 0					
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation					
d Total number of other independent contractors each receiving over \$100,000 ► 0					
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here <input checked="" type="checkbox"/>	 Signature of officer VICE JOHN WOMACK, PRESIDENT Type or print name and title		Date 		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date <input type="checkbox"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="checkbox"/>
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no. <input type="checkbox"/>		
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

John Donat

Sign Here **Signature of officer** **VICE** **JOHN WOMACK, PRESIDENT** Date **5/8/2018**

Type or print name and title _____

Paid Preparer Print/type preparer's name Preparer's signature Date Check if self-employed

Firm's name ►	Firm's EIN ►
Firm's address ►	Phone no. ►

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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

2017

Open to Public
Inspection

Name of the organization

JIA missions

Employer identification number

45-260958

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 university.
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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
 - g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2017**Open to Public
Inspection**Name of the organization
JIA MISSIONSEmployer identification number
45-260958**PLANE TICKETS TO UGANDA, \$1265****COST OF SCHOOL BOOKS, \$2233****COST OF SEWING MACHINES AND GOATS, \$ 2296****COST OF BUS ON MISSION FIELD, \$1577****COST TO DRILL WATER WELLS, \$6,000****COST TO DRILL WATER WELL, \$3,000****PLANE TICKETS TO UGANDA, \$9875****PLANE TICKETS TO UGANDA \$8788****REPAIRS AND INTERNET EXPENSES, \$1131****DONATIONS TO WORLD SHINE USA, \$3333****COST OF EDUCATION FOR CHILDREN IN UGANDA, \$1288****NUTRITION COURSE, \$3,465****SEWING EXPENSES, \$1147****UGANDA MISSION EXPENSES, \$1000****UGANDA TRAVEL EXPENSES ON MISSION FIELD, \$3522****ACCOMODATIONS IN UGANDA, \$2799****TABLETS FOR TEACHERS, \$2200****CONSTRUCTION PROJECTS IN UGANDA, \$1294****COST OF FOOD ON MISSION FIELD, \$1759****COST OF FUEL ON MISSION FIELD, \$1142****COST OF MEDS AND SUPPLIES ON MISSION FIELD, \$3629****COST OF PAVERS FOR MISSION HOUSE, \$1000****MISCELLANEOUS COSTS, \$6,325****TOTAL, \$69,209**

Name of the organization

Employer identification number

TOTAL LIABILITIES**BANK OF CLARKE COUNTY CREDIT CARD, \$13091****CAPITAL ONE SPARKS CREDIT CARD, \$3017****CHASE VISA CREDIT CARD, \$5186****TOTAL LIABILITIES, \$21,294**