Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Dep	artment of	the Treasury	▶ Do not enter social security numbers on this form as it may be n	1	94	Open to Public	
Inter	nal Revenu	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest inf	ormation.	<u> </u>	Inspection	
<u>A</u>	For the	2017 cale	idar year, or tax year beginning July 1 , 2017, and ending	June		, 20 ₁₈	
В	Check if	applicable [.]	Name of organization Jordan Evangelical Theological Seminary		D Employ	er identification number	
	Address	change	Doing business as JETS			32-0164159	
	Name ch	ange		E Telephone number			
	Initial retu	um	P.O. Box 33042	1		918-619-9869	
	Final retun	n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended	d return	Tulsa, OK 74153 -		G Gross re	ceipts \$ 1,215,054	
	Application	on pending	F Name and address of principal officer	H(a) Is this a gro	up return for :	subordinates? Yes No	
			David Niednagel, P.O. Box 33042, Tulsa, OK 74153	1 **	•	s included? Yes No	
ī	Tax-exen	npt status	√ 501(c)(3) □ 501(c) () √ (insert no) □ 4947(a)(1) or □ 527			list (see instructions)	
J	Website:	: ► N/A		H(c) Group e	exemption	number ▶	
K	Form of o	organization [Corporation ☐ Trust ☐ Association ☐ Other ►	*	1	of legal domicile OK	
Р	art I	Summa	ary		<u> </u>		
	1	Briefly de	scribe the organization's mission or most significant activities: Jordan E	vangelical '	Theologi	cal Seminary works to	
ø	1		burdens of all people, as well as bring them to a saving knowledge of faith t				
Ĕ			ising support for and promoting the importance of theological education are				
Governance			s box > if the organization discontinued its operations or disposed by				
Š			f voting members of the governing body (Part VI, line 1a)		3 3		
يق	4	Number o	f independent voting members of the governing bodyce art VI, line 1 b)		2 4	6	
	5	Total num	ber of individuals employed in calendar year 2017 (Part V, line 2a)	(019 5	5	1	
Z.¥			ber of volunteers (estimate if necessary)		6	10	
Activities &			lated business revenue from Part VIII, column (C), line 12 OGDEN,	LIT	7a		
າ ີ	b	Net unrela	ated business taxable income from Form 990-T, line 34	91.	ال 7b		
				Prior Yea		Current Year	
2 0	8	Contribut	ons and grants (Part VIII, line 1h)		922,711	1,110,081	
֝֟֟֟֝	1		service revenue (Part VIII, line 2g)		022,711	1,110,001	
Revenue	i .	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		(259)	(231)	
, æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	38	83	
-			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		922,490	1,109,933	
(-			d similar amounts paid (Part IX, column (A), lines 1–3)		868,916	814,172	
,	1		paid to or for members (Part IX, column (A), line 4)		000,510	014,172	
s	1		ther compensation, employee benefits (Part IX, column (A), lines 5–10)		4,856	7,356	
Expenses	4		nal fundraising fees (Part IX, column (A), line 11e)		4,030 n	7,330	
þe	1		Iraising expenses (Part IX, column (D), line 25) ► 3,987				
ŭ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,733	20,245	
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		902,505	841,773	
			less expenses. Subtract line 18 from line 12		19,985	268,160	
- ×				ginning of Cur		End of Year	
ets	20	Total ass	ets (Part X, line 16)		48,599	301,164	
ASS.	21		lities (Part X, line 26)		20,466	4,871	
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20		28,133	296,293	
_	art II		ure Block		20,133	230,293	
			y, I declare that I have examined this return, including accompanying schedules and stateme	ents and to th	e hest of r	ny knowledge and belief it is	
			te. Declaration of preparer (other than officer) is based on all information of which preparer ha			/	
_		I	(h.n.) (/// X/-//		4/2	13/19	
Sig	an	Signa	ture of Officer	Dat	<u>и / /</u> е	"/ 	
He	-		TAMES STUBBS, TREASURER				
	-	Type	or print name and title				
_		14	e preparer's name Preparer's signature Date	-	T	PTIN	
Pa				1/2019	Check self-em	<u>√</u>]	
	epare	·	7	, ,, , , , , , , , , , , , , , , , , ,	<u> </u>	FU1303431	
Us	e Onl				's EIN ▶	EAD 2A7 2720	
Ma	v the IR		this return with the preparer shown above? (see instructions)	Pnor	ne no.		
	,	.5 6.5005	A A A A A A A A A A A A A A A A A A A	<u> </u>	• • •	· · • I LES 140	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

orm 99	0 (2017)				Р	age 2
art	II State	ment of Program Service	e Accomplishments		*****	
	Chec	k if Schedule O contains a	response or note to any line in this Pa	rt III	<u></u>	
1 .	Briefly desc	onbe the organization's miss	sion.			
			y works to relieve the burdens of all people			of
			tly done by raising funds for and promoting			
			and promotional materials, promoting the	translation and publishing of r	elevant books,	and
2		ersee and evaluate education	al programs. Inificant program services during the yea	er which were not listed on th	<u> </u>	
-	_	990 or 990-EZ?			ັ⊓Yes ⊘	Nο
	•	scribe these new services of	on Schedule O.		۵.00 ك	
3			ng, or make significant changes in ho	ow it conducts, any progran	n	
		<i></i>			☐ Yes 🗸	No
	If "Yes," de	scribe these changes on So	chedule O.			
4			service accomplishments for each of its t			
	· -		c)(4) organizations are required to report	the amount of grants and all	ocations to ot	hers
	the total ex	penses, and revenue, if any	, for each program service reported.			
4a	(Code:) (Expenses \$	814,172 including grants of \$		0)	
			ical Theological Seminary in Jordan (JETS-		·	
		n, academic publications, and	d support for graduates launching ministrie			3
			and a second bloomly Africa, and marker be appringed			
		f the Middle East, Arab Penin	sula and North Africa and seeks to equip sp			
	churches in	f the Middle East, Arab Penin the Arab World. JETS-Jorda	n is not denominationally related and offers	s B.Th., M.A.B.S., M.Div., Th.M.,	and D.Min.	
	churches in degrees. JE	f the Middle East, Arab Penin the Arab World. JETS-Jorda TS-Jordan has an evangelica	n is not denominationally related and offers Il statement of faith and its degrees are acci	B.Th., M.A.B.S., M.Div., Th.M., redited by three international a	and D.Min. ccrediting	
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Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$
Total program service expenses 4d) (Revenue \$

814,172

Part	Checklist of Required Schedules	_		
4	le the exempiration described in section 501/o/(2) or 4047/o/(1) (ather than a private foundation) 2 If "Vee."		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	"		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	-	√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
D	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	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			. 000	(2017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a·	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
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 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			_
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			,
	If "Yes," complete Schedule L, Part I	25b		/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		٠,	/
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		7
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			 •
_	Schedule L, Part IV	28ь		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			١.
	or IV, and Part V, line 1	34		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			,
	- · · · · · · · · · · · · · · · · · · ·	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	27		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	-
~	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		, ––	, •	i

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>, </u>
•	, I i r		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			. '
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	.		'
C	bid and diganization dempty with backet minimum and to reportable payments to remain and	8: 43° ¢	• •	N 32
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	\	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		•	١.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť
_	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			\vdash
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			, c
-	and services provided to the payor?	7a		7
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 •
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		-
С	required to file Form 8282?	7 _		,
_1	· ·	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		١
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		—
9	Sponsoring organizations maintaining donor advised funds.			 -
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		—
10	Section 501(c)(7) organizations. Enter:	1	•	.
а	Initiation fees and capital contributions included on Part VIII, line 12	i		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]]	•]
11	Section 501(c)(12) organizations. Enter:	.		
а	Gross income from members or shareholders			٠.
Ь	Gross income from other sources (Do not net amounts due or paid to other sources		٠	'
	against amounts due or received from them.)			
12a		12a		
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.	·]		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			"
	the organization is licensed to issue qualified health plans	1		İ
C	Enter the amount of reserves on hand		٠,	
14a	<u> </u>	14a		1
b		14b	· - ·	Ė
	,			

Part	VI .Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			10115.
Section	on A. Governing Body and Management		•	· <u> </u>
ocon	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
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 officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			1
		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	in a confirm	73 69 5	ELLEN LONG
	the year by the following:			
а	The governing body?	8a	√	
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
	on b. I dided (I'llo dedicent b requeste intermation about policies net required by the internal views)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	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	✓	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			 i
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
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	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	√	
15	Did the process for determining compensation of the following persons include a review and approval by	harmy.	4 Chy 1 -	£1 # #1,T
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	74444	u njigha	يوسونې ه
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	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	र्मेश होना व		
_	with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	qua to		Degra Loran
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	100	<u> </u>	L
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	i 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Katie Brugger D.O. Box 33042 Tules OK 74153 540-247-2726			

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Page	1

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COLLI	33U	(2011)	

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

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

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

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

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

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

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		nd H C)	lighes	st C	ompensated E	mployees (co	ntinued	<u>") </u>	
•	(A) Name and title	(B) Average hours per	box,	unles	Pos leck is pe	ition more	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation for	rom	(F) Estima amour othe	ated nt of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compen from organiz and rel organiza	sation the ation ated
(15)													
(16)													
(17)					ļ								-
(18)					-			_			+		
(19)			<u> </u>										
(20)						_							
(21)						_		-			-		
(22)						\vdash		\vdash					
(23)						_		-				<u> </u>	
(24)			ļ		-			-			-	<u> </u>	
(25)						_		-					
1b	Sub-total				<u> </u>	<u> </u>			0		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A				•	>	0		0		0
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ted :	above	e) w	ho received m 0	ore than \$100),000 o	f	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high			3	res No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000	? /	f "Ye	s, "	complete Sch			4	· · · · · · · · · · · · · · · · · · ·
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	froi	m any	un un	related organiz			5	»ć · .
	on B. Independent Contractors										A 400.0		
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed inc nsatio	on fo	end or th	ent ne c	alend	acti lar y	ors that receive	ed more than th or within th	e orgai	nization	's tax
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) empensat	เอก
none								-					
		-											
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			

Form **990** (2017)

		•						
Part	VIII	Statement of Reve				D > (III		_
		Check if Schedule O	contains a res	ponse or note to		(B)	(C) Unrelated	(D) Revenue
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	0				
3rar Iour	b		1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .		0				
	d	Related organizations		0				
ns, Sim	e	Government grants (con		0				
utio ier (f	All other contributions, g and similar amounts not inc						
o tr	_	Noncash contributions include		1,110,081				
no:	g	"l'otal. Add lines 12-1	•	105,121	1,110,081	T THE CONTRACT		n , w
	- ''-	Total. Add lines 1a-1	· · · · · <u>·</u>	Business Code	1,110,081			
enu	2a							
æ	b							
ice	С							
Sen	d							
E	е	*******						
Program Service Revenue	f	All other program ser						·
<u> </u>	9	Total. Add lines 2a-2			0			<u> </u>
	3	Investment income and other similar amo		enas, interest,	اء -			
	4	Income from investmen	•		6)	0	0	6
	5	-	· · · · ·	_	83	83	0	
		rioyanioo	(i) Real	(ii) Personal			<u></u>	
	6a	Gross rents			ĺ			
	b	Less: rental expenses				-	•	
	С	Rental income or (loss)						
	d	Net rental income or	<u> </u>	▶	0	0	0	
	7a	Gross amount from sales of	(i) Secunties	(ii) Other			·	· •
		assets other than inventory	104,884	0				•
	b	Less: cost or other basis and sales expenses .						
	_	Gain or (loss)	105,121 (237)					
	d	Net gain or (loss)	(237)	<u> </u>	(237)	0	0	(237)
<u>a</u>			indraising		(237)			(237)
Other Revenu	ва	Gross income from fu events (not including \$	in lonal sing	1				
ě		of contributions reporte	ed on line 1c).				•	
e.			····a	1	ì	-	•	Nr.
돌	b	Less: direct expenses	s b			•	ادي د	
		Net income or (loss) f		events . >	0		0	0
	9a	Gross income from ga		}	Ì			•
			\cdots a		}			
	b	Less: direct expenses						
	C	Net income or (loss) f Gross sales of in		ivities ►	0		0	0
	10a	returns and allowance				-	,	
	ь	Less: cost of goods s	_					
		Net income or (loss) f			0	0	0	
	Ť	Miscellaneous R		Business Code	· ,	4		*
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		🟲 🛚	0			
	l 12	Total revenue, See ii	nstructions.	•	1 100 033	83		(231)

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52.202	52.202		
2	Grants and other assistance to domestic	53,393	53,393		·····
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				1
	organizations, foreign governments, and foreign	İ			
	individuals. See Part IV, lines 15 and 16	760,779	760,779		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	o	o	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	00	0
7	Other salaries and wages	6,833	0	6,833	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	523	0	523	0
11	Fees for services (non-employees):	_[
a	Management	_0	0	0	<u>0</u> 0
b	Legal	8,224	0	8,224	
c d	Lobbying	8,224	0	0,224	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0		0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	o	o	o	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	7,447	0	6,725	722
14	Information technology	175	0	175	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	
17	Travel	3,2 <u>65</u>	0	0	3,265
18	Payments of travel or entertainment expenses				
46	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	234	0	234	0
24	Other expenses. Itemize expenses not covered	20.		,	
	above (List miscellaneous expenses in line 24e. If		,	•	Ì
	line 24e amount exceeds 10% of line 25, column	,			1
	(A) amount, list line 24e expenses on Schedule O.)]
а	ECFA membership fee	900	0	900	0
b					
C					· · · · · · · · · · · · · · · · · · ·
d					
e	All other expenses Total functional expenses. Add lines 1 through 24e				
25	Joint costs. Complete this line only if the	841,773	814,172	23,614	3,987
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 48,451 301,001 2 2 Savings and temporary cash investments 0 10 3 3 Pledges and grants receivable, net 0 0 4 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 O Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 o 0 Assets 7 o 0 8 8 Inventories for sale or use 0 0 9 9 Prepaid expenses and deferred charges . . 148 153 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,805 Less: accumulated depreciation 10b 0 10c 2.805 0 Investments—publicly traded securities 0 11 11 0 0 12 12 Investments—other securities. See Part IV, line 11 . . . 0 0 13 13 Investments—program-related, See Part IV, line 11 0 14 Intangible assets 0 14 0 15 15 Other assets. See Part IV, line 11 0 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34). 48,599 301,164 466 17 17 Accounts payable and accrued expenses 4,871 0 18 18 0 19 19 o 0 20 20 0 0 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disgualified persons, Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . 20.000 24 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 Total liabilities. Add lines 17 through 25 20,466 4,871 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 13,681 27 27 27,568 14,452 28 28 268,725 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . .

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

Total liabilities and net assets/fund balances . . .

32

33

296,293

301,164

32

33

34

28,133

48,599

_	-	
Page	-1	4

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Part	XI 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	I			9,933
2	Total expenses (must equal Part IX, column (A), line 25)	2			84	11,773
3	Revenue less expenses. Subtract line 2 from line 1	3			26	8,160
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2	28,133
5	Net unrealized gains (losses) on investments	5		4		0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				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			29	6,293
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		•	
	Schedule O.]		_	
2 a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	pıled	or			1
	reviewed on a separate basis, consolidated basis, or both:		ł			,
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b			.	2b	_	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	•		
	separate basis, consolidated basis, or both:		1			
	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 o of the audit, review, or compilation of its financial statements and selection of an independent accounts.					
				2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	cpiain	ın			
_		fa wha				لحبد
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		ırı	_		
	•		.	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
	required addit of addits, explain wity in schedule of and describe any steps taken to undergo such a	uuita.			- 000	(2017)
				rom	コマサリ	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► 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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	n Evangelical Theological Seminary						64159			
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The 1	organization is not a private founda						,			
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 hos	spital service org	ganization described i	n section	170(b)(1)(A)(iii).	\mathcal{O}			
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 section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in			
6 7	 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ 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	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its			
11	An organization organized and	operated exclus	sively to test for public	safety.	See sec ti	on 509(a)(4).	***			
12	☐ An organization organized and	operated exclus	sively for the benefit of	f, to perfo	orm the fu	inctions of, or to cai	rry out the purposes			
	of one or more publicly support Check the box in lines 12a thro									
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t					
þ	Type II. A supporting organ control or management of to organization(s). You must organization	the supporting o	rganization vested in	the same						
С	Type III functionally integ						ally integrated with,			
d		ntegrated. A su grated. The orga	pporting organization nization generally mus	operated st satisfy	i in conne a distribu	ection with its suppo ition requirement an				
е	☐ Check this box if the organ functionally integrated, or T						e II, Type III			
f	Enter the number of supported of	organizations .								
g	Provide the following information	about the supp	orted organization(s).				<u> </u>			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docui		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
A)										
B)		<u></u>								
(C)										
D)						, , ,				
E)										

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Part II 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 I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						.		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	766,283	949,157	835,440	922,711	1,110,081	4,583,672		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	o	0		
4	Total. Add lines 1 through 3	766,283	949,157	835,440	922,711	1,110,081	4,583,672		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						908,921		
6	Public support, Subtract line 5 from line 4						3,674,751		
	on B. Total Support	1					3/3/		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	766,283	949,157	835,440	922,711	1,110,081	4,583,672		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	83	106	38	89	316		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	950	0	0	0	950		
11	Total support. Add lines 7 through 10						4,584,938		
12	Gross receipts from related activities, etc.					12	0		
13	First five years. If the Form 990 is for the								
	organization, check this box and stop her						<u></u> ▶ □		
Secti	on C. Computation of Public Suppor								
14	Public support percentage for 2017 (line 6					14	80.15 %		
15	Public support percentage from 2016 Sch					15	87.63 %		
16a	331/3% support test—2017. If the organi box and stop here. The organization qual								
b	331/3% support test—2016. If the organization this box and stop here. The organization								
17a	this box and stop here. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	circumstances' stances" test.	' test, check the the organizati	this box and son qualifies as	a, and line stop here. a publicly		
18	Private foundation. If the organization du instructions								

Part					·	,-	
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	H.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				<u> </u>		<u> </u>
3	Gross receipts from activities that are not an				_		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf				/		ļ
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>
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ				-
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	·		/				
	Add lines 7a and 7b		/	,			
8	Public support. (Subtract line 7c from	. /		•		, ,	
Casti	line 6.)	L	<u>'</u>) ** e	•	1-10	
	on B. Total Support	(2) 2012	/b) 2014	(a) 2015	(4) 2016	(a) 0017	/6 Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		/					
10a	Gross income from interest, dividends, payments received on securities loans, rents,					:	1
	royalties, and income from similar sources .						
.	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business			=			
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						İ
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI,)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) . /						
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	_			•		'':' —
Secti	on C. Computation of Public Suppor	t Percentag	<u>е</u>			·	
15	Public/support percentage for 2017 (line 8			3, column (f))		15	%
16	Public support percentage from 2016 Sci		•			16	%
Secti	on D. Computation of Investment In						.
17	Investment income percentage for 2017 (line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2016	Schedule A, I	Part III, line 17			18	%
19a	,331n% support tests-2017. If the organ						
,	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizat	ion . ▶ 🗀
b	331/3% support tests - 2016. If the organiz						
/	line 18 is not more than 331/3%, check this i	box and <mark>stop h</mark>	ere. The organi	zation qualifies	as a publicly si	upported organ	nization 🕨 📋

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Tes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	pary of	45.
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	40.1	Fg 1914
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		9069 s	क्रमा - वर्ष
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	T	
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 .	6	- 6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	4.	-19 h s
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		دين
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9c	ر ودرد.	44
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

				<u> </u>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 -	
	on B. Type I Supporting Organizations	1	·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	, MT(\$)	*******	ATH NO.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ'
2	Did the organization operate for the benefit of any supported organization other than the supported	-		—
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			'
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u>'</u> -	L	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	.m	μ ¬	ל) בקוביו
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			-
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			l l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
` a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, r graß	医动乳工	or way
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		,	. 1
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	- Starte (S)	PØ 1705	15% 10.5
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	414	DIGE	<u> </u>
	reasons for the organization's position that its supported organization(s) would have engaged in these]
	activities but for the organization's involvement.	2b		I
3	Parent of Supported Organizations. Answer (a) and (b) below.	-50		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	,	.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	محيبتيم	الماليان بوريان	ليعسا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		1

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

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(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	,		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			***************************************
<u>a</u>				
<u> </u>	From 2013			
<u> </u>	From 2014	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
<u>d</u>	From 2015			
e	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u> i	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:		**	
a	Applied to underdistributions of prior years			
<u>u</u>	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			,
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.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:	, ,		
a				
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10, Column (b) 2014: Other income of \$950 is worker's compensation premium refund received from a prior year.
	·
	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

20**17**Open to Public

Jordan Evangelical Theological Seminary 32-0164159 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	, or Ot	her Similar As	ssets (continue	<i>₹d)</i>
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follov	ving that are a s	significant use o	fits
а	☐ Public exhibition		d	□ Loan	or exchang	e prog	rams		
b	☐ Scholarly research		e	☐ Other	r				_
C	☐ Preservation for future generations	1					,		
4	Provide a description of the organizat XIII.	ion's collections	and expl	ain how t	hey further	the org	anızation's exer	mpt purpose in I	Part
5	During the year, did the organization assets to be sold to raise funds rather							ar □ Yes □	No
Par	IV Escrow and Custodial Arra	ngements.		· - · · · · · · · · · · · · · · · · · ·					
	Complete if the organization	answered "Yes	on For	m 990, f	Part IV, line	9, or	reported an ar	nount on Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot □ Yes □	No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing t	able:				
_							A	mount	
С	Beginning balance					10	: 1		
d	Additions during the year					1d	 		
e	Distributions during the year					1e	+		—
f	Ending balance					1f		•	
2a	Did the organization include an amour							/2 Yes	No
	If "Yes," explain the arrangement in Pa			-			•		
	t V Endowment Funds.	art Am. Oncor ner	C 11 (17C C	Apianatio	ii iias been	piovide	a on a are Ain .	··· <u> </u>	—
, ar	Complete if the organization	answered "Yes	" on For	m 990 F	Part IV line	e 1Ω			
	Complete ii are organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four years ba	ack
12	Beginning of year balance		 ``	•	''' 		,	 ` 	—
b	Contributions				<u> </u>				—
C	Net investment earnings, gains, and							- 	
	losses						<u> </u>		
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of ti	he current year er	nd balanc	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowmen	nt 🕨	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.						
3a				zation tha	at are held a	and ad	ministered for th	ne	
	organization by:							Yes I	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses							L L	
Part									_
	Complete if the organization		" on For	m 990. F	Part IV. line	11a.	See Form 990.	Part X. line 10	}_
	Description of property	(a) Cost or of	ther basis	(b) Cost o	or other basis ther)	(c) /	Accumulated preciation	(d) Book value	_
		(investm		<u> </u>			proclation		
1a	Land		0		0				0
b	Buildings		0		0		0		0
C	Leasehold improvements		0		0		0		0
d	Equipment	<u> </u>	. 0		1,792		1,792		0
e	Add lines 1a through 1e (Column (d) m		0 0		1,013		1,013		0
I OTAL	Add lines to through to // 'olumn (d) m	uiet agual Earm 0	un Dart	r column	חום מחוו ואווים	C 1	P		Λ

Part VII	 Investments—Other Securities Complete if the organization ans 		m 99	0, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)) Book value	(c) Meth	od of valuation: of-year market value
(1) Financial	I denvatives					
(2) Closely-I	held equity interests					
(3) Other						· · · · · · · · · · · · · · · · · · ·
(A)				<u></u>		
(B)						
(C)		••••				
(D)						
(E) (F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12) ▶					· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments-Program Related	d.				
	Complete if the organization ans	wered "Yes" on For	m 99	0, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(t) Book value		nod of valuation. of-year market value
(1)						
(2)					•	
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 13)					
Part IX	Other Assets.	1/0/ 9 5			44.1.0	000 0 4 1/4 1/5 4 5
	Complete if the organization ans	wered "Yes" on For a) Description	m 99	0, Part IV, line	11d. See Form	990, Part X, line 15. (b) Book value
(4)	,	ay Description		 	-	(b) Book Value
<u>(1)</u> (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	4) 15 000 5 1 1	1.6011: 461				
	mn (b) must equal Form 990, Part X, c	oi. (B) line 15.)	• •		<u> ▶ </u>	
Part X	Other Liabilities. Complete if the organization ans	wored "Ves" on For	m 00	O Part IV line	110 or 11f Soo	Form 000 Part V
	line 25.	wered res diffor	111 93	o, raitiv, iine		roini 990, Fait A,
1.	(a) Description of liability	(b) Book value				s granter
(1) Federal in	ncome taxes			n in the participal in	water that the transfer	چه د مورسوفه در در در دو در دورسوفه در در در در در در در در در در در در در
(2)				ъ. г. Б . 194	No record of the second	The state of the state of the state of
(3)					,	· · · · · · · · · · · · · · · · · · ·
(4)				(1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
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(8)						•
(9)				1		
	b) must equal Form 990, Part X, col (B) line 25)			ستعدد ماريوس	المتعاد الأهاد الموراة يعران	y .
	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to	the organization	's financial statemer	nts that reports the

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

Part		_	er Return.
	Complete if the organization answered "Yes" on Form 990		
1	Total revenue, gains, and other support per audited financial statements	3 <i>.</i>	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		_
b	Donated services and use of facilities		<u> </u>
C	Recoveries of pnor year grants		4 1
d	Other (Describe in Part XIII.)	2d	
`e	Add lines 2a through 2d		2e
_	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			per Return.
	Complete if the organization answered "Yes" on Form 990		
1	Total expenses and research per addition manner of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	امسا	
а	Donated services and use of facilities		- ∤
b	Pnor year adjustments		-
C	Other losses	2c 2d	-
d	Other (Describe in Part XIII.)	***************************************	
e	Add lines 2a through 2d		3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li		
	XIII Supplemental Information.	·····	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		
2, Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional	information.

Schedule D (Fo	rm 990) 2017		/ Pa	ge ၁
	Supplemental Information	n (continued)		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

20**17**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

<u>Jorda</u> ı	n Evangelical Theological Semi	nary				32-0164159
Par		n on Activiti	es Outside	the United States. Comp	lete if the organiza	ition answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	igibility for the	e grants or as			ward the
	grants or assistance?					· · Ves No
2	For grantmakers. Describe assistance outside the United		the organizati	on's procedures for monit	oring the use of	its grants and other
3	Activities per Region. (The fo	Υ	l, line 3 table o	can be duplicated if addition	al space is needed	i.)
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program servicescribe specific ty service(s) in the re	ce, expenditures for ype of and investments
(1)	Middle East and North Africa	o	0	grants to recipients		760,232
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)					,	
(14)						
(15)				-		
(16)						
(17)						
3a	Sub-total	0	0	at .	, , , ,	760,232
b	Total from continuation sheets to Part I			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	, d.,	
С	Totals (add lines 3a and 3b)	0	0	4 g 4 4 E	7. ·	760,232

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. Partill

~ ,	(a) Name of organization	(b) IRS code section and EIN (if applicable)	i (c) Region t i	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	• (9) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation ; (book, FMV, appraisal, other)
÷Đ			Middle East and NA	Theological Educatio	760,232	760,232 Wire transfer	,		
(2)						•	-	,	
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(8)						•			
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Ξ			was subs	·		•	-	•	•
(12)				•				_	
(13)				-		•	f	•	1
(14)			,	~		l			
(15)							,		
(16)			·	*	,				
['] N	Enter total nun	nber of recipien	Enter total number of recipient organizations listed above	ted above that are reco	ognized as charitie	ss by the foreign cou	that are recognized as charities by the foreign country, recognized as tax-exempt	ax-exempt	

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Page 3

Schedule F (Form 990) 2017

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

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance £ , (14) (18) 6 9 (12) (13) (15) 9 (17) Ξ (2) ල <u>4</u> <u>(2</u> 9 E 8

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Schedule F (Form 990) 2017

Part V

Supplemental Information

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

Schedule F, Part I, Line 2: Jordan Evangelical Theological Seminary (JETS) makes grants to organizations outside of the United States
based on written or understood grant agreements to accomplish its program purposes around the world. JETS monitors the use of grants in
various ways including JETS Board review of grantee annual audited financial statements, regular review of program accomplishments, and
onsite observation of ministry programs.
Schedule F, Part I, Line 3: Expenses are accounted for using the accrual method of accounting.
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·'

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047	2011	Open to Public

Employer Identification number

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Schedule I (Form 990) (2017) **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Missionary Support ✓ Yes 32-0164159 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) . Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 53,393 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 22-1717576 (P) EIN ordan Evangelical Theological Seminary 1 (a) Name and address of organization Pkwy #300, Richardson, TX 75081 (1) Christar, 1500 International or-government Part II Part 8 ල € 9 9 0 **©** <u>6</u> 9

Schedule I (Fo Part I	Schedule I (Form 990) (2017) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individuals space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information rec	quired in Part I, lin∉	e 2; Part III, column	(b); and any other addition	onal information.
Part 1, Line	Part 1, Line 2 - Jordan Evangelical Theological Seminary (JETS) makes grants to organizations in the United States based on written or understood grant agreements to accomplish certain	(JETS) makes grants	to organizations in th	e United States based	on written or understood gr	ant agreements to accomplish certain
program pu	program purposes. JETS monitors the use of these grants in various ways including observation of ministry programs in the field as well as receiving program accomplishment reports.	s in various ways inc	luding observation of	f ministry programs in	the field as well as receiving	program accomplishment reports.
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				,		Schedule I (Form 990) (2017)

SCHEDULE J (Form 990) .

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Attach to Form 990.

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

OMB No 1545-0047 20**1**7

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Name of the organization Jordan Evangelical Theological Seminary 32-0164159 Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 4 10 1 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) 19 17 . 26 - Train If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations Dunng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 1 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a 5b If "Yes" on line 5a or 5b, describe in Part III. 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	for eac	h listed individual mu	ust equal the total amo	ount of Form 990, Pa	rt VII, Section A, line	la, applicable colum	n (D) and (E) amounts	s for that individual.
		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Betirement and	(n) Nostastia	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
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16	E							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number

Jordan Evangelical Theological Seminary 32-0164159

Part	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining itribution amounts
1	Art—Works of art		"			
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities-Publicly traded	✓	1	105,121	FMV	
10	Securities—Closely held stock .					•
11	Securities - Partnership, LLC,					
	or trust interests					
12	Secunties-Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other					
15	Real estate-Residential	,				
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► ()					
26	Other ► ()					
27	Other ► ()		· · · · · · · · · · · · · · · · · · ·			
28	Other ► (
29	Number of Forms 8283 received					
	which the organization completed	Form 8283	s, Paπ IV, Donee Acknowled	agement	29	0
						Yes No
30a	During the year, did the organizat				_	
	28, that it must hold for at least th					E-127 144. 13 5 m-14
	to be used for exempt purposes f		e nolaing period?			30a ✓
	If "Yes," describe the arrangement					
31	Does the organization have a	-		es the review of any no	onstandard	
						31 🗸
32a	Does the organization hire or use	•	•		II noncash	
		• • • •	<i>.</i>			32a ✓
	If "Yes," describe in Part II.					- 4
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,	ADMINISTRAÇÃO DE PORTO

	(Form 990) 2017 Page
Part II	Supplemental Information, Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
_	
Part I, Line	9, Column (b) - The number of contributions reported is the number of contributions received.
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SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

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.

2017

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Jordan Evangelical Theological Seminary 32-0164159 Form 990, Part VI, Line 11b - The completed Form 990 is distributed to the Board of Directors prior to filing with the IRS for review and comment. Form 990, Part VI, Line 12c - Members of the Jordan Evangelical Theological Seminary (JETS) Board of Directors sign the conflict of interest policy annually at a board meeting. As a result, questions arise as to whether certain circumstances or events are conflicts of interest. These are discussed openly at board meetings and if there were circumstances that warranted, notice would be appropriately noted and documented and approved/disapproved at the same board meeting. Form 990, Part VI, Lines 15a and 15b - JETS does not currently compensate any officers or key employees of the organization, but if it does in the future, the Board of Directors will follow a process of reviewing comparability data to determine appropriate compensation. Furm 990, Part VI, Line 19 - JETS makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Form 990, Part VII, Line 5 - Dr. Imad Shehadeh, President of JETS, is a paid employee of Christar (an unrelated 501(c)(3) nonprofit organization) and is seconded to JETS as well as Jordan Evangelical Theological Seminary-Jordan.