Click on the question-mark icons to display neip windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

2019

Department of the Treasury

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

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

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

Open to Public Inspection

A F	or the	2019 calenda	r year, or tax year beginning	JANUARY 1	, 2019,	and ending	DEC	EMBER	R 31 <b>, 20</b>	19
Вс	heck if a	oplicable:	C Name of organization ?		<u> </u>		D Empl	oyer ide	entification number	
□,	Address o	hange	INTERNATIONAL STUDENT		383241016					
	Name cha	-	E Telep	hone nu	ımber					
=	nitial retu	m n/terminated	PO BOX 22				i .	71	5-869-6460	
=	Amended		City or town, state or province, co	-	ode	. 03	F Grou	p Exer	nption	
_		n pending	STEVENS POINT, WI 54481	-0022		03	Num	ber 🕨	71	
G A	/cconn	ting Method:	☑ Cash ☐ Accrual O	ther (specify)		Н	Check I	▶ 🗆 it	the organization	is n
I W	Vebsite	► HTTI	·//ISMINC.ORG	<del></del>					ach Schedule B	1
J Ta	ex-exer	npt status (che	ck only one) — 🗹 501(c)(3) 🛚	3501(c) ( ) ◀ (insert no.)	4947(a)(1) o	r 🔲 527	(Form 9	<b>90, 99</b> 0	)-EZ, or 990-PF).	_
			☑ Corporation ☐ Trus		Other					
			'b to line 9 to determine gross		e \$200,000 or r	more, or if tota	l assets		<del></del>	
(Par	t II, col	umn (B)) are \$	500,000 or more, file Form 99	0 instead of Form 990-EZ.				<b>▶</b> \$	95	,22
Pa	art I	Revenu	, Expenses, and Chan	ges in Net Assets or F	und Balanc	es (see the	instruc	tions	for Part I) ?	
		Check if	the organization used Sci	hedule O to respond to a	iny question	in this Part I				[
?	1		ns, gifts, grants, and simila			·		1		.39
,?;	2	Program se	rvice revenue including go	vemment fees and contra	cts	·		2		-0
.71	3	Membershi	o dues and assessments.					3		-(
.71	4	Investment		· • • • • • • • • • • • • • • • • • • •				4	5	,83
	5a	Gross amo	unt from sale of assets oth	er than inventory	5a		-0-			
	b	Less: cost	or other basis and sales ex	penses	5b		-0-			
	С		s) from sale of assets othe		5c		-(			
	6	•	d fundraising events:			RECE	-77			
	а		me from gaming (attacl	n Schedule G if greater	r than				INLUE	:/\
Jue.		\$15,000) .			· ·   6a		-0-		8	
Revenue	b		ne from fundraising events			f contribution	าร	<u>.</u>	800V APR 1	7
Re			raising events reported on line 1) (attach Schedule G if the						`_ ~	<u>.                                    </u>
	Ì	sum of suc	n gross income and contril	outions exceeds \$15,000)	6b		-0-		OGDE	
	C		expenses from gaming ar		6c		-0-	4-	OGDE	<u>, N</u>
	d		or (loss) from gaming an	d fundraising events (add	lines 6a an	d 6b and su	btract			
		line 6c) .		· · · · · · · · · ·		. <b></b> .		6d		-(
	7a	Gross sales	of inventory, less returns	and allowances			-0-			
	b		of goods sold		7b		-0-			
	С		or (loss) from sales of inve	• •	m line 7a) .			7c		-0
	8		ue (describe in Schedule (	•				8		-(
	9	Total reve	ue. Add lines 1, 2, 3, 4, 50	c, 6d, 7c, and 8	· · · · · ·	_ <del></del>	. ▶	9	95	,22
	10	Grants and	similar amounts paid (list i	n Schedule O)			]	10	3	,29
	11		d to or for members					11		-(
Se	12		ner compensation, and em					12		,07
Expenses	13		I fees and other payments	-				13	1	,79
즂	14		, rent, utilities, and mainter					14		-(
ш	15		blications, postage, and st	· · · ·				15	<del> </del>	,73
	16		nses (describe in Schedule					16		,31
	17	Total expe	nses. Add lines 10 through	<u> 16 </u>	<u> </u>	<u> </u>	. ▶_	17	<del></del>	,20
2	18		deficit) for the year (subtract					18	31	,01
8	19		or fund balances at begin							
Net Assets			figure reported on prior ye					19	156	,15
ě	20		ges in net assets or fund b					20	16	,47
-	21	Net assets	or fund balances at end of	year. Combine lines 18 th	rough 20 .		. ▶	21	203	,64

22 Cash, savings, and investments  156,154 22 2  23 Land and buildings.  -0 23  24 Other assets (describe in Schedule O)  25 Total assets  156,154 25 25  26 Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's program service accomplishments (see the instructions for Part III)  Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 Doorstep Newsletter 6 issues to more than 10,000 prayer partners including contribution envelopes, printing, labeling, stuffing, and mailing.  29 Enthul/speak/provide malerals at conventional/orferences, make presentations at congregations, schools and organizations.  Sponsor In-Depth, a week long biblical training seminar, for 15 international students/visiting scholars;  Mentorship program to revive international ministry sites and help start up new sites.  (Grants \$ 3.294 ) If this amount includes foreign grants, check here	.154 <b>22</b> 203 -0- <b>23</b> -0- <b>24</b> .154 <b>25</b> 203 -0- <b>26</b>	156,154 2 -0- 2 -0- 2 156,154 2 -0- 2	<del></del>	ny duestion in this	or Part II)	ATE ICOG TRO INCTRICTIONS	ere Kalan
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1 Other program services (describe in Schedule O) (Grants \$						***************************************	
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2 - Total program service expenses (add lines 28a through 31a).  2 art IV  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for F Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-)  (a) I hours  (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-)  (c) Fersident  (d) Health benefits, combinations to employee benefit plans, and deferred compensation of their compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  (e) Estimated a other compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  (e) Fersident  (a) Name and title  (a) Name and title  (b) Average (list each one even if not compensated—see the instructions for F (IV)  (c) Reportable (IV)  (d) Health benefits, combinations to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC) (IV)  (e) Estimated a other compensation (Forms W-2/1099-MISC) (IV)  (d) Health benefits, combinations to employee (IV)  (e) Estimated a other compensation (Forms W-2/1099-MISC)  (e) Estimated a other compensation (Forms W-2/1099-MISC)  (f) not paid, enter -0-)  (e) Forms W-2/1099-MISC)  (f) not paid, enter -0-)  (e) Forms W-2/1099-MISC)  (f) not paid, enter -0-)  (e) Forms W-2/1099-MISC)  (f) finat paid, enter -0-)  (f) finat paid (IV)  (f) finat pai	·_	· ·_ l		· • • • • • •		•	
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APSO
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<del></del>	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th s Part		
	i.		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
14	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	-		-
,, 5a	change on Schedule O. See instructions	34		
<b>-</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
·b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	~
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	75	•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		·
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A			
b	Did the organization file Form 1120-POL for this year?	37Ь	ļ	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b   N/A	304	<del> </del>	-
9	Section 501(c)(7) organizations. Enter:	1	1	
а	Initiation fees and capital contributions included on line 9		<b>i</b>	
þ	Gross receipts, included on line 9, for public use of club facilities	1		
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a pnor year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			3
•	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_
11	List the states with which a copy of this return is filed ▶	1	<b></b>	
<b>42</b> a	The digalization's books are in care of P =	480-47		
	Located at ► 6444 E. JAVALINA COURT, APACHE JUNCTION, AZ ZIP + 4 ►	85119	-8342	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
		1		
	If "Yes," enter the name of the foreign country ▶	1	1	
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?	42c		V
c 43	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	420	Yes	<b>&gt;</b> [
<b>43</b>	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a	Yes	No
13 14a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a	Yes	No.
3 4a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b 44c	Yes	No
13 14a b c d	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b	Yes	No
13 14a b c d	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b 44c	Yes	No

-omi 990-EZ (2	2019)							age 🤏
	ţ.			-			Yes	No
	he organization engage, directly or i					on 🗀		
, to ca	indidates for public office? If "Yes,"	complete Schedule C	, Part I			46		1
Part VI	Section 501(c)(3) Organization							
•	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and cor	mplete the	tables f	or line	<b>es</b>
	50 and 51.	•		·	•			
	Check if the organization used So	chedule O to respond	to any question in t	his Part VI				П
	<u> </u>		10 400		<del></del>	••••	Yes	No
47 Did t	the organization engage in lobbying	activities or have a	section 501(h) election	n in effect d	luring the ts		163	NO
	? If "Yes," complete Schedule C, Pa						1	
•	•					47	1	
	organization a school as described i					48	1 1	
	he organization make any transfers					49a	1	
	es," was the related organization a s					49b	اـــــا	
<b>50</b> Com	plete this table for the organization's	s tive highest compen	sated employees (oth	er than office	ers, director	s, trustee	es, and	d key
empi	oyees) who each received more that	in \$100,000 of compe	nsation from the orga	nization. If th	ere is none,	enter "N	lone."	
	1	(b) Average	(c) Reportable	(d) Health I		-\		-4 -6
(a)	Name and title of each employee	hours per week	compensation	contributions to benefit plans, a		<ul> <li>Estimate</li> <li>other corr</li> </ul>		
		devoted to position	(Forms W-2/1099-MISC)	compens			,	
NONE	•		1	1 .		-		
*****	· · · · · · · · · · · · · · · · · · ·	1		1	-			
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<del></del>				1				
	· <del></del>		!	1				
	<u></u>	-					<del></del>	
51 Com	number of other employees paid ov	n's five highest compe	. >ensated independent	contractors	who each i	received	more	than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	one, enter "None."		<del></del>	,		than
51 Com \$100	number of other employees paid ov	n's five highest compo anization. If there is no	ensated independent one, enter "None." (b) Type of sen		<del></del>	received		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	one, enter "None."		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	one, enter "None."		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	one, enter "None."		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com \$100 (a)	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com \$100	number of other employees paid on plete this table for the organization ,000 of compensation from the organization	n's five highest compo anization. If there is no	(b) Type of sen		<del></del>	,		than
51 Com; \$100 (a) NONE	number of other employees paid over plete this table for the organization ,000 of compensation from the organization and business address of each independent	n's five highest compo anization. If there is no ident contractor	(b) Type of sen		(c) C	ompensatu		than
51 Comp \$100 (a) NONE	number of other employees paid over plete this table for the organization ,000 of compensation from the organization same and business address of each independent control of the control	n's five highest compe anization. If there is no ident contractor	(b) Type of sen	rice	(c) C	ompensatu		than
51 Com \$100 (a) NONE d Total 52 Did (	number of other employees paid over plete this table for the organization,000 of compensation from the organization and business address of each independent contraction organization complete.	n's five highest compe anization. If there is no ident contractor	one, enter "None."  (b) Type of sen  over \$100,000	Nice  ▶  nizations ¹ mu	(c) C	ompensatu	on 2	·
51 Com \$100 (a) NONE d Total 52 Did	number of other employees paid over plete this table for the organization ,000 of compensation from the organization same and business address of each independent control of the control	n's five highest compe anization. If there is no ident contractor	(b) Type of sen	Nice  ▶  nizations ¹ mu	(c) C	ompensatu	on 2	than
51 Comp \$100 (a) NONE d Total 52 Did (comp	number of other employees paid over plete this table for the organization ,000 of compensation from the organization have and business address of each independent and plete state of other independent contrate organization complete Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving rule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations † mu	(c) C	a P ✓ Yes	on 2 ,	
51 Comp \$100 (a) NONE d Total 52 Did (comp ander penalities	number of other employees paid over plete this table for the organization, 000 of compensation from the organization and business address of each independent and business address of each independent control to the organization complete Schedioleted Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving rule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations † mu	(c) C	a P ✓ Yes	on :	
d Total 52 Did complander penalties rue, correct, an	number of other employees paid over plete this table for the organization ,000 of compensation from the organization have and business address of each independent and plete state of other independent contrate organization complete Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving rule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations † mu	(c) C	a  Yes  viedge and	on :	· · · · · · · · · · · · · · · · · · ·
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d Total 52 Did complander penalties rue, correct, and lerre	number of other employees paid over plete this table for the organization, 000 of compensation from the organization and business address of each independent and business address of each independent control of the organization complete. Schedioleted Schedule A. of perjury, I declare that I have examined this discomplete. Deptaration of preparer (other than the complete.	arise five highest compounds anization. If there is not anization anization anization is passed on all information.	over \$100,000 ection 501(c)(3) orga	nizations † mi	(c) C	a  Yes  viedge and	on	· · · · · · · · · · · · · · · · · · ·
d Total 52 Did complander penalties rue, correct, an	number of other employees paid over plete this table for the organization, 000 of compensation from the organization and business address of each independent and business address of each independent control of the organization complete. Schedioleted Schedule A sof perjury, I declare that I have examined this indicomplete. Declaration of preparer (other than signature of pifficer.	arise five highest compounds anization. If there is not anization anization anization anization anization anization. If there is not anization a	over \$100,000 ection 501(c)(3) orga	nizations † mi	(c) C	a  Yes  viedge and	on	· · · · · · · · · · · · · · · · · · ·
d Total 52 Did comp single penalties rue, correct, an	number of other employees paid over plete this table for the organization ,000 of compensation from the organization shall be and business address of each independent and business address of each independent control to the organization complete Schedule A and perfury, I declare that I have examined this ad complete. Deptaration of preparer (other than the complete of perfury) and preparer (other than the complete of perfury).  LINDA STEINBART TREASURER Type or point name and title	arise five highest compounds anization. If there is not anization anization anization anization anization anization. If there is not anization a	over \$100,000 ection 501(c)(3) orgal	nizations † mi	(c) C	a Vedge and	on	· · · · · · · · · · · · · · · · · · ·
d Total 52 Did comp Under penalties rue, correct, an	number of other employees paid over plete this table for the organization, 000 of compensation from the organization and business address of each independent and business address of each independent control of the organization complete. Schedioleted Schedule A sof perjury, I declare that I have examined this indicomplete. Declaration of preparer (other than Signature of pifficer  LINDA STEINBART TREASURER	n's five highest compe anization. If there is no ident contractor  actors each receiving ule A? Note: All se return, including accompany apofficer) is based on all info	over \$100,000 ection 501(c)(3) orgal	nizations <sup>1</sup> multiple and to the that any knowled	-0- ust attach best of my know	a  Yes  Viedge and	on	· · · · · · · · · · · · · · · · · · ·
d Total 52 Did compounder penalties rue, correct, an	number of other employees paid over plete this table for the organization ,000 of compensation from the organization and business address of each independent and business address of each independent contrate organization complete. Schedule A of perjury, I declare that I have examined this indicated a complete. Declaration of preparer (other than significant transport of preparer (other than the complete and the print/Type or print name and title.)	n's five highest compe anization. If there is no ident contractor  actors each receiving ule A? Note: All se return, including accompany apofficer) is based on all info	over \$100,000 ection 501(c)(3) orgal	nizations † mu ents, and to the thas any knowled Date	check if self-employe	a  Yes  Viedge and	on	· · · · · · · · · · · · · · · · · · ·
d Total 52 Did comp linder penalties rue, correct, an	number of other employees paid over plete this table for the organization ,000 of compensation from the organization shall be and business address of each independent and business address of each independent control to the organization complete Schedule A and perfury, I declare that I have examined this ad complete. Deptaration of preparer (other than the complete of perfury) and preparer (other than the complete of perfury).  LINDA STEINBART TREASURER Type or point name and title	n's five highest compe anization. If there is no ident contractor  actors each receiving ule A? Note: All se return, including accompany apofficer) is based on all info	over \$100,000 ection 501(c)(3) orgal	nizations † mu ents, and to the thas any knowled Date	Check ☐ if self-employers s EIN ▶	a  Yes  Viedge and	on	· · · · · · · · · · · · · · · · · · ·

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### T. T. Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

INTERNATIONAL STUDENT MINISTRY, INC. 38-3241016 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/a% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the ... supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. g & Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 ted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) 10 úι Yes No (A) 1. ٠. (B) (C) (D) (E)

Total

Part	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
A	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0045	<i>(</i> *) 0010	(=) 0047	(4) 2010	(-) 0010	40 Tatal
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1.	Gifts, grants, contributions, and		•			٠	-
	membership fees received. (Do not include any "unusual grants.")	64,145	93,508	106,635	58,136	89,392	411,816
_			55,506	7 100,033	36,130	09,392	411,010
2	Tax revenues levied for the organization's benefit and either paid	3, 1		` ' '.	4.		
	to or expended on its behalf	-0-		,0-	-0-	-0-	· -o-
3	The value of services or facilities			<del></del>			· · · · · · · · · · · · · · · · · · ·
3	furnished by a governmental unit to the	·	,			1:	1
	organization without charge	0-	·0-	· -0-	-0-	.0.	-0-
4	Total. Add lines 1 through 3	64,145	93,508	106,635	58,136	89,392	411,816
~		<del>                                     </del>	<del></del>				17
5	The portion of total contributions by each person (other than a					ļ	•
	governmental unit or publicly	Į			-		
	supported organization) included on					<b>;</b>	'
	line 1-that exceeds 2% of the amount	,					ĺ
	shown on line 11, column (f)				1		103,997
6	Public support. Subtract line 5 from line 4						307,819
Secti	on B. Total Support		,		-		7 ,
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	" <b>(e)</b> 2019	(f) Total
7	Amounts from line 4	64;145	., .93,508	106,635	58,136	89,392	411,816
8	Gross income from interest, dividends,	٠, ١,					:
-	payments received on securities loans,		` .	, ,	• 1, 1		1
	rents, royalties, and income from	100	1		ľ		İ
	similar sources	, 121	1,471	3,729.	5,800	5,834	16,955,
9	Net income from unrelated business		٠,				• .
	activities, whether or not the business		, , , , , , , , , , , , , , , , , , ,		,		
	is regularly carried on	1.6° × -0-	<i>i</i> · · · · · · · · · · · · · · · · · · ·	· · · · -0- ·	-0-	-0-	-0-
10	Other income. Do not include gain or	1'3 , '	` ' '	`	, ,	1	[₹ <sup>7</sup> ] - 1
	loss from the sale of capital assets			· ···	-0-	0-	
a a1	(Explain in Part VI.)	-0-	1 -0-	` <del>-</del>		1	428,771
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instructi	000) ( ) (	<u> </u>	<u> L</u>	12	-0-
13	First five years. If the Form 990 is for the				or fifth tax v	12	
13	organization, check this box and stop he			a, uma, rear	, or mar tax y	•	., ▶ □
Socti	on C. Computation of Public Suppo		<u> </u>	S ST STAR	4		
14	Public support percentage for 2019 (line		<u> </u>			14	71.79 %
15	Public support percentage from 2018 Sci					15	77.97 %
16a	331/3% support test-2019. If the organ	ization did not	check the bo	x on line 13, a	nd line 14 is 3	31/3% or more,	
	box and stop here. The organization qua						
ь	331/a% support test-2018. If the organ	ization did not	check a box o	n line 13 or 16	Sa, and line 15	is 331/3% or n	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🟲 🗀
17a	10%-facts-and-circumstances test-2	<b>019.</b> If the org	anization did r	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, cl	heck this box	and stop here	. Explain in
	Part VI how the organization meets the '						
	organization						· 🚉 · 🏲 🗀
b	10%-facts-and-circumstances test-2						
·	15 is 10% or more, and if the organization	ation meets tr	e "facts-and-	circumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization i						
	supported organization						
18	Private foundation. If the organization d						
	instructions	<u> </u>	<u> </u>				· · · <b>&gt;</b> [

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

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** Name of the organization INTERNATIONAL STUDENT MINISTRY, INC. 38-3241016 PART 1 - LINE 10 - GRANTS AND SIMILAR AMOUNTS, ALSO PART III - LINE 30 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: Small Grants (less than \$5,000) made to several independent ministry organizations operating at or nearby university campuses of/for: in kind distribution of foreign language Bibles and materials using funds from ISM, Inc. **TOTAL PART 1 - LINE 10** 3,294 PART 1 - LINE 16 OTHER EXPENSES Insurance 817 Supplies & Administrative Expenses 1,123 Exhibits, presentations, materials and conference expenses 20,918 2,126 Board meetings and expenses Lutheran Legacy Foundation program services 4,331 Grants made from agency endowments 29,315 **TOTAL PART 1 - LINE 16** PART 1 - LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES Lutheran Legacy Foundation Endowment Unrealized Gain on Investments 16,473

Schedule O (Form 990 or 990-EZ) (	2010) _ 3		* * * * V". 1		1-3579 (44.5)	184	Employers ideases:	Page 2
Name of the organization	•	en de meriodo de medio En la Calabara	Landa Marketina Landa Landa V	gara San za		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	emproyer identific	ation number
16 4.5 mm	<del> </del>	177071						
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