

	000
Form	990

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection		
				ending		
B	heck if	C Name o	organization		D Employer identifica	tion number
	Addr chan		MISSION USA, INC			
X		pe Doing b	usiness as		20-01	32882
	Initia			Room/suite	E Telephone number	
	 Final returi	P O	BOX 25912			49-6440
	termi	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,221,818.
	Amer returi	nded CDDD	NVILLE, SC 29616		H(a) Is this a group retu	Im
	Appli tion	F Name a	nd address of principal officer: JOHN VOSS		for subordinates?	Yes X No
	pend	Ing SAME	AS C ABOVE		H(b) Are all subordinates inclu	ided? Yes No
		empt status: [r 🗌 527	If "No," attach a lis	t. (see instructions)
			PERUMISSION.ORG		H(c) Group exemption	
KF	orm c		X Corporation Trust Association Other ►	L Year	of formation: 2003 M	State of legal domicile: GA
Pa	art I					
e	1	Briefly describ	e the organization's mission or most significant activities: <u>TO PR</u>	COMOTE	THE ADVANCES	IENT OF
Activities & Governance						
/ern	2		x > if the organization discontinued its operations or dispose ting members of the governing body (Part VI, line 1a)			.s. 11
ğ	4		lependent voting members of the governing body (Part VI, line 1a)			9
8	5		of individuals employed in calendar year 2017 (Part V, line 2a)			0
ties	6		of volunteers (estimate if necessary)			172
ži			d business revenue from Part VIII, column (C), line 12			0.
ĕ			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		960,567.	1,221,648.
nu	9		ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		195.	170.
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		960,762.	1,221,818.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		391,065.	365,858.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ď	b			.7.	C14 444	
ш	1 ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		614,444.	809,308.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1,005,509.</u> -44,747.	1,175,166.
	19	Revenue less	expenses. Subtract line 18 from line 12			46,652.
Net Assets or Fund Balances	20	Total casata /	Port V line 16)		ginning of Current Year 717,313.	End of Year 739,221.
Asse Bala	20 21	Total assets (F			57,117.	32,373.
Net /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		660,196.	706,848.
	art II				,	
		-	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of mv k	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of whi			

Sign Here	Signature of officer JOHN VOSS, EXECUTIVE D	IRECTOR		Date
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	AMY BIBBY	AMY BIBBY	12/19	/18 self-employed P00445891
Preparer	Firm's name DIXON HUGHES GOO	DMAN LLP		Firm's EIN 56-0747981
Use Only	Firm's address 500 RIDGEFIELD C	OURT		
	ASHEVILLE, NC 28	806		Phone no. (828) 254-2254
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
				- 000 (00 (7)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017) PERU MISSION USA, INC	20-0132882 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PERU MISSION USA IS AN ORGANIZATION IN THE UNITED STATES	
	THAT EXISTS FOR THE PURPOSE OF ENCOURAGING AND ASSISTING CHURCHES THROUGHOUT THE WORLD TO FULFILL THE GREAT COMMI	
	CHRIST, BRINGING THE GOSPEL TO THE NATIONS.	5510N OF 0E505
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,100,120. including grants of \$365,858.) (Reven	nue\$)
	PERU MISSION USA SEEKS TO BE A BRIDGE BETWEEN CHURCHES I	
	AMERICA, WHO HAVE A BURDEN FOR THE ADVANCEMENT OF THE GO	
	CHRIST, AND CHURCHES OUTSIDE NORTH AMERICA WHO ARE ENGAG	
	WORK. PERU MISSION USA GIVES FINANCIAL SUPPORT TO PERU	
	MISSIONARIES, NATIONAL MISSIONARIES, ASSOCIATE MISSIONAR	
	AND OTHER SUCH EMPLOYEES AS SHALL BE DEEMED APPROPRIATE	BY PERU MISSION
	USA.	
46		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	iue\$)
4d	Other program services (Describe in Schedule O.)	
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 1,100,120.	
		Form 990 (2017)
732002	2 11-28-17	
	3	

	_
0 (2017)	E E
0(2017)	-

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
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		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		I X

Form 990 (2017)

Form 990 (2017)		MISSION	
Part IV	Checklist o	f Required	Schedules	(continued)

PERU MISSION USA, INC

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
~=	complete Schedule L, Part II	26		X
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	07		x
~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	000		x
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
•.	If "Yes," complete Schedule N, Part I	31		x
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule C contains a response or note to my line in the Part V </th <th>Form</th> <th><u>990 (2017)</u> PERU MISSION USA, INC 20-0132</th> <th>882</th> <th>Р</th> <th>age 5</th>	Form	<u>990 (2017)</u> PERU MISSION USA, INC 20-0132	882	Р	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 14 14 b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable 10 0 2a Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable 0 1c X 2a Enter the number of entroms W-20 included in line 1a. Enter 0- if not applicable 1c X 2a Enter the number of entroms W-20 in local sequent that sequent and the sequent and the sequence of the sequent of the sequent and the sequence of the sequent and the sequence of the sequent and the sequence of t	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number of porm V306 Enter -0: in fort applicable 14 14 b Enter the number of porm V306 Enclard on line in Enter 0: in not applicable payments to vendors and reportable payming gambing winnings to pres winners? 16 X 2 Enter the number of porm V306 Enclard on line in Enter 0: in not applicable payments to vendors and reportable payments in the number of employees reported on form W33, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year occured by this return 0 0 1 If a loss on is reported on line 3, did the organization fiel al required declar employment tax returns? 0 0 3 Do the organization have unrelated business groome of 51 (000 runne during the year)? 36 X 4 At any time during the calendar year. dith organization have an interest in, or a signature or other authority owe, a financial account is a foreign country. 38 X 4 They, 'test if the name of the foreign country. If "Yes,' test if the organization tay an interes in, or a signature or other authoriton. 38 X 5 Do dary taxation have unrelated tax shafter tarasection at any time during the tax year? 56 X 6 Do des the organization have an include year extern TAS 100,000, and did the organization solid any contributions and pay to a prohibited tax shafter tarasection TAS 20 76 X 1 They, 'to line 6 ao r58, did the organization the all extere ont		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-20 included in line 1a. Enter 0-if not applicable payments to vendors and reportable gaming (gambling) winnings to price winners? Image: Comparison comply with acking within for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? Image: Complex				Yes	No
c Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) witinness 0 molecules proteed on from W-3, Transmittal of Wage and Tax Statements, field for the caleridar year ending with or within the year covered by this return. 2a 10 If at least one is reported on from W-3, Transmittal of Wage and Tax Statements, field for the caleridar year ending with or within the year covered by this return. 2a 0 If a least one is reported on from W-3, Transmittal of Wage and Tax Statements, field for the caleridar year end the 2, did the organization the vent employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-field (see instructions) 3a X B At any time cale form 990-T for the year? 3a X 3b X B 'Yes, 'has It field a form 990-T for the year? 5a X X X B 'Yes, 'to line face on 5b, did the organization hile was or is a paritor of the authority over, a financial account? 4a X B 'Yes, 'to line face on 5b, did the organization hile the vas or is a paritor of the authority to a prohibited tax shafter transaction 7 5c 6b X B 'Yes, 'to line face on 5b, did the organization hile form 8880-T? 6b X X B 'Yes, 'to line face on 5b, did the organization hile form 8880-T? 6b X Z	1a				
gambing winnings to pitze winnes? 1c X 2a Enter the number of employees reported on free 2a, dithe erganization lie all required federal employment tax returns? 2a 0 b If at least one is reported on line 2a, dithe erganization lie all required federal employment tax returns? 2a 0 a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X b If "Yes," hast field a Form B00 Tor this year? 3a X b If "Yes," hast field a Form B00 Tor this year? 4a X b If "Yes," hast field a Form B00 Tor this year? 5a 3b c If "Yes," other the name of the foreign country. b a bank account, securities account, or other functial account? 4a Se instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b D damy taxable party notify the organization form 18 was a site a prohibited tax shelfer transaction? 5c X c D ween organization nacular post coepts that an oromally greater than \$100,000, and due the organization solid any contributions that ween or tax deductibles a contribution of grass a contribution of grass provided to the payor. 7a X b If Yes, 'idd the organization inclick with every acloidant an express tatement that such					
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all equired federal employment tax returns? 2b Note, If the sum of line 5a and 2a is greater than 250, you may be required to a-file (see instructions) 3a X b If Yes," has If filed a form 90-1 for the year? <i>If No</i> , <i>to line 3b</i> , provide an explanation in Schedule O 3b X b If Yes," has If filed a form 90-1 for the year? <i>If No</i> , <i>to line 3b</i> , provide an explanation or other stuthetly over, a financial accountly explicit to regimentation result in the set (an explicit and the set (an explic (an explic (an explicit an explicit and the set (an	С				
Interform Image: Second		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required for a file (see instructions) 2b Note, If the sum of lines 1 and 2a, did the organization file all required for a file (see instructions) 3a X b TYes, 'has it filed a form 990.'T or this year?' If 'No, 'to line 3D, provide an explanation in Schedule O 3a X b TYes, 'has it filed a form 990.'T or this year?' If 'No, 'to line 3D, provide an explanation in Schedule O 3a X b TYes, 'net the name of the foreign country (such as a bark account, securities account, or other financial account)? 4a X b If 'Yes, 'to line 5a or 5b, did the organization have party to a prohibited tax shelt transaction at any time during the tax year? 5a X c Dot any taxable party notify the organization have party to a prohibited tax shelt transaction? 5c X c Dot any taxable party notify the organization have party to a prohibited tax shelt transaction? 5c X d D's and the organization and annual grass recepts that are normally graster than \$100,000, and did the organization set and accultible or the actify the organization an express statement tha such contributions or gifts were not tax deductible? 7c X f O'ganization set and accultable contributions and party for prohibit to any actif the organization nealy expression formod of the goods or service	2a				
Note. If the sum of lines 1 and 2a is greater fram 250, you may be required to e-rise (see instructions) 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toning country, b 3a X 5a Max 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 toning country, b 3a X 5a See instructions for filing requirements for finice (CRI Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twas or is a party to a prohibited tax shelter transaction? 5a X 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible? 5a X 7 Organization solit, exchange, or otherwise dispose of tangible personal preperty for which it was required to the form 8282? 7a X 8 If "Yes," indicate the number of Forms 8282? lind during the year? 7a X 9 Did the organization notify the doron of the value of the or		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," has if field a Form 990-Tor this year? # No," to line 3b, provide an explanation in Schedule O 3b 4a bit "Yes," has if field a Form 990-Tor this year? # No, "to line 3b, provide an explanation in Schedule O 4a X bit "Yes," that if the d a Form 990-Tor this year? # No, "to a rothist exact the account, or other authority over, a 4a X bit "Yes," that if the origin country (such as a bank account, securities account, or other authority over, a 4a X bit "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tas shelter transaction? 5b X cit "Yes," to line 5a or 5b, did the organization file Form 888-7? 6a X 6b X bit "Yes," did the organization indue with every solicitation an express statement tha such contributions or gifts were not tax deductible as charitable contributions? 6a X bit "Yes," did the organization noity the door of the value of the goods are services provided? 7a X bit due organization real ways and the scale scale scale scale scale scale scale? 7a X cit "Yes," to line 5a or 5b/ did the organization scale scale scale scale scale? 7a X cit "Yes," to line 5a or 5b, did the organization scale sca	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it field 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 is of the financial account or other financial accounts? 4a b If "Yes," enter the name of the foreign country: ▶		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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; securities account, or other financial account; 4a X b If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accounts; 5a X b Of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b X c If 'Yes,' to line 5a or 5b, did the organization in lice own B886-17 6a X b D 'Yes,' to the organization notify evel solicitation an express statement that such contributions or gifts 6a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7a X b D d the organization notify the donor of the value of the goods or services provided? 7a X b D d the organization notify the way any funds, directly or indirectly, to a personal benefit contract? 7a X t If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7a X b D d the organization neceive any funds, directly or indirectly, to a personal benefit contract? 7a X					X
timencial account in a foreign country: ▶ 4a X b If "Yes," enter the name of the foreign country: ▶ 5e 5c See instructions for illing requirements for FIGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Was the organization a party to a prohibited tax shelter transaction? 5a 5a Was the organization aparty to a prohibited tax shelter transaction? 5a 5a Was the organization have annual gross receipts that are normable contributions? 5a 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions and party for pods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a 7b If "Yes," indicate the number of Forms 8282? likel during the year 7d 7d If "Yes," indicate the number of Forms 8282? likel during the year 7d 7d If the organization neceived a contribution of qualified intellectual property, did the organization meabure any fund, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7d If the organization neceived a contribution of case, boats, any time during the year? 7a 7a 7d If the organization neceived a contribution of case, boats, any time during the year? 7a 7a <th></th> <th></th> <th>3b</th> <th></th> <th> </th>			3b		
b If 'Yes,' enter the name of the foreign country:	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b X. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-77 Goes 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 charatable contributions? 5c X b If "Yes," did the organization notify the door of the value of the goods or services provided to the party or 7a X 7a X 7 Organization sell, exchange, or othewise dispose of tangible personal property for which it was required to file form 8282? 7c X 9 Did the organization include with every solicitation and partly to riganization file Form 8898 as required? 7d X 11 Hi "Yes," indicate the number of Forms 8282 filed during the year Zd 7c X 9 Did the organization include on any asses provided not part organization file Form 8899 as required? 7ft X 9 Sonosoring organization maintaining door advised fund maintained by the sponsoring organization make a di			4a		X
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb X Sb L Sb X Sb X Sb L Sb X Sb X Sb L Sb X Sb X Sb Did any taxable party notify the organization include with every solicitation are press statement that such contributions or gifts were not tax deductible as chartable contributions under section 170(c). Bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Ta X B Did the organization receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? Ta X T 'Yes, '' alid the conganization neceive apayment in excess of \$25 made parity as a contribution and parity for which it was required to file form 8282? To Ta X Did the organization receive a payment in excess of \$25 made parity as a contribution on a personal benefit contract? To Ta X T 'Yes, '' andicate the number of Forms 8282 f	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 5a x X 5b X b If 'Yes," did the organization selfs cacharitable contributions? 5b X b If 'Yes," did the organization selfs cacharitable contributions and services provided to the payor? 7a X c Did the organization selfs and payment in excess of \$57 made parthy as a contribution and partly for which it was required to file Form 8282? 7b - 7c X d If 'Yes," indicate the number of Forms 8282 filed during the year Zd 7d - X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f If the organization neceived a contribution of qualified intellectual propery, did the organization failed a contrabution of carb, bast, aiplanes, or other vehicles, did the organization failed a contrabution of a cabita propery, did the organization failed a contrabution failed intellectual propery, did the organization failed a contrabution of a dubita propery, did the organization failed a co	_		_		v
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6e Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not 1ax deductible as charitable contributions? 6a X 7 Organizations that may receive deductible a contributions? 6a X 9 Organizations that may receive deductible contributions and express statement that such contributions or gifts were not 1ax deductible? 7a X 16 Organizations that may receive deductible contributions under section 170(c). 7b 7a X 16 Tyes," did the organization notify the donor of the value of the goods or services provided? 7c X 16 Tyes," indicate the number of Forms 8282 filed during the year [7d] 7e X 16 the organization receive any funds, directly or indirectly, on a personal benefit contract? 7re X 17 the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file Form 8890 as require? 7a X 17 th the organization neceived any taxabe distribution such as aviors, or related person? 7a 7a X 17 th the organization maintaning donor advised funds. 10a					
Ga 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?					
any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a X 7 Did the organization notify the donor of the value of the goods or services provided? 7a X 7 Did the organization notify the donor of the value of the goods or services provided? 7a X 7 Did the organization notify the donor of the value of the goods or services provided? 7c X 7 Did the organization notify the donor of the value of the goods or services provided? 7c X 7 Did the organization notify the donor of the value of the goods or services provided? 7c X 8 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f X 9 Sponsoring organization received a contribution of qualified intellectual property. did the organization file a Form 1098.C? 8a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9 Sponsoring organization make a distribution to a donor advisor, or related person? 9b 9a 9a 10 de the sponsoring			50		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a X 7b The "Yes," did the organization sell, exchange, or othewise dispose of tangible personal property for which it was required to file Form 8282? 7b 7c X 7c X 7d 7c X 7d Tves," indicate the number of Forms 8282 filed during the year 7d 7c X 7f Tves," indicate the number of Forms 8282 filed during the year 7d 7f X 7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g 7h 8 Sponsoring organization maintaining donor advised funds. 10d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Sponsoring organization make any taxable distributions on advisor, or related person? 9b 9a 9b 9a 9b 9a 9a 9b	6a		6.		v
were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 10 10 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 2 Did the organization soll, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 4 If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X 4 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7n X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 10 Exection 501(c)(7) organization make a distribution to a donor, donor adviser, or related person? 9b 9a 10 Section 501(c)(12) organization. Enter: 10a 10b 11a 12a 11 Section 501(c)(12) organization. Enter: 10b 11a 12a	h	•	oa		
7 Organizations that may receive deductible contributions under section 170(c). a) bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If *Yes," did the organization notify the donor of the value of the goods or services provided? 7c X 7b If *Yes," indicate the number of Forms 8282 filed during the year Id 7d 7c X 7d If *Yes," indicate the number of Forms 8282 filed during the year Id 7d X 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X 7d H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? 7h X 8 Sponsoring organizations maintaining door advised funds. 1d a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b	a		66		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7g 7g 8 Sponsoring organizations maintaining doorn advised funds. Did a doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 d the sponsoring organizations. Enter: 10a	7		00		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d X f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7h X 8 Sponsoring organizations maintaining doon advised funds. Did the sponsoring organization make a distributions under section 4966? 9a 9b 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 the sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(2) organizations. Enter: 11a 11b 11b 11b 12a If "Yes," enter the amount of tax-exempt intherest received or accrued			79		x
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d ff "Yes," indicate the number of Forms 8282 filed during the year Td 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization receive at a contribution of qualified intellectual property, did the organization file Form 8898 as required? 7g X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7n X g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8a 9a 9b 9 Sponsoring organizations included on Part VIII, line 12 10a 10a 9b 9b 10 Section 501(c)(12) organizations. Enter: 10b 11a 10b 11a 12a a Gross income from members or shareholders 11a 12a					
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d X e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organization have excess business holdings at any time during the year? 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 b Did the sponsoring organization make a distribution to a donor advised funds. 9b 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 12a 12a 12a 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 11b 12a 12a 12a 12a 12a					
d If "Yes," indicate the number of Forms 8282 filed during the year Td Td e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Tf X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Tg X f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Th X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organizations. Enter: 10a 9a 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b	U		70		x
e Did the organization receive any funds, directly or indirectly, on ap personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7 g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7 7h 2 g Sponsoring organizations maintaining donor advised funds. 7h 2 g Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9b 2 10 the sponsoring organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 10b 10b 11b 10c	Ь		10		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organization make access business holdings at any time during the year? 9a 9a 9a 9 Sponsoring organization make a distributions under section 4966? 9a 9a 9b 10 section 501(c)(7) organizations. Enter: 10a 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11a 10 Gross income from members or shareholders 11a 10b 11b 12a 12 Section 501(c)(12) organizations. Enter: 12b 12a 12a 12a 13 Gross income from members or shareholders 11a 10b 12a			7e		x
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7n 8 Sponsoring organizations maintaining donor advised funds. 8 9 Donsoring organizations maintaining donor advised funds. 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10 Section 501(c)(7) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 501(c)(29 qualified nonprofit health insurance issuers. 11b a 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 0. 13a 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 13b c Enter the amount of reserves on hand 13c <t< th=""><th>-</th><th></th><th></th><th></th><th></th></t<>	-				
h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 organization make any taxable distributions under section 4966? 9a 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 9b 9b 11 Section 501(c)(12) organizations. Enter: 10a 10b					
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11c a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year? 13a 13a 13a A Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a b Enter the amount of reserves the organization is	h				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 10b 11a 10b 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 14a X 15 Section 501(c)(29) qualified nearty interest or indoor tanning services during the tax year? 14a X	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b 10a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 13b c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a 13a 13a 14a Did the organization is licensed to issue qualified health plans 13b 13a 14a Did the organization receive any hand 13c 14a	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 11a 10b a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14a Did the organization reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule Q</i> 14a X	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a 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: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 13a a 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. 13b 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 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13b c 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 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	10				
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a 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 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i> 14b	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a 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 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b 14b	11				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a 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 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	а				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. 13b 14a 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 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	b				
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. 13a a 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. 13a 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b		,			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12a		
a 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. 13a 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 13b c Enter the amount of reserves on hand 13c 14a 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b					
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image:			40		
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 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	d				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	-				
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			140		x
Form 990 (2017)					
		in rest, has tenied a roth rest to report these payments: IF IVO, provide an explanation in Schedule U		990	(2017)

Form	990	(2017)
------	-----	--------

Form 990 (2		MISSION USA,		20-0132882	Page 6
Part VI	Governance, Managem	ent, and Disclosu	e For each	"Yes" response to lines 2 through 7b below, and for a "No" res	ponse
				s, or changes in Schedule O. See instructions.	
	Chaok if Schodula O containe a	o rooponoo or noto to or	v line in this	Dort \//	X

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	1		
	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	9		
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		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{SC}$, $ ext{GA}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availabl	е	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - $901-649-6440$			
	P.O. BOX 25912, GREENVILLE, SC 29616			
732006	\$ 11-28-17	Forr	1 990	(2017)

Form 990 (2	017) PERU MISSION USA, INC	20-0132882	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(D)

(. .

• 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.

 $\langle \mathbf{c} \rangle$

Т

(D)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	l than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		Ð	pens		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BILL BRADFORD	1.00	<u> </u>	=	5	ž	포히	Ĕ			
PRESIDENT		x		x				0.	0.	0.
(2) JOHN VOSS	5.00									
EXECUTIVE DIR./TREASURER		х		x				0.	0.	0.
(3) BOB BARBER	1.00									
VICE PRESIDENT		х		x				0.	0.	0.
(4) CHRIS BOLTON	1.00									
BOARD MEMBER		х						0.	0.	0.
(5) WES BAKER (MISSIONARY)	50.00									
BOARD MEMBER		Х						131,999.	0.	0.
(6) BRAD BALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ALONZO RAMIREZ (MISSIONARY)	50.00									
BOARD MEMBER		Х						6,000.	0.	0.
(8) BENJIE SLATON	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) JEREMY WEAVER	1.00									•
TREASURER / DIRECTOR	1 00	Х		X				0.	0.	0.
(10) DR. RYAN MOODY	1.00	37							0	0
BOARD MEMBER		Х						0.	0.	0.
	L									
732007 11-28-17										Form 990 (2017)

8

Form 990 (2017)

Т

(E)

14221219 797738 200132882

	90 (2017) PERU MISS									20-02	1328	382	Pa	age 8
Part	VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	(do box	not c , unle	(C Pos heck ss per	C) itior ^{more} rson i		one n an	Compensated Employee (D) Reportable compensation from	es (continued) (E) Reportable compensation from related		an	(F) timate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr orga and	pensa om the anizati d relate	e ion ed
											\square			
			-											
											$ \rightarrow $			
									127 000					
	Sub-total Fotal from continuation sheets to Part VI								137,999.		0.			0.
	Total (add lines 1b and 1c)								137,999.	000 of reportable	0.			0.
	compensation from the organization		000		u ui		,				<i>.</i>		Vee	1 No
3 [Did the organization list any former officer,	director, or tru	ustee	e, ke	ey en	nplo	yee,	or	highest compensated er	nployee on	ſ		Yes	NO
	ne 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
á	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4		X
r	Did any person listed on line 1a receive or a endered to the organization? If "Yes," corr					-			-			5		X
	on B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of comp	oensat	ion fro	m	
<u>t</u>	he organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y (B)	ear.		(0	:)	
CUET	Name and business	address						_	Description of s			1		
	BOX 144, SUTHERLAND	SPRINGS	,	тх	7	81	61		LEADERSHIP, '	TEACHING		13:	1,99	99.
2	otal number of independent contractors (i	ncludina but na	ot lir	niter	d to	thos	se lis	ted	above) who received me	ore than				
	5100,000 of compensation from the organi	•				1			,			Form	990 //	2017
											ļ	-orm •		2017)

orm 990 (MISSION U	JSA, INC			20-0132	882 Page 9
Part VII							
	Check if Schedule O cont	ains a response or	r note to any lir	((B)	(C)	
				(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2_⊈ 1a	Federated campaigns	1a					
and Other Similar Amounts 4 6 J a p o q e	Membership dues	1b					
s Marc	Fundraising events	1c					
d ar	Related organizations	1d					
vî∐ e	Government grants (contribut	ions) 1e					
f f	All other contributions, gifts, gran						
n the	similar amounts not included abo			-			
a ba	Noncash contributions included in lines			1 001 640			
<u>5 a h</u>	Total. Add lines 1a-1f			1,221,648.			
		L L L L L L L L L L L L L L L L L L L	Business Code				
a b c d e f							
b ne ne ne ne							
c Senio d							
e Be							
	All other program service reve						
	Total. Add lines 2a-2f						
3	Investment income (including						
	other similar amounts)			170.			170
4	Income from investment of ta	x-exempt bond pro	oceeds 🕨 🕨				
5	Royalties	· <u>······</u>	►				
		(i) Real	(ii) Personal	-			
	Gross rents			4			
	Less: rental expenses			-			
	Rental income or (loss)			-			
7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
	assets other than inventory			-			
a	Less: cost or other basis						
	and sales expenses Gain or (loss)			-			
	Net gain or (loss)		•				
8 9	Gross income from fundraisin	g events (not					
Other Revenue of of	including \$ contributions reported on line						
Re	Part IV, line 18						
d her	Less: direct expenses			1			
δļ [°] c	Net income or (loss) from fund		►				
	Gross income from gaming ac						
	Part IV, line 19						
b	Less: direct expenses						
	Net income or (loss) from gam		►				
10 a	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold						
c	Net income or (loss) from sale						
44	Miscellaneous Revenu		Business Code				
11 a							
b		-					
d	· · · · ·						
	Total. Add lines 11a-11d		•				
12	Total revenue. See instructions.			1,221,818.	0.	0.	170
32009 11-28			· · · · · · · · ·	-	1		Form 990 (201)

	Form	990	(2017))
--	------	-----	--------	---

PERU MISSION USA, INC Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•		
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	365,858.	365,858.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C.	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	19,369.		19,369.	
40	column (A) amount, list line 11g expenses on Sch 0.)	19,309.		15,505.	
12 13	Advertising and promotion	16,370.	6,693.	9,330.	347.
13	Office expenses Information technology	10,570.	0,055.	5,550.	517.
15	Royalties				
16	Occupancy	7,200.	7,200.		
17	Travel	928.	928.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	300.		300.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISSIONARY SUPPORT AND	568,341.	568,341.		
b	MINISTRY EXPENSES	151,100.	151,100.		
c	ADMINISTRATIVE	45,700.	, _ , _ , _ , _ ,	45,700.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,175,166.	1,100,120.	74,699.	347.
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (

732010 11-28-17

2017.05010 PERU MISSION USA, INC

11

Form 990 (2017)

PERU	MISSION	USA,	INC
------	---------	------	-----

	(2017) PERU MISSION USA, INC Balance Sheet			132882 Page
	Check if Schedule O contains a response or note to any line in this Part X		·····	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	224,845.	1	275,033
2	Savings and temporary cash investments	425,368.	2	425,538
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	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 instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	67,100.	9	38,65
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
l t	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	717,313.	16	739,22
17	Accounts payable and accrued expenses		17	-
18	Grants payable		18	
19	Deferred revenue	57,117.	19	32,37
20	Tax-exempt bond liabilities		20	-
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	57,117.	26	32,37
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	13,122.	27	78,07
28	Temporarily restricted net assets	647,074.	28	628,77
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	660,196.	33	706,84
34	Total liabilities and net assets/fund balances	717,313.	34	739,22

Form	990 (2017) PERU MISSION USA, INC	20	-0132882	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9		5,1 5,6	
10	column (B))	10	706	5,8	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		—	Yes	No X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis			x	
с	consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the areview, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sched			x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singi Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	le Au	dit 3a		X
G	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2017)

SCHEDULE A	SC	HE	Dι	JLE	Α
------------	----	----	----	-----	---

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
١.		000	U 1	000 LL,

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

	Name	of	the	organization
--	------	----	-----	--------------

Name of the organization							identification number	
	MISSION U						0-0132882	
Part I Reason for Public C	harity Status (All organizations must co	mplete thi	is part.) Se	e instructions	5.		
The organization is not a private founda	tion because it is: (I	For lines 1 through 12, c	heck only o	one box.)				
1 A church, convention of chu	rches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).			
2 A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3 A hospital or a cooperative h	ospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4 A medical research organiza	tion operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
city, and state:								
5 An organization operated for	the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
section 170(b)(1)(A)(iv). (Co	omplete Part II.)							
6 A federal, state, or local gove		nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X An organization that normally	-					e general r	public described in	
section 170(b)(1)(A)(vi). (Co	-		on a gore			e general r		
8 A community trust described			+ II)					
9 An agricultural research orga				ad in coniu	nction with a	land-grant	college	
or university or a non-land-gr				-		-	-	
, ,	and college of agric			lame, ony	, and state of	the college		
university:		than 22 1/20/ of its sure	out from a	optributio		in face on	d areas ressints from	
10 An organization that normally								
activities related to its exemp		• •	. ,			••	•	
income and unrelated busine		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	itter June 30, 1975.	
See section 509(a)(2). (Com			_					
11 An organization organized ar	-	•	•					
12 An organization organized ar	-	•				•		
more publicly supported org							Check the box in	
lines 12a through 12d that d	escribes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
a Type I. A supporting organ	nization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving	
the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting	
organization. You must co	omplete Part IV, Se	ections A and B.						
b Type II. A supporting orga	nization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring	
control or management of	the supporting orga	anization vested in the sa	ame persoi	ns that cor	ntrol or manag	ge the supp	oorted	
organization(s). You must	complete Part IV,	Sections A and C.						
c 🗌 Type III functionally integ	rated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,	
its supported organization	(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)	
that is not functionally inte	grated. The organiz	ation generally must sat	isfy a distri	ibution req	uirement and	an attentiv	veness	
requirement (see instructio	ons). You must con	nplete Part IV, Sections	A and D,	and Part	v.			
e Check this box if the organ		•				II. Type III		
functionally integrated, or					51 × 51	, ,		
f Enter the number of supported or		, , , , , , , , , , , , , , , , , , , ,	5 5					
q Provide the following information								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Total			000 55					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

 Schedule A (Form 990 or 990-EZ) 2017
 PERU MISSION USA, INC
 20-0132

 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.)

See	ction A. Public Support						
Cale	ndar 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.")	1436364.	1322029.	1023006.	960,567.	1221648.	5963614.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1436364.	1322029.	1023006.	960,567.	1221648.	5963614.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						202,132.
	Public support. Subtract line 5 from line 4.						5761482.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1436364.	1322029.	1023006.	960,567.	1221648.	5963614.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	318.	315.	336.	195.	170.	1,334.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5964948.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I		•	.,,		14	96.59 %
	Public support percentage from 2016					15	98.83 %
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		0				
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ12017

14221219 797738 200132882

Schedule A (Form 990 or 990 EZ) 2017 PERU MISSION USA, INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

20-0132882 Page 3

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

Section A. Public Support			-	_	_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)		1	1	1	1	1
14 First five years. If the Form 990 is for		L s first second thi	d fourth or fifth t	i voar as a soctio	L 501(c)(3) organiz	1 ation
· · · · · · · · · · · · · · · · · · ·	•					
check this box and stop here Section C. Computation of Pub						
15 Public support percentage for 2017			column (fl)		15	%
16 Public support percentage for 2017					16	<u> </u>
Section D. Computation of Inve						70
·			no 10. oolumn (f)		47	0/
17 Investment income percentage for 218 Investment income percentage from					17 18	<u>%</u>
19a 33 1/3% support tests - 2017. If th						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2016. If th line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati	on did hot check a		a, or 190, check t			
732023 10-06-17		16	5	301	edule A (Form 99	0 01 990-EZ) 2017

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	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		
	tion B. Type I Supporting Organizations			
			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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9	90 or 99	0-EZ)	2017

14221219 797738 200132882

Part V	Type III Non-Function	nally In	tegrated 509	9(a)(3) S	Supporting	Organizations
	(Form 990 or 990-EZ) 2017					

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 2 3 4 5		
3 4		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	7 8 1a 1 1b 1 1c 1 1d 1 2 3 3 4 5 6 7 8 1 2 3 4 5 6 7 2 3 4 5 6 1 2 3 4 5 5 6 5 6 6	7

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 PERU MISSION USA, INC

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	3
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> i </u>	Carryover from 2012 not applied (see instructions)			
j	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			
b	Applied to 2017 distributable amount			
C	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:			
<u>a</u>	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	(Form 990 or 990-EZ) 2017 PERU	MISSION	USA,	INC		20-0132882	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	Provide the exp 4b, 4c, 5a, 6, 9a 3; Part IV, Sect	lanations a, 9b, 9c, ion E, line	required by Part II, lin 11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and	art IV, Section B, lines 1 3b; Part V, line 1; Part V	r 17b; Part III, line 12; I and 2; Part IV, Section (/, Section B, line 1e; Part	С,
732028 10-06-1	7			21	Schedu	le A (Form 990 or 990-E	Z) 2017

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

32882

20-	01	

Name of the	organization
-------------	--------------

Organization type (check one):

PERU MISSION USA,

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(a)

PERU MISSION USA, INC

20 - 0132882Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 38,200. Noncash \$

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$39,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 3 </u>		\$27,898.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$36,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 5 </u>		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 6 </u>		\$100,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17	23	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

2017.05010 PERU MISSION USA, INC

20013281

Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)				Page 2		
Name of o	rganization		Employer	identification nur	nber		
PERU	MISSION USA, INC		20-	0132882			
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.					
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		IS	ibution			
7		\$76,1		Person [Payroll [Noncash [Complete Part II ioncash contribu			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contr	ibution		
8		\$48,850.		\$48,850. Pay \$48,050. Nor (Comp		Person [Payroll [Noncash [Complete Part II oncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution			
9		\$30,7		Person [Payroll [Noncash [Complete Part II ioncash contribu			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution			
10		\$58,3		Person [Payroll [Noncash [Complete Part II ioncash contribu			
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		ıs	(d) Type of contr	ibution		
11_		\$27,8		Person [Payroll [Noncash [Complete Part II oncash contribu			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(a)

No.

723452 11-01-17

2017.05010 PERU MISSION USA, INC

\$

(c)

Total contributions

24

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

20 - 0132882

PERU MISSION USA, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

 $14221219 \ 797738 \ 200132882$

²⁰⁰¹³²⁸¹

Name of orga	nization		Employer identification number
PERII M	ISSION USA, INC		20-0132882
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	e columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,000 for Wing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	-	(e) Transfer of gif	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
23454 11-01-1	7		Schedule B (Form 990, 990-EZ, or 990-PF) (20

14221219 797738 200132882

	SC		Supplementa	al Financial	Statements		OMB No. 1545-0047
Part W. Ine 6, 7, 8, 4, 0, 114, 115, 114, 117, 12, or 120. Part Works gav Exonation 200 Description 200 Descr		Form 990) Complete if the organization answered "Yes" on Form 990,					2017
Name of the ganzation	-	-	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d,	11e, 11f, 12a, or 12b		Open to Public
PERU MISSION USA, INC 20-0132882 PerU MISSION USA, INC 20-0132882 PerU MISSION USA, INC 20-0132882 20-013288 20-01328 20-013288 20-013288 20-013288 20-013288 20-013288 20-013288 20-013288 20-013288 20-01328 20-0132888 20-013288 20-0100 20-0100					nd the latest informa	tion.	Inspection
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes' on Form 980, Part IV, line 5. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that grant tunds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or any other purpose contenring impermissible private burneft? Yes No Purposet() of conservation Easements. Complete if the organization newsered "Yes' on Form 920, Part IV, line 7. Purposet() of conservation easements Preservation of a contention takes and for paties use (e.g., necreation or education) Preservation of accounts assements in belat and patient in belat organization in the form of a conservation easement in the last doy of the tax year. Istal in the National Register 4 Total number of conservation easements in collection education (biolic structure included in (c) acquired far: 7/25/06, and not on a historic structure Istal ad the Natinela Side for <t< th=""><th>Nam</th><th>e of the organization</th><th></th><th>TNC</th><th></th><th></th><th></th></t<>	Nam	e of the organization		TNC			
organization answered "Yes" on Form 980, Part N, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of and thom (during year) Perservation of a thom (during year) Perservation of a hard particle (or the donor or donor advisor) for any other purpose contenting meprimisation (form all garantee, donore, all that apply) Preservation of a not and for public use (g., recreation or education) Preservation of a contract and easements bal during ensistent of the organization (noted all that apply) Preservation of a conservation easements Aggregate value Preservation of a conservation easements Aggregate value Aggregate value easements Aggregate value Aggre	Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Othe	r Similar Funds o	or Ac	
(a) Donor advised tunds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (c) Funds and other accounts 4 Aggregate value of contributions to (during year) (c) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit? Yes No 6 Did the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit? Yes No 7 Purpose(s) of conservation Easements. held by the organization answered? Yes' on Form 390, Part IV, line 7. Yes No 7 Purpose(s) of conservation easements held by the organization answered? Yes' on Form 390, Part IV, line 7. Yes No 7 Purpose(s) of conservation easements 2a 2a 2a 8 Complete line as 2 strough 2 if if the arganization education in the form of a conservation easement on the last day of the tax year. 2a 2a <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th>			-				
Agregate value of contributions to (during year) Agregate value of contributions to (during year) Agregate value of and the organization is more (during year) Did the organization is more all denors and denor advisors in writing that the asaets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Did the organization inform all denors and denor advisors in writing that grant funds can be used only the drainable probes and not for the benefit of the donor of and values or in you then purposes of bot the organization inform all grantees, complete if the organization answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation easements held by the organization in answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation easements held by the organization in the form of a lasticically important land area Protection of natural habitat Protection of conservation easements a total number of conservation easements a total number of conservation easements total acreage restricted by conservation easements total acreage restric			·		/ised funds	(k	b) Funds and other accounts
Agregate value of contributions to (during year) Agregate value of contributions to (during year) Agregate value of and the organization is more (during year) Did the organization is more all denors and denor advisors in writing that the asaets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Did the organization inform all denors and denor advisors in writing that grant funds can be used only the drainable probes and not for the benefit of the donor of and values or in you then purposes of bot the organization inform all grantees, complete if the organization answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation easements held by the organization in answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation easements held by the organization in the form of a lasticically important land area Protection of natural habitat Protection of conservation easements a total number of conservation easements a total number of conservation easements total acreage restricted by conservation easements total acreage restric	1	Total number at en	d of year				
a Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 conferring impermised private benefits of the benefit of the donor or donor advisor, or for any other purpose conferring impermised private benefits. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Part 2010 (or conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(b) or conservation easements held by the organization (hock all that appu). Preservation of land for public use (e.g., recreation or education) Preservation of alm data held at use (e.g., recreation or education) Preservation of alm data held at use (e.g., recreation or education) Preservation of acentration easements 2a 2 total annober of conservation easements 2a 3 Number of conservation easements 2a 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monotoring, inspection, handling of violations, and enforcing conservation easements included in (e) acquired after 7/2506, and not on a historie structure 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monotring, inspecti	2						
Aggregate value at end of year Did the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only tor dhartiable purposes and to for the benefit of the donor of any tother purpose conferring mopermissible provides benefit? Purpose() of conservation assements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose() of conservation deasements. Complete if the organization (check all that apply). Preservation of a tot for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of a conservation easements held by the organization check all that apply. Preservation of a conservation easements Total number of conservation easements Total anneb of conservation easements Total anneb of conservation easements Total anneb of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Led Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Led Number of conservation easements included in (c) acquired after 7/25/06, and enforcing conservation easements that year Number of states where property subject to conservation easements holds? Number of states where property subject to conservation easements included in (c) acquired after 7/25/06, and enforcing conservation easements that year Number of states where property subject to conservation easements in block? Number of states where property subject to conservation easements in block? Number of states where property subject to conservation easements in block? Number of states where property subject to conservation easements in the requinterments of section 170(h)(4)(B)(0) Number of the conserva	3						
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's reperind to the organization's repeatively subject to the organization's accustive legal control? 6 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors (refer and the purpose). Part U Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements is and by the organization (heck all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the last year. 8 Total arcmeter of conservation easements 9 Total number of conservation easements 9 Total number of conservation easements modified, transferred, released, extinguished, or ferminated by the organization during the tax year. 9 and notocentral to have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in holds? 9 boes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in biolog? 9 conservation easements modified, transfered, released, extinguished, or reminated by the organization's accounting the year is 3 9 boes each conservation easements in holds? 9 conservation easements included in log 2(4						
B the organization inform all grantees, donora, 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 conferring Part U Conservation Easements. Complete if the organization answered "Ves" on Form 980, Part IV, line 7. Purposed) of conservation easements hall by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a cartified historic structure Preservation of a conservation easement halbiat Preservation of a conservation easement halbiat Preservation of a conservation easements in the last day of the tax year. Total number of conservation easements total experiments total number of conservation easements total number of conservation easements total experiments total number of conservation easements total experiments total number of conservation easements total number of conservation eas	5				held in donor advised	d fund	S
increminable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterning impermissible private benefit? No. Partul Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(8) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 3 or data area or organ satisfies and and a qualified conservation contribution in the form of a conservation easement on the last 4 ay of the tax year. Implete intervation assements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 3 Total annumber of conservation easements 2a 4 Number of conservation easements included in (2) acquired after 7/25/08, and not on a historic structure 2d 3 Number of conservation easements included in to a conservation easements included in (2) acquired after 7/25/08, and not on a historic structure 4 Number of conservation easements included in (2) acquired after 7/25/08, and on an historic structure		are the organizatio	n's property, subject to the organization's	exclusive legal contro	l?		Yes 🗌 No
Impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Impresentation of land for public use (e.g., recreation or education) Preservation of a historically important land area Impresentation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Impresentation of open space Preservation of a conservation easements in the last 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (a) Impresentation easements 2 Total number of conservation easements included in (a) quaried after 7/25/06, and not on a historic structure Impresentation easements 3 Number of conservation easements included in (a) quaried after 7/25/06, and not on a historic structure Impresentation easements included in (a) 4 Number of conservation easements included in (a) easement is located >	6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be u	sed on	ıly
Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area 2 Protection of natural habitat Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 3 Total number of conservation easements 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 3 Total acreage restricted by conservation easements 2a 2 2a 2a 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a 4 Number of conservation easements included in the conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year * - - Yes No 6 Staff and volunteer house devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for	r any other purpose co	onferrir	ng
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of the drop public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total arcsage restricted by conservation easements 2a D Total arcsage restricted by conservation easements 2a d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring. Inspecting, handling of violations, and enforcing conservation easements for conservation easements. 6 Staff and volunteer hours devoted to m							
Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 3 Total number of conservation easements 2a 2 In the National Register 2a 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b	Par					art IV, I	line 7.
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) a Number of conservation easements included in (c) acquired after 7/25/06, and not an historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /	1		, ,	· _ · · ·			
Preservation of open space 2 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 fax year. a Total acreage restricted by conservation easements b Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 5 0 0 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 3 2 3 4 4 4 5 5 5 5 6 6 6 6 7 4 7 4 7 5 5 6 6 6 7 6 7 7 8 7 8 8 </th <th></th> <th></th> <th></th> <th>·</th> <th></th> <th>,</th> <th>•</th>				·		,	•
2 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. a Total acreage restricted by conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not an historic structure listed in the National Register d Number of conservation easements included in (c) acquired after 7/25/06, and not an a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not an a historic structure listed in the National Register 4 Number of conservation easements included in (c) acquired after 7/25/06, and not an a historic structure listed in the National Register 3 Number of conservation easements included to conservation easement is located > 4 Number of states where property subject to conservation easements is holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > S Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year and section 170(h)(4)(B)(i) a Does each conservation easements in the c(d) above satisfy the requirements of section 170(h)(4)(B)(i) a neasements. Complete if the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnete to the organization's functional statements that describes these items				F	Preservation of a certif	ied his	storic structure
day of the tax year. Image: the field at the End of the Tax Year. a Total number of conservation easements Image: the field at the End of the Tax Year. b Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Image: the National Register c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Image: the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Image: the National Register 4 Number of states where property subject to conservation easement is located > Image: the Optimization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b - Image: the Optimization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b - Image: the Optimization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b - Image: the Optimization assement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) Image: the Optimization assements a not out of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements Image: the Optimization assement reported on line 2(d) above satisfy the requirements	-		• •			_	
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure iisted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located > istaff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 9 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0)? 9 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. PartIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part V, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC	2	•	• •	fied conservation cont	tribution in the form of	t a con	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b	_					ł	
c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >	_						
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure ister in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 2d 4 Number of states where property subject to conservation easement is located >		v					
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶							20
 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	a			,			04
year	2						
 A 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S	3		allon easements mouned, transiered, rei	eased, extilliguished,	or terminated by the c	nyaniz	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to the sinancial statements that describes these items. b 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: i) Revenue included on Form 990, Part X III, line 1 \$ 4 2 If the organization received or	4		where property subject to conservation eas	sement is located			
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 				•	ection handling of		
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ ▲ ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization neceived or held 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: (•						
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6	,					
 \$	•	•			,		·
 \$	7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservation	on eas	ements during the year
 and section 170(h)(4)(B)(ii)?		· ·		.	Ū		0, 2
 and section 170(h)(4)(B)(ii)?	8	Does each conserv	/ation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170(h)	(4)(B)(i))
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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ (ii) Assets included in Form 990, Part X \$ \$ (iii) Assets included on Form 990, Part X \$ (iii) Assets included on Form 990, Part X \$ (iii)							
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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X § (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: a Revenue included on Form 990, Part X § b Assets included in Form 990, Part X § b Assets included in Form 990, Part X § LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	9	In Part XIII, describ	e how the organization reports conservation	on easements in its re	evenue and expense s	tateme	ent, and balance sheet, and
 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 		include, if applicab	le, the text of the footnote to the organizat	tion's financial statem	ents that describes th	e orga	inization's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 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: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ b Assets included in Form 990, Part X \$ \$ Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.						-	
 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets included in Form 990, Part X 	Par		•	•	reasures, or Oth	er Si	milar Assets.
 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S c S LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 		Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
 the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X 	1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report	in its revenue stateme	ent and	I balance sheet works of art,
 b 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X 		historical treasures	s, or other similar assets held for public ext	nibition, education, or	research in furtherand	ce of p	ublic service, provide, in Part XIII,
 treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X 							
 relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X k S <lik< th=""><th>b</th><th>-</th><th></th><th></th><th></th><th></th><th></th></lik<>	b	-					
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c Schedule D (Form 990) 2017 			-	ducation, or research	In furtherance of public	IC Serv	ice, provide the following amounts
 (ii) Assets included in Form 990, Part X 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017 		-					
 2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017 							
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017	~						
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c Schedule D (Form 990) 2017 c Schedule D (Form 990) 2017<th>2</th><th></th><th></th><th></th><th></th><th>gain, p</th><th>roviae</th>	2					gain, p	roviae
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ Schedule D (Form 990) 2017	-	-					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017							
			Suction Act Notice, see the instructions	5 101 FUTII 990.			Schedule D (Form 990) 201

Sche		SSION USA,						20-01	3288	2 р	_{age} 2
Pa	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Othei	r Simila	r Assets	contil	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the	following that	t are a sig	gnificant ι	use of its c	ollection	items	6
	(check all that apply):										
а	Public exhibition	d	1 🗌	Loan or exc	change progra	ams					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further t	he organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or othe	er similar	assets		_	_	_
	to be sold to raise funds rather than to be ma								Yes		No
Pal	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered '	"Yes" on	Form 990), Part IV, I	ine 9, or	•	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
	Did the organization include an amount on Fo						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete if				1						
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
Ť	Administrative expenses										
g	End of year balance		- (line 1))) hold oo:						
2	Provide the estimated percentage of the curre	•		g, column (a	i)) neid as:						
а ь	Board designated or quasi-endowment ▶ Permanent endowment ▶	%	_%								
u o	Temporarily restricted endowment										
C	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of th	%									
30	Are there endowment funds not in the posses		ation the	at are held a	nd administer	red for th	e organiz	ation			
0u	by:						ie organiz	ation		Yes	No
	(i) unrelated organizations								3a(i)	100	
	Ann 1 1 1 1								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)						0.
								Schedule	D (Forr	n 990)	2017

732052 10-09-17

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

732053 10-09-17

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 PERU MISSION USA, INC		20-0	0132882 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1,221,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,221,818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,221,818.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	-	nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	1,175,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	<u>2</u> a		
b	Prior year adjustments	<u>2</u> b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,175,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)		1,175,166.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED EXEMPTION FROM FEDERAL AND STATE INCOME

TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL

UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2017.

732054 10-09-17

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
			n answered "Yes" on Form 990, Part			2017
	P C C C C C C C C C C		Attach to Form 990.	,, .	-, -:	Open to Public
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer id	entification number
PERU MISSION US.	A, INC				20-013	2882
		ctivities Out	side the United States. Compl	ete if the orgar	ization answer	ed "Yes" on
Form 990, Part IV	•				· .	
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3 Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors in the region	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regior	investments
				ASSISTING M	IISSIONARIES	3
				AND PROMOTI	NG THE	
SOUTH AMERICA -				ADVANCEMENI	OF THE	
ARGENTINA, BOLIVIA,	0	0	GRANTS TO PERU MISSION	GOSPEL OF J	ESUS CHRIST	365,858.
				ASSISTING M	IISSIONARIES	5
				AND PROMOTI	NG THE	
SOUTH AMERICA -				ADVANCEMENI	OF THE	
ARGENTINA, BOLIVIA,	0	10	PROGRAM SERVICE ACTIVITIES	GOSPEL OF J	ESUS CHRIST	490,608.
0 - 0 - h + - + -	0	10				056 466
3 a Sub-total	0	10				856,466.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a		v				
and 3b)	0	10				856,466.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2017

OMB No. 1545-0047

732071 10-06-17

PERU MISSION USA, INC

20-0132882

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ARGENTINA,	PARISH ASSISTANCE IN VARIOUS REGIONS IN					
		BOLIVIA,	PERU	365,858.	WIRE TRANSFER	٥.		FMV
by the IRS, or for whi	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the f ion 501(c)(3) equivalency letter	r				1

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 PERU MISSION USA, INC

Part III 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

33

Schedule F (Form 990) 2017

20-0132882

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

Part V	Supplementa	I Inform	ation		
	(Form 990) 2017		MISSION	USA,	INC

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

PART I, LINE 2:

CMS GIVES FINANCIAL SUPPORT TO PERU MISSION AND ITS MISSIONARIES,

NATIONAL MISSIONARIES, ASSOCIATE MISSIONARIES, FELLOWS, AND OTHER SUCH

EMPLOYEES AS SHALL BE DEEMED APPROPRIATE BY CMS AND APPROVED BY THE

EXECUTIVE DIRECTOR.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH AMERICA - ARGENTINA, BOLIVIA,

(E) SPECIFIC TYPES OF SERVICES IN REGION: ASSISTING MISSIONARIES AND

PROMOTING THE ADVANCEMENT OF THE GOSPEL OF JESUS CHRIST - GRANTS TO LOCAL

CHURCHES FOR WORSHIP HOUSES AND SCHOOLS

Schedule F (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 20-0132882

PERU MISSION USA, INC

FORM 990, PART VI, SECTION A, LINE 6:

AFFILIATE MISSIONARIES, WHO ARE COMMISSIONED TO SERVE WITH THIS

ORGANIZATION BY THEIR RESPECTIVE GOVERNING BOARDS, ARE MEMBERS OF THIS

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

NEW DIRECTORS ARE NOMINATED BY A THREE-FIFTHS VOTE OF THE ADMINISTRATIVE

COMMITTEE AND ELECTED BY A THREE-FOURTHS VOTE OF THE AFFILIATE MEMBERSHIP

OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE APPOINTMENT OF NEW DIRECTORS TO THE BOARD IS SUBJECT TO THE APPROVAL OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE BOOKKEEPER AND EXECUTIVE

DIRECTOR. THEN THE FORM 990 WAS REVIEWED BY THE FULL BOARD OF DIRECTORS AT

A MEETING PRIOR TO FILING THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS A FORMAL POLICY THAT

REQUIRES ALL BOARD MEMBERS AND OFFICERS TO DISCLOSE ANY POTENTIAL CONFLICTS

AND OBSTAIN FROM VOTING ON MATTERS WITH A POTENTIAL CONFLICT.

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

 THE
 ORGANIZATION'S
 990
 IS
 MADE
 AVAILABLE
 TO
 THE
 PUBLIC
 UPON
 REQUEST
 AND
 ON

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17
 Schedule O (Form 990 or 990-EZ)
 Schedule O (Form 990 or 990-EZ) (2017)

14221219 797738 200132882

36

Schedule O (Form 990 or 990-EZ) (2

Name of the organization

PERU MISSION USA, INC

WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII:

BOARD MEMBER, WES BAKER, IS COMPENSATED FOR MISSIONARY SERVICES RELATED

TO THE ORGANIZATION'S EXEMPT PURPOSE.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

732212 09-07-17

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidentinyin	ig number
Type or	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or	
print	DEDI MICCION UCA INC		20 0122882			
File by the	PERU MISSION USA, INC	<u> </u>	20-0132882			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.SocP.O. BOX 25912Soc				curity numbe	r (SSN)
instructions.	City, town or post office, state, and ZIP code. For a for GREENVILLE, SC 29616	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applicat	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above)	06	Form 8870		12	
	THE ORGANIZATIO					
• The b	poks are in the care of \blacktriangleright P.O. BOX 25912	- GRE	EENVILLE, SC 29616			
Telepł	none No.		Fax No. 🕨			
• If the	organization does not have an office or place of business	in the Un	ited States, check this box			🕨 🗔
• If this	is for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) I	f this is fo	r the whole gi	roup, check this
box 🕨	$\hfill \hfill $		ch a list with the names and EINs of			
1 Ire	quest an automatic 6-month extension of time until	NOVE	MBER 15, 2018 , to file	the exen	npt organizatio	on return
for	the organization named above. The extension is for the o	organizatio	on's return for:			
►	X calendar year 2017 or					
►	tax year beginning	, an	d ending			
2 If t	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period					
3a lftl	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
noi	nrefundable credits. See instructions.			3a	\$	0.
b If t	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-	EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 88	368 (Rev. 1-2017)

723841 04-01-17