

				NDED TO AUGUST 15, 2			
	0	00	Return of Org	anization Exempt Fre	om In	come Tax	OMB No. 1545-0047
For	m J	190		1947(a)(1) of the Internal Revenue Co	-		^{ns)} 2021
Depa	artment	of the Treasury		al security numbers on this form as	-	•	Open to Public
Inter	nal Reve	enue Service		gov/Form990 for instructions and th			Inspection
_			ar year, or tax year beginning	OCT 1, 2021 and end		SP 30, 2022	
B	Check if opplicab	C Name of	forganization			D Employer identifie	cation number
1	Addr		MISSION USA, INC				
F	Name	0	usiness as			20-01328	80
	Initial	and the second s	and street (or P.O. box if mail is no	t delivered to street address) Bo	om/suite	E Telephone number	
	Final		BOX 25912		on a build	901-649-	
111	termi ated	D-	own, state or province, country, a	and ZIP or foreign postal code		G Gross receipts \$	834,548.
	Amer	GREE	NVILLE, SC 29616	5		H(a) Is this a group re	eturn
	Appli tion pendi	F Name a	nd address of principal officer: B	ILL BRADFORD		for subordinates	? Yes X No
-	_	SAME .	AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
			X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
-	_	and the second sec	PERUMISSION.ORG			H(c) Group exemption	
	orm o	the second s	X Corporation Trust	Association Other	L Year of	formation: 2003 N	A State of legal domicile; GA
1.4			- Ale		MOULE	MUE ADVANOU	
9	1	RELIGIO		ost significant activities: TO PRO	MOTE	THE ADVANCE	SMENT OF
nan	2			scontinued its operations or disposed	of more t	non 25% of its not acc	
veri	3			ody (Part VI, line 1a)			7
ß	4	Number of ind	ependent voting members of the	governing body (Part VI, line 1b)		4	7
ي. مو	5	Total number of	of individuals employed in calend	ar year 2021 (Part V, line 2a)		5	0
vitie	6	Total number of	of volunteers (estimate if necessa	ıry)		6	7
Activities & Governance	7 a	Total unrelated	business revenue from Part VIII,	column (C), line 12			0.
•	10						
-	b	Net unrelated	business taxable income from Fo	rm 990-T, Part I, line 11		7Ь	0.
				rm 990-T, Part I, line 11		Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			Prior Year 1,031,772.	Current Year 834,502.
venue	8 9	Contributions Program service	and grants (Part VIII, line 1h)			7b Prior Year 1,031,772. 0.	Current Year 834,502. 0.
Revenue	8 9 10	Contributions a Program servic Investment inc	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3	8, 4, and 7d)		7b Prior Year 1,031,772. 0. 22.	Current Year 834,502. 0. 22.
Revenue	8 9 10 11	Contributions a Program servic Investment inc Other revenue	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) corne (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d,	3, 4, and 7d) 8c, 9c, 10c, and 11e)		7b Prior Year 1,031,772. 0. 22. 0.	Current Year 834,502. 0. 22. 24.
Revenue	8 9 10 11 12	Contributions a Program servic Investment inc Other revenue Total revenue	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) corne (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794.	Current Year 834,502. 0. 22. 24. 834,548.
Revenue	8 9 10 11 <u>12</u> 13	Contributions a Program service Investment inco Other revenue Total revenue Grants and sin	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, colum	8, 4, and 7d) 8c, 9c, 10c, and 11e) <u>ual Part VIII, column (A), line 12)</u> in (A), lines 1-3)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753.	Current Year 834,502. 0. 22. 24. 834,548. 686,257.
_	8 9 10 11 12 13 14	Contributions a Program service Investment inco Other revenue Total revenue Grants and sin Benefits paid t	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, colum o or for members (Part IX, colum	8, 4, and 7d) 8c, 9c, 10c, and 11e) <u>ual Part VIII, column (A), line 12)</u> nn (A), lines 1-3) n (A), line 4)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794.	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0.
Ises	8 9 10 11 12 13 14 15	Contributions a Program service Investment inco Other revenue Total revenue Grants and sim Benefits paid t Salaries, other	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, colum o or for members (Part IX, colum compensation, employee benefit	8, 4, and 7d) 8c, 9c, 10c, and 11e) <u>ual Part VIII, column (A), line 12)</u> nn (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0.	Current Year 834,502. 0. 22. 24. 834,548. 686,257.
Ises	8 9 10 11 12 13 14 15 16a	Contributions a Program service Investment inco Other revenue Total revenue Grants and sim Benefits paid t Salaries, other Professional fu	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, colum o or for members (Part IX, colum compensation, employee benefit	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) nn (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0.	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0.
_	8 9 10 11 12 13 14 15 16a b 17	Contributions a Program service Investment inco Other revenue Total revenue Grants and sim Benefits paid t Salaries, other Professional fur Total fundraisin Other expense	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, colum o or for members (Part IX, colum compensation, employee benefit undraising fees (Part IX, column (A) ng expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) n (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e) line 25) ▶177 1d, 11f-24e)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 346,506.	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578.
Ises	8 9 10 11 12 13 14 15 16a b 17 18	Contributions a Program service Investment inco Other revenue Total revenue Grants and sin Benefits paid t Salaries, other Professional fu Total fundraisin Other expense Total expenses	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, column o or for members (Part IX, column compensation, employee benefit undraising fees (Part IX, column (A) ng expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1 s. Add lines 13-17 (must equal Pa	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) in (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e) line 25) ▶ 177 1d, 11f-24e) irt IX, column (A), line 25)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 346,506. 918,594.	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578. 923,170.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions a Program service Investment inco Other revenue Total revenue Grants and sin Benefits paid t Salaries, other Professional fu Total fundraisin Other expense Total expenses	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, <u>add lines 8 through 11 (must eq</u> nilar amounts paid (Part IX, column o or for members (Part IX, column compensation, employee benefit undraising fees (Part IX, column (A) ng expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) in (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e) line 25) ▶ 177 1d, 11f-24e) irt IX, column (A), line 25)		7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 346,506. 918,594. 113,200.	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578. 923,170. -88,622.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions a Program service Investment inco Other revenue Total revenue Grants and sim Benefits paid t Salaries, other Professional fu Total fundraisin Other expenses Total expenses Revenue less of	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, <u>add lines 8 through 11 (must eq</u> nilar amounts paid (Part IX, column o or for members (Part IX, column compensation, employee benefit undraising fees (Part IX, column (A) ng expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1 s. Add lines 13-17 (must equal Pa expenses. Subtract line 18 from li	8, 4, and 7d) 8c, 9c, 10c, and 11e) <u>ual Part VIII, column (A), line 12)</u> In (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e) line 25) ▶ <u>177</u> 1d, 11f-24e) rt IX, column (A), line 25) ne 12	• Begi	7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 180,335. 0. 346,506. 918,594. 113,200. nning of Current Year	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578. 923,170. -88,622. End of Year
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ap D Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt ii r pena correc	Contributions a Program service Investment inco Other revenue Grants and sim Benefits paid t Salaries, other Professional fu Total fundraisin Other expenses Total expenses Revenue less of Total lassets (P Total liabilities Net assets or fn Signature attes of perjury, I et, and complete. Net assets Revenue less of Signature Attes of perjury, I	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, column o or for members (Part IX, column compensation, employee benefit indraising fees (Part IX, column (A) ng expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1 s. Add lines 13-17 (must equal Pa expenses. Subtract line 18 from li eart X, line 16) (Part X, line 26) und balances. Subtract line 21 fre Block declare that I have examined this retu Declaration of preparer (other than of of officer RT BARBER , EXECU	B, 4, and 7d) Bc, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) in (A), lines 1-3) n (A), line 4) is (Part IX, column (A), lines 5-10) \ line 11e) line 25) 1d, 11f-24e) irt IX, column (A), line 25) ne 12 om line 20 urn, including accompanying schedules and	Begi	7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 346,506. 918,594. 113,200. ming of Current Year 662,597. 0. 662,597. 0. 662,597. 0. 8.15.23	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578. 923,170. -88,622. End of Year 573,975. 0. 573,975.
and Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt ii r pena correc	Contributions a Program service Investment inco Other revenue Grants and sim Benefits paid t Salaries, other Professional fu Total fundraisi Other expenses Revenue less of Total assets (P Total liabilities Net assets or ff Signature atties of perjury, I ct, and complete. ROBEH Type or pr	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, column o or for members (Part IX, column compensation, employee benefit indraising fees (Part IX, column (A), g expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1 s. Add lines 13-17 (must equal Pa expenses. Subtract line 18 from li art X, line 16) (Part X, line 26) und balances. Subtract line 21 from Block declare that I have examined this retu Declaration of preparer (other than of of officer RT BARBER , EXECU fint name and title	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) nn (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e) line 25) 1d, 11f-24e) rt IX, column (A), line 25) ne 12 om line 20 urn, including accompanying schedules and ficer) is based on all information of which TIVE DIRECTOR	• Begi	7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 346,506. 918,594. 113,200. nning of Current Year 662,597. 0. 662,597. 0. 662,597. 0. 8.15.23 Date	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578. 923,170. -88,622. End of Year 573,975. 0. 573,975. knowledge and belief, it is
and Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt ii 7 pena correc	Contributions a Program service Investment inco Other revenue Grants and sim Benefits paid t Salaries, other Professional fu Total fundraisin Other expenses Total expenses Revenue less of Total lassets (P Total liabilities Net assets or fn Signature attes of perjury, I et, and complete. Net assets Revenue less of Signature Attes of perjury, I	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must eq nilar amounts paid (Part IX, column o or for members (Part IX, column compensation, employee benefit indraising fees (Part IX, column (A), g expenses (Part IX, column (D), s (Part IX, column (A), lines 11a-1 s. Add lines 13-17 (must equal Pa expenses. Subtract line 18 from li art X, line 16) (Part X, line 26) und balances. Subtract line 21 from Block declare that I have examined this retu Declaration of preparer (other than of of officer RT BARBER , EXECU fint name and title arer's name	8, 4, and 7d) 8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12) un (A), lines 1-3) n (A), line 4) ts (Part IX, column (A), lines 5-10) A), line 11e) line 25) 1177 1d, 11f-24e) rt IX, column (A), line 25) ne 12 om line 20 urn, including accompanying schedules and filter) is based on all information of which part is based on all information part is based on all information part which part is based on all part is based on all part which part is based on all part which part is based on all part which part i	Begi Begi d statement preparer ha	7b Prior Year 1,031,772. 0. 22. 0. 1,031,794. 391,753. 0. 180,335. 0. 346,506. 918,594. 113,200. nning of Current Year 662,597. 0. 662,597. 0. 662,597. 0. 8.15.23 Date	Current Year 834,502. 0. 22. 24. 834,548. 686,257. 0. 156,335. 0. 80,578. 923,170. -88,622. End of Year 573,975. 0. 573,975.

Preparer	Firm's name FORVIS, LLP	Firm's EIN F 44	-0160260
Use Only	Firm's address 500 RIDGEFIELD COURT		
	ASHEVILLE, NC 28806	Phone no. (828) 254-2254
May the I	RS discuss this return with the preparer shown above? See instructions		X Yes No
199001 19.0	1 1 HA For Paperwork Paduation Act Nation and the constants in		Farm 990 (0001)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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 STATE	S OF AMERICA	
	THAT EXISTS FOR THE PURPOSE OF ENCOURAGING AND ASSISTIN		
	CHURCHES THROUGHOUT THE WORLD TO FULFILL THE GREAT COMM		3
	CHRIST, BRINGING THE GOSPEL TO THE NATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		-
	prior Form 990 or 990-EZ?	Yes 2	X_ No
2	If "Yes," describe these new services on Schedule O.	s? Yes Z	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service 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 of	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 852,989. including grants of \$ 686,257.) (Provide the second secon)
	PERU MISSION USA SEEKS TO BE A BRIDGE BETWEEN CHURCHES		
	AMERICA, WHO HAVE A BURDEN FOR THE ADVANCEMENT OF THE C CHRIST, AND CHURCHES OUTSIDE NORTH AMERICA WHO ARE ENGL		
	WORK. PERU MISSION USA GIVES FINANCIAL SUPPORT TO PERU		יפ
	MISSIONARIES, NATIONAL MISSIONARIES, ASSOCIATE MISSIONA		
	AND OTHER SUCH EMPLOYEES AS SHALL BE DEEMED APPROPRIATE)N
	USA.		
4b	(Code:) (Expenses \$ including grants of \$) (Reference of \$) (Refe	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re		<u> </u>
			/
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 852,989.		
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 Form 990 (2021)
 PERU
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 USA , INC

 Part IV
 Checklist of Required
 Schedules

			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? See instructions	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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		<u> </u>
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	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			<u> </u>
	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
	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		X
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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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		v	1
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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
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 Form 990 (2021)
 PERU MISSION USA, INC

 Part IV
 Checklist of Required Schedules (continued)

	(ontrada)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			х
00	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part T</i>	- 51		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(a.a.c. ::
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ar	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		I	I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
h	filed for the calendar year ending with or within the year covered by this return	2a		2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions			20		
2a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		- 23
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	ts (FBAR).			
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	lired			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
				9a 9b		
ь 0	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
1	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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				
с	Enter the amount of reserves on hand	13c				
4a	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 on Schedul	le O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					_
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
		001				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

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PERU MISSION USA

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

If there body de b Enter t 2 Did any officer, 3 Did the of offic 4 Did the 5 Did the 6 Did the 6 Did the 7 Did the 7 Did the 9 Is there 0 Did the 9 Is there 0 Did the 9 Is there 0 Did the b If "Yes and bra 1 Has the b Descril 2 Did the b Were of c Did the		o direct supervision 90 was filed? ets? point one or pockholders, or r by the following: ched at the <u>venue Code.</u>)		X	
body de body de center t 2 Did any officer, 3 Did the of offic 4 Did the 5 Did the 6 Did the 7 Did the 6 Did the 7 Did the 9 Is there 0 Did the 9 Is there 0 Did the b If "Yes and bra 1 Has the b Descril 2 Did the b Were of c Did the	elegated broad authority to an executive committee or similar committee, explain on Schedule 0. the number of voting members included on line 1a, above, who are independent	with any other direct supervision 90 was filed? ets? point one or ockholders, or r by the following: thed at the		x x x	x x
 b Enter t 2 Did any officer, 3 Did the of offic 4 Did the 5 Did the 6 Did the 7a Did the more n b Are any person 8 Did the a The go b Each c 9 Is there organiz cection B 0a Did the b If "Yes and bra 1a Has the b Descril 2a Did the b Were of c Did the 	the number of voting members included on line 1a, above, who are independent	with any other direct supervision 90 was filed? ets? point one or ockholders, or r by the following: thed at the		x x x	x x
 2 Did any officer, of	y officer, director, trustee, or key employee have a family relationship or a business relationship , director, trustee, or key employee? e organization delegate control over management duties customarily performed by or under the cers, directors, trustees, or key employees to a management company or other person? e organization make any significant changes to its governing documents since the prior Form 90 e organization become aware during the year of a significant diversion of the organization's assi e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or ap members of the governing body? my governance decisions of the organization reserved to (or subject to approval by) members, st hs other than the governing body? organization contemporaneously document the meetings held or written actions undertaken during the yea overning body? committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read zation's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Re</i> e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes?	with any other direct supervision 90 was filed? ets? point one or ockholders, or r by the following: thed at the		x x x	x x
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 b Each c 9 Is there organiz cection B 0a Did the b If "Yes and brain the b 1a Has the b b Description the b b Were of c c Did the 	committee with authority to act on behalf of the governing body? e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read zation's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O B. Policies (<i>This Section B requests information about policies not required by the Internal Re</i> e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such char anches to ensure their operations are consistent with the organization's exempt purposes?	thed at the	<u>8b</u>		-
9 Is there organiz ecction B 0a Did the b If "Yes and br. 1a Has the b Descril 2a Did the b Were of c Did the	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read zation's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	hed at the venue Code.)		<u> </u>	+
organiz ection B 0a Did the b If "Yes and bra 1a Has the b Descril 2a Did the b Were of c Did the	zation's mailing address? If "Yes," provide the names and addresses on Schedule O Policies (This Section B requests information about policies not required by the Internal Ref e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such characters to ensure their operations are consistent with the organization's exempt purposes?	venue Code.)			
OaDid thebIf "Yesand bra1aHas thebDescrill2aDid thebWere ofcDid the	e organization have local chapters, branches, or affiliates?	venue Code.)	9		1
 Did the b If "Yes and branches 1a Has the b Description 2a Did the b Were of c Did the 	e organization have local chapters, branches, or affiliates? ," did the organization have written policies and procedures governing the activities of such ch anches to ensure their operations are consistent with the organization's exempt purposes?				X
 b If "Yes and bra 1a Has the b Descril 2a Did the b Were of c Did the 	s," did the organization have written policies and procedures governing the activities of such characteristics are consistent with the organization's exempt purposes?				
 b If "Yes and bra 1a Has the b Descril 2a Did the b Were of c Did the 	s," did the organization have written policies and procedures governing the activities of such characteristics are consistent with the organization's exempt purposes?			Yes	_
and bra 1a Has the b Descril 2a Did the b Were of c Did the	anches to ensure their operations are consistent with the organization's exempt purposes?		10a	1	X
 Has the Description Did the Description Did the Description Did the Description Did the Description 		apters, affiliates,			
 b Descril 2a Did the b Were of c Did the 			10b)	
2a Did theb Were ofc Did the	e organization provided a complete copy of this Form 990 to all members of its governing body			n X	
2a Did theb Were ofc Did the	be on Schedule O the process, if any, used by the organization to review this Form 990.	-			
b Were ofc Did the	e organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
c Did the	fficers, directors, or trustees, and key employees required to disclose annually interests that could give rise				+
	e organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$				+
		,	120	x	
	hedule O how this was done				+
	e organization have a written whistleblower policy?				+
	e organization have a written document retention and destruction policy?		14		
	e process for determining compensation of the following persons include a review and approval	by independent			
•	ns, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The or	ganization's CEO, Executive Director, or top management official		<u>15</u> a	1	X
b Other of	officers or key employees of the organization		15b)	
If "Yes	" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a Did the	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
taxable	e entity during the year?		16a	1	X
b If "Yes	s," did the organization follow a written policy or procedure requiring the organization to evaluat				
in joint	t venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
exemp	ot status with respect to such arrangements?		16b	,	
ection C	C. Disclosure				
7 List the	e states with which a copy of this Form 990 is required to be filed $igstar{ extsf{SC}}$, $ extsf{GA}$				
	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990-T (section 50	01(c)(3)s only) availa	able
	blic inspection. Indicate how you made these available. Check all that apply.		- · (-)(-)····j	,	
		on Schedule O)			
	be on Schedule O whether (and if so, how) the organization made its governing documents, col	,	licy and fina	ncial	
		mict of interest pol	icy, and inal	ICIAI	
	nents available to the public during the tax year.	lea anal na			
	the name, address, and telephone number of the person who possesses the organization's boo $OPCANTZATTON = 901 - 649 - 6440$	ks and records	<u>۲</u>		
-	ORGANIZATION - 901-649-6440 • BOX 25912, GREENVILLE, SC 29616				
P.O.				m 990	

Form 990 (2	2021) PERU MISSION USA, INC	20-0132882	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated				
	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						
4. Openeted this table for all a second and table to be the difference of the factor of the second						

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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dii	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com		1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WES BAKER	50.00				×	1 0	ш.			
MISSIONARY/CONSULTANT		1			x			156,335.	0.	0.
(2) BILL BRADFORD	1.00							-		
PRESIDENT		х		X				0.	Ο.	0.
(3) JOHN VOSS	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) BOB BARBER	1.00									
EXECUTIVE DIR.		Х		Х				0.	0.	0.
(5) BRAD BALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHASE GOSSELIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) SHAUN SIPE	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) DR. RYAN MOODY	1.00									
BOARD MEMBER		Х						0.	0.	0.
				-						
		•								
		-		\vdash		-				
		1								
132007 12-09-21	1	I		I	I	I		1		Form 990 (2021)

132007 12-09-21

Form 990 (2021)

	990 (2021) PERU MISS									20-01	L328	882	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	st C		, ,				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n	(F) Estimated amount of other						
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relate anizatio	e ion ed
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							156,335. 0. 156,335.		0.0.			0.0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable			Mag	1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			-	•	-		Ŭ	• •		[3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual	-		4	x	
	rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors											5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensat			
	(A) (B) Name and business address NONE Description of services				C	(C) Compensation								
2	Total number of independent contractors (ir	•	ot lin	niteo	d to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					U	,					_	000 //	

132008 12-09-21

			PERU MISSION	USA, INC			20-0132	882 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any line	7.1.5	(B)		
					(A) Total revenue	(P) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total Tovondo	function revenue	business revenue	from tax under
								sections 512 - 514
lts Its	1	а	Federated campaigns 1a					
irar		b	Membership dues 1b					
, G		с	Fundraising events 1c					
ar /			Related organizations					
s, G milå			Government grants (contributions) 1e					
Sii			All other contributions, gifts, grants, and					
her		-	similar amounts not included above 1	834,502.				
ot		a	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		-			834,502.			
O a		n	Total. Add lines 1a-1f	Business Code	054,502.			
ice	2	а		-				
ervi		b		-				
S S		С						
an evi		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	· •	22.			22.
	4		Income from investment of tax-exempt bond					
	5		Royalties	· · ·				
	Ŭ		(i) Real	(ii) Personal				
	6	_		(ii) i oroonai				
	6		Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
en			and sales expenses 7b					
evenue		с	Gain or (loss)					
Ě		d	Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
Oth			including \$ of					
-			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b		ib				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	9	d						
				b				
			Net income or (loss) from gaming activities	····· ►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
		b	Less: cost of goods sold1	Db				
		с	Net income or (loss) from sales of inventory	🕨				
6				Business Code				
ŝno	11	а	MISCELLANEOUS REVENUE	900099	24.			24.
ane Duƙ		b						
scellaneo Revenue		с						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		24.			
	12	-	Total revenue. See instructions		834,548.	0.	0.	46.
13200		00		F				Form 990 (2021)
.0200	5 12-1	55-1						

2021.06010 PERU MISSION USA, INC 20013281

Form 990 (2	021)
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PERU MISSION USA, INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	686,257.	686,257.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	156,335.	156,335.		
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 (nonemployees):				
'' a	Management				
b					
		11,182.		11,182.	
C L		11,102.		11,102.	
d	, , , , , , , , , , , , , , , , , , ,				
e	, F				
f	Investment management fees				
g		00 445		00 445	
	column (A), amount, list line 11g expenses on Sch 0.)	23,445.		23,445.	
12	Advertising and promotion	10,000	- 460		
13	Office expenses	12,692.	7,463.	5,052.	177
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
_ /	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
~	ADMINISTRATIVE	30,325.		30,325.	
d k	SHORT TERM MISSION TEAM	1,871.	1,871.		
u -	MINISTRY EXPENSES	1,063.	1,063.		
ے اہ		±,005•	±,005•		
d					
е	· · · · · · · · · · · · · · · · · · ·	002 170		70 004	1
25	Total functional expenses. Add lines 1 through 24e	923,170.	852,989.	70,004.	177
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)				

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12 2021.06010 PERU MISSION USA, INC Form 990 (2021)

Form 990 (2021)					
Part X	Balance	Sheet			

PERU MISSION USA, INC

		Check if Schedule O contains a response or note to any line ir		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		422,164.	1	330,379
	2	Savings and temporary cash investments		215,746.	2	215,767
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer				
		trustee, key employee, creator or founder, substantial contribu	utor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (a	as defined			
		under section 4958(f)(1)), and persons described in section 49	58(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	Prepaid expenses and deferred charges		24,687.	9	27,829
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		662,597.	16	573,975
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sche	edule D		21	
es	22	Loans and other payables to any current or former officer, dire				
Ĩ		trustee, key employee, creator or founder, substantial contribu	utor, or 35%			
Liabilities					22	
-	23	Secured mortgages and notes payable to unrelated third parti			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relat				
		parties, and other liabilities not included on lines 17-24). Comp	olete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	77	0.	26	0
s		Organizations that follow FASB ASC 958, check here	X			
S		and complete lines 27, 28, 32, and 33.		100 467		12 045
alar	27	Net assets without donor restrictions		<u>102,467.</u> 560,130.	27	<u>13,845</u> 560,130
ĕ	28	Net assets with donor restrictions		560,130.	28	560,130
Ĕ		Organizations that do not follow FASB ASC 958, check her	'e ▶ 🗋 🔰			
Ľ		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or othe			31	E43 045
Å	32	Total net assets or fund balances		662,597.	32	573,975
	33	Total liabilities and net assets/fund balances		662,597.	33	573,975

Form 990 (2021)

132011 12-09-21

Form	990 (2021) PERU MISSION USA, INC	20-	-0132882	Page 1	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	Total revenue (must equal Part VIII, column (A), line 12)	1		,548	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,170	
3	Revenue less expenses. Subtract line 2 from line 1	3		,622	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	662	<u>,597</u>	•
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	573	<u>,975</u>	•
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				_
				Yes No	<u> </u>
1	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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc			
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			00 (000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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

Nan	ne of t	the organization							identification number
D			MISSION U						0-0132882
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation 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	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)			-			
11		An organization organized a		vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a						rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), t	vpically by	giving
		the supported organization	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
		organization. You must c							
b		Type II. A supporting org			ion with it	s supporte	ed organizatio	n(s), by hav	ing
		control or management o	-				-		-
		organization(s). You mus			·				
с	:	Type III functionally inte	-		in connect	tion with, a	and functiona	lly integrate	d with,
		its supported organization	• • • •					, ,	
d		Type III non-functionally						rted organiz	ation(s)
		that is not functionally int						-	
		requirement (see instructi	•	v					
е		Check this box if the orga		•				II. Type III	
		functionally integrated, or					·) ·, ·)	, . ,	
f	Ente	er the number of supported c		5 5 11	5 5				
		vide the following informatior	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Tota	al								
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021

Part II

PERU MISSION USA, INC

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.)

Sec	ction A. Public Support		-	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1221648.	1076829.	1057652.	1031772.	834,502.	5222403.
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	1001640	1076000	1057650	1001000	024 500	5000400
4	Total. Add lines 1 through 3	1221648.	1076829.	1057652.	1031772.	834,502.	5222403.
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)						
•	·····						5222403.
	Public support. Subtract line 5 from line 4.						5222405.
		(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017 1221648.	(b) 2018 1076829.	(c) 2019 1057652.	(d) 2020 1031772.	(e) 2021 834,502.	(f) Total 5222403.
8	Gross income from interest,	1221040.	10/0029.	1037032.	1051772.	054,502.	5222405.
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	170.	80.	40.	22.	22.	334.
9	Net income from unrelated business			100			
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					24.	24.
11							5222761.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	123.
13	First 5 years. If the Form 990 is for th		,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	<u>99.99 %</u>
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>99.99 %</u>
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•	,	•		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A	(Form	990	202
		550	1202

PERU MISSION USA, INC

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

(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (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-						
in a second s						
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (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						
 Net income from unrelated business activities not included on 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
check this box and stop here	~			-		>
Section C. Computation of Publi						
15 Public support percentage for 2021 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A. Part	III. line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 20			ine 13. column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22	an and not oncort a	<u></u>	a, or roo, oncor t			dule A (Form 990) 2021
		17	1		Sche	

2021.06010 PERU MISSION USA, INC

PERU MISSION USA, INC

1

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

132024 01-04-21

Schedule A (Form 990) 2021

18 2021.06010 PERU MISSION USA, INC

			anizations (
Schedule A	(Form 990)	2021	PERU	MISSI

2

			Vee	Na	
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?	11a			
b	A family member of a person described on line 11a above?	11b			
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.	11c			
Section B. Type I Supporting Organizations					
			Yes	No	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>				
	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	l. or controlled	the supporting	organization.
Section C. T	aguZ II sav	orting Orga	nizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D.	All Type I	II 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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	/ (see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

09440812 797738 200132882

19 2021.06010 PERU MISSION USA, INC Yes No

132026 01-04-22

2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

(B) Current Year

(optional)

(A) Prior Year

1

Schedule A			PE
Part V	Type II	l Non	-Functional

Section A - Adjusted Net Income

Net short-term capital gain

1

1

RU MISSION USA, INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

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PERU MISSION USA, INC

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Current Year

1

2

3 4

5

6

7

8

9

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			
			S	chedule A (Form 990) 2021

Schedule A	(Form 990)	2021
Part V	Type III	Nor

Section D - Distributions

2

3

4

5

6

7

8

9

Schedule A	Form 990) 202
------------	----------	-------

D, lines 5, 6, and 8; and Pa ructions.)	nd 3; Part IV, Section art V, Section E, lin	anations required by , 9b, 9c, 11a, 11b, ar on E, lines 1c, 2a, 2b es 2, 5, and 6. Also c	, 3a, and 3b; I complete this	Part V, line 1; F part for any ad	Part V, Section ditional informa	B, line 1e; Pa ation.	art V,
					Schedu	le A (Form 9	990) 202
9 200122002		22	יזמקים 0	MTCCTAN	דופיז דיי	IC.	2001
	8 200132882					Sched	Schedule A.(Form

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

20-013288	2
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me of the organizatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	PERU	MISSION	USA

Filers of:	Section:
Form 990 or 990-EZ	\fbox 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

PERU MISSION USA, INC

Employer identification number

20-0132882

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$21,400.	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
2		\$18,700.	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
3		\$20,178.	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
4		\$21,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$17,000.	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
6		\$17,619.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-	21		Schedule B (Form 990) (2021)

Name of organization

Page 3
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. 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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09440812 797738 200132882

2021.06010 PERU MISSION USA, INC

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Schedule B	(Form 990) (2021)				Page
Name of org	ganization				Employer identification number
מיסידס M	ISSION USA, INC				20-0132882
Part III	Exclusively religious, charitable, etc., contributi	ions to organizations describe	d in section 50	91(c)(7), (8), or (10) t	
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following charitable, etc., contributions of \$1.	line entry. For o)00 or less for t	rganizations he vear. (Enter this info. ond	
	Use duplicate copies of Part III if additional	space is needed.		,	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
Part I					
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	B	elationship of tra	nsferor to transferee
		-			
(a) No.		I			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
		-			
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
-		e) Transfer	of gift		
			orgin		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
		-			
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
Part I				. ,	
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
F					
		-			
		-			

123454 11-11-21

Schedule B (Form 990) (2021)

09440812 797738 200132882

26 2021.06010 PERU MISSION USA, INC 20013281

601	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		2021		
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				Open to Public
	Revenue Service	n	Inspection		
Name	e of the organization	Em	ployer identification number $20-0132882$		
Par	t I 🛛 Organiza	PERU MISSION USA, ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accour	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Fur	nds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised for		
6			exclusive legal control? dvisors in writing that grant funds can be used		Yes No
0	0	0, , ,	r donor advisor, or for any other purpose conf		
	impermissible priva			Ŭ	Yes No
Par			ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organizati			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a h	storically	important land area
	Protection o	f natural habitat	Preservation of a co	ertified hi	storic structure
		of open space			
2			fied conservation contribution in the form of a	conserva	
	day of the tax year				Held at the End of the Tax Year
a L					
b	-		ucture included in (a)		
c d			ucture included in (a)	. <u>2c</u>	
u				2d	
3			eased, extinguished, or terminated by the org		during the tax
	year 🕨	· · ·			U U
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organization	tion have a written policy regarding the pe	iodic monitoring, inspection, handling of		
		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	tion ease	ements during the year
_	▶	<u> </u>			
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easemen	ts during the year
8	►\$	vision essement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
0					Yes No
9			on easements in its revenue and expense stat		
		•	note to the organization's financial statements		
	organization's acc	ounting for conservation easements.			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	•	· ·	8, not to report in its revenue statement and b		
			blic exhibition, education, or research in furthe	rance of	public
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balar		
		ng amounts relating to these items:	exhibition, education, or research in furtherar	ice or pu	
	-				\$
					\$
2			asures, or other similar assets for financial gai		
	•	unts required to be reported under FASB A			
а	-		~ 	🕨	\$
b					\$
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21				

27				
2021.06010	PERU	MISSION	USA,	INC

Sche	dule D (Form 990) 2021 PERU MI	SSION USA,	INC					20-01	32882	2 P	_{age} 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Similar	Asset	s (contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the f	following that	t make sigr	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:							
									Amount	1	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						_ 1f _		7		٦
	Did the organization include an amount on Fe					-	?	L	Yes		No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>			
1 4		(a) Current year		Prior year	(c) Two yea			ears hack	(e) Four	Veare	hack
4.		(a) Ourient year		nor year	(C) 1 WO yea		ij Thice y		(e) 1 001	ycai 3	Dack
1a	Beginning of year balance										
u e	Contributions										
ט ה	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
	Administrative expenses End of year balance										
g 2	End of year balance Provide the estimated percentage of the curr	ent year and balance	l o (lino 1)	a column (a)) held as:						
2	Board designated or quasi-endowment	•	%	g, column (a							
h	Permanent endowment										
c		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation the	at are held ar	nd administer	red for the	organiza	tion			
	by:						o.gu		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Acc	umulate	d	(d) Bool	k valu	е
		basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X, colur	nn (B), line 1	0c.)						0.
								Schedule	D (Form	1 990)	2021

a) Other	(1) Financial derivatives			
(A)	(2) Closely held equity interests			
(B) (C) (C) (C) (B) (C) (B) (C) (G)	(3) Other			
(B) (C) (C) (C) (B) (C) (B) (C) (G)	(A)			
(C)	(B)			
(E) (G) (G) ((C)			
(E) (G) (G) (
(F) (G) (G) (G) (H) (G) (G)				
(G)				
Hi Image qual Form 990, Part X, col. (B) line 12.) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) Description (c) (c) (c) (c) (c) (c) (c) (a) Description of inability (c) (c				
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(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2021 PERU MISSION USA, INC

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

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

(b) Book value

Sche	dule D (Form 990) 2021 PERU MISSION USA, INC		20-01	32882 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.		
1	Total revenue, gains, and other support per audited financial statements			834,548.
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	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			834,548.
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		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		834,548.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	le 12a.		
1	Total expenses and losses per audited financial statements		1	923,170.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
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			923,170.
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 1	<u> 3.)</u>		923,170.
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 INCC	THE	ORGANIZATION	HAS	BEEN	GRANTED	EXEMPTION	FROM	FEDERAL	AND	STATE	INCOM
---	-----	--------------	-----	------	---------	-----------	------	---------	-----	-------	-------

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

CODE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A

PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE

ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX

BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2022.

132054 10-28-21

Schedule D (Form 990) 2021

(Form 990)			Complete if		n answered "Yes" on Form 990, Part Attach to Form 990.	IV, line 14b, 1	5, or 16.	2	<u>2021</u>	
		the Treasury le Service		Go to y	www.irs.gov/Fc	rm990 for instructions and the lates	tinformation		Open Inspe	to Public
-		e organizatior	า		www.ii 3.gov/i c		i mormation.	Employer		cation number
PEF	NU M	IISSION	USZ	A, INC				20-01	3288	2
Par	rtl				ctivities Out	side the United States. Compl	ete if the organ	ization answ	vered "Y	es" on
	For a	Form 990, I			maintain rocor	ds to substantiate the amount of its gra	nts and other	accietanco		
•	•	•		0		he selection criteria used to award the		,		Yes 🚺 No
2		rantmakers. d States.	Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsi	de the
3			on (Th	e following Part	L line 3 table ca	an be duplicated if additional space is r	heeded)			
		a) Region	011. (11	(b) Number of	(c) Number of			vity listed in	(d)	(f) Total
	,	, 3		offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro-	gram service specific typ (s) in the reg	e, De	expenditures for and investments in the region
							ASSISTING M	IISSIONARI	ES	
							AND PROMOTI	NG THE		
SOUT	H AME	ERICA -					ADVANCEMENT	OF THE		
ARGE	NTINA	A, BOLIVIA	,			GRANTS TO PERU MISSION	GOSPEL OF J	ESUS CHRI	ST -	433,860.
							ASSISTING M	IISSIONARI	ES	
							AND PROMOTI	NG THE		
SOUT	H AME	ERICA -					ADVANCEMENT	OF THE		
ARGE	NTINA	A, BOLIVIA	,			PROGRAM SERVICE ACTIVITIES	GOSPEL OF J	ESUS CHRI	ST	408,732.
3 a	Subto	otal		0	0					842,592.
	Total	from continues to Part I	ation	0	0					0.
с		I s (add lines 3	la	0	0					842,592.

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

SCHEDULE F

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	422.960		0		
		BOLIVIA,	PERU	433,860.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	l ns listed above that are r	l recognized as charities by the f	ioreian country	l			I
			or counsel has provided a sect			►		
3 Enter total number of						>		

Schedule F (Form 990) 2021

D) 2021 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 (d) Amount of cash disbursement (f) Amount of noncash assistance	(h) Method of
assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Schedule F	(Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	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) 2021

Schedule F (Form 990) 2021 PERU MISSION USA,	INC 20-0132882 Page 5
Part V Supplemental Information	
	pring of funds); Part I, line 3, column (f) (accounting method; amounts of accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also co	mplete this part to provide any additional information. See instructions.
PART I, LINE 2:	
CMS GIVES FINANCIAL SUPPORT TO PERU	I MICCION AND THE MICCIONADIES
CMS GIVES FINANCIAL SUFFORI IO FER	MISSION AND IIS MISSIONARIES,
NATIONAL MISSIONARIES, ASSOCIATE M	ISSIONARIES, FELLOWS, AND OTHER SUCH
EMPLOYEES AS SHALL BE DEEMED APPRON	RIATE 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 H	REGION: ASSISTING MISSIONARIES AND
PROMOTING THE ADVANCEMENT OF THE GO	OSPEL OF JESUS CHRIST - GRANTS TO LOCAL
CHURCHES FOR WORSHIP HOUSES AND SCH	IOOLS
.LIST 59 _ 3	
JEREMY.NAESS@DHG.COM - 08/05/20 14	20 PM WORKSHEET SCHEDULE F - STATEMENT
OF ACTIVITIES OUTSIDE THE U.S.	
	486505
	62896
.LIST 59 _ 3	
FRANK.ERICKSON@DHG.COM - 03/10/21	.7:51 PM WORKSHEET SCHEDULE F -
STATEMENT OF ACTIVITIES OUTSIDE THE	1 U.S.
MISSIONARY SUPPORT	393535
BENEFITS PAID TO MEMBERS	82649
<u>.LIST 59 _ 5</u>	
MELISSA.GEORGE@DHG.COM - 07/13/22	1:44 AM WORKSHEET SCHEDULE F -
STATEMENT OF ACTIVITIES OUTSIDE TH	2 U.S.
MISSIONARY SUPPORT	368894
OTHER PAYMENTS FOR MISSION	18870
MED/LIFE INSURANCE	_ 15128
132075 12-20-21	Schedule F (Form 990) 2021 35
40812 797738 200132882	2021.06010 PERU MISSION USA, INC 200132

09

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.

TAX PAYMENTS

53968

132075 12-20-21 Schedule F (Form 990) 2021 36

SCHEDULE J		Compensation Information	I	OMB No. 1545-0047			
(Form 990)		- For certain Officers, Directors, Trustees, Key Employees, and Highest		2024			
. ,		Compensated Employees		2021			
Depa	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.			Open to Public			
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction		
Nam	e of the organization			identificatio		nber	
		PERU MISSION USA, INC	20-0)13288	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o						
	Travel for com						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, or social club dues)						
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)				
-							
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
~				1b		<u> </u>	
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indianta which if a	ny, of the following the organization used to establish the compensation of the organization's					
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	Compensation						
	·	ompensation consultant Compensation survey or study					
		ther organizations Approval by the board or compensation c	ommittee				
			ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				X	
с						X	
	 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 						
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	The organization?			5a		X	
		ation?				X	
	If "Yes" on line 5a o	or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:					
						X	
b	Any related organiz	ation?		6b		X	
		or 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section					Ĺ	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021	

132111 11-02-21

20-0132882

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation 0 •		compensation			reported as deferred on prior Form 990 • 0 •	
(1) WES BAKER (i)		156,335.			0.		156,335.		
MISSIONARY/CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

(Form 990)

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 Form 990-EZ.

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

2U21 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 20-0132882

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

PERU MISSION USA,

AFFILIATE MISSIONARIES, WHO ARE COMMISSIONED TO SERVE WITH THIS

ORGANIZATION BY THEIR RESPECTIVE GOVERNING BOARDS, ARE MEMBERS OF THIS

INC

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) 2021

 132211
 11-11-21
 40

Name of the organization

PERU MISSION USA, INC

Employer identification number 20-0132882

WWW.GUIDESTAR.ORG.

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

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII:

BOARD MEMBERS, WES BAKER AND ALONZO RAMIREZ, ARE 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.

Schedule O (Form 990) 2021

132212 11-11-21