Departreent of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made publication

Open to Public

Inspection ■ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service and ending SEP 30, 2018 A For the 2017 calendar year, or tax year beginning OCT 1, 2017 D Employer identification number C Name of organization East-West Ministries International ]Name ]change 75-2486132 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ]Fınal return/ 972-941-4500 2001 W. Plano Parkway, STE 3000 termin-ated 19,987,849. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amendec Plano TX 75075 H(a) Is this a group return Applica F Name and address of principal officer Kurt Nelson for subordinates? pending same as C above H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.eastwest.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1993 | M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities Evangelizing & equipping Governance nationals to establish grace-oriented churches.  $oldsymbol{\bot}$  if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box 13 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 199 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 1002 6 Total number of volunteers (estimate if necessary) 0. RECEIVED 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** AUG 2 0 2019 334 n 17,962,032 18,948,063. Contributions and grants (Part VIII, line 1h) 33,949 26,849. Program service revenue (Part VIII, line 2g) 27,466 11,630. OCDEN Investment income (Part VIII, column (A), lines 3, 4, and 7d) 218,016, <64,235 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,959,212 19,204,558. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,588.828 1,715,162. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 9,506,888 10,061,646. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,735,085. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,711,095 6,965,023. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,741,831. 17,806,811 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 462,727. 152,401 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 7,803,446 8,184,642. 20 Total assets (Part X, line 16) 7,870. 89,401. 21 Total liabilities (Part X, line 26) 7,714,045 8,176,772. Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign CSeth Kolb Exec. VP of Operations Here Type or print name and title Print/Type preparer's name Preparer's signature 8/13/2019 P00721951 Ted R. Batson, Jr. Paid sett-employed 36-3990892 Firm's name Capin Crouse LLP Firm's EIN Preparer Firm's address 1000 Texan Trail, STE 125 Use Only

Phone no.817-328-6510

X Yes

Grapevine TX 76051

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2017) East-West Ministries International	75-2486132	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission		
,	See Schedule O for description.		
		_	
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the	_	- —
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🗓 No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exi	nenses
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	is, the total expe	enses, and
	revenue, if any, for each program service reported.		<u> </u>
4a		ıe \$	6,966.)
	Evangelize: God has faithfully provided creative means by which to move		
	forward in taking the gospel to unreached peoples throughout the world.		
	East-West Ministries is scattering the seeds of the gospel through		
	various avenues: short-term teams, nationals who have been trained in		
	evangelism, national churches, and mass evangelism projects. All of our		
	evangelism efforts include a clear, concise gospel presentation with a		
	challenge for the hearer of the Word to take an action step of asking		
	for forgiveness and accepting Jesus as their Savior.		
		<del></del>	
	See Schedule O for continuation.		
			<del></del>
4b	(Code ) (Expenses \$ 3,908,954. including grants of \$ 192,483. ) (Revenue	ле \$	17,365.)
	Equip: East-West Ministries began with a commitment to work through	<del></del>	
	nationals to plant healthy churches in limited access countries,		
	especially among unreached people groups and in restricted-access		<del></del>
	areas. Strategically, we are committed to training nationals who can		
			<del></del>
	both carry on the ministries in their countries and train others for		<del></del>
	ministry. We train pastors to be biblically sound, grace-oriented		
	multipliers, and we train women's leaders for their churches. We train		
	itinerant evangelists to lead area-wide campaigns and train church		
	members to be more effective witnesses.		
	See Schedule O for continuation.		
		-	
4c	(Code ) (Expenses \$ 3,488,954. including grants of \$ 3,754.) (Revenue		1,650.)
40	(Code) (Expenses \$ 3,488,954. including grants of \$ 5,754.) (Revenue Mobilize: God offers the free gift of grace to everyone. He empowers		
	and challenges every believer to be witnesses "to the ends of the	-	
	earth." That is why East-West aims to mobilize the Church at home to		
	build the Church abroad as a core strategy.		
		· <del></del>	
	Every member of the Body of Christ can be involved in seeing Christ's		
	Great Commission fulfilled by supporting His cause. So we engage		
	partners to reach the world for Christ in a variety of ways, such as:		
	Long-term mission assignments, Short-term mission trips, Church		<del></del>
			· · · · · · · · · · · · · · · · · · ·
	partnerships, and Prayer.		
		<del></del>	<del></del>
4d	· · · · · · · · · · · · · · · · · · ·		
	(Expenses \$ 2,940,841. including grants of \$ 527,533.) (Revenue \$	868.)	
40	Total program conuce expenses 14 838 562.		

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Form	990 (2017) East-West Ministries International 75-2486132	<i>J</i> 4		age 3
Par	t 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	x	
•	Is the organization required to complete Schedule B, Schedule of Contributors	2	x	<del>                                     </del>
2			<del></del>	_
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		_	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		<u> </u>	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	, .	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	\$	ن به م	
	as applicable	1	*	^
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
А	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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	_	х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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X

17

18

18

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

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# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>-</b> →	Part V, line 1	34		х
<b>3</b> 52	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<b> </b>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (	2017)

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u>-</u>	ugo v
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140
_	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
b		1		
·	(gambling) winnings to prize winners?	1c	<u>x</u>	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		
20	filed for the calendar year ending with or within the year covered by this return  2a 199	ļ		
b		2b	<u>x</u>	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<del></del>		
За	704.000	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ľ	х
h	If "Yes," enter the name of the foreign country	<u> </u>		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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 transaction?	5b		х
c	4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	the state of the s	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	]		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand		<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

ı aı	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	,,,,	capon	36
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>		х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent  12	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			ų.
_	persons other than the governing body?	7b	$\vdash$	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	х	
а	The governing body?	8a		х
b	Each committee with authority to act on behalf of the governing body?	8b		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
566	tion B. Folloics (This decitor Direquests information about policies not required by the internal revenue decey		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	<b></b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	-	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	465		
500	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶AK, MD, MN, NH, TN, WA, WI, WV, VA, SC			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply		-	
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
.5	statements available to the public during the tax year		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Rick Creel - 972-941-4500			
	2001 W. Plano Parkway STE 3000 Plano TX 75075			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kurt Nelson	60.00							214 525		00.554
CEO	10.00	Х		Х	<u> </u>	<del> </del>	_	214,506.	0.	98,551.
(2) Brad Bunnett	10.00			v		l		0.	0.	,
Chairman (3) Jeff Swope	5.00	Х	$\vdash$	X	$\vdash$	⊢	-	ļ	· · · · · · · · · · · · · · · · · · ·	0.
Treasurer	3.00	x		х				0.	0.	0.
(4) Danny Graham	2,00	_	_	_		┢	┢	1	0.	<u> </u>
Director	2.00	x						0.	0.	0.
(5) Mark Hinton	2,00	┢	┝		<del>                                     </del>	┢	_	0.	•••	•••
Director	2.00	x	<b>l</b> ,					0.	0.	0.
(6) Scott Luttrell	2.00	<del> </del>	$\vdash$		-	$\vdash$	┝	+		
Director	2.00	x					l	0.	0.	0.
(7) Tad May	2.00	-					H			
Director		x					1	0.	0.	0.
(8) Ray Nixon	2.00	<del> </del>								
Director		x						0.	0.	0.
(9) Nathan Sheets	2.00									
Director	•	х						0.	0.	0.
(10) Cindy Simmons	2.00									
Director		х						0.	0.	0.
(11) Afshin Ziafat	2.00									
Director		х						0.	0.	0.
(12) Chuck Anderson	2.00									
Director		х						0.	0.	0.
(13) Kaye Dawn Lunsford	2.00									
Director	_	Х						0.	0.	0.
(14) Mario Zandstra	50.00									
President (Part Year)				Х				235,427.	0.	27,347.
(15) Seth Kolb	50.00						l	-	•	
Exec. VP of Operations				Х			_	119,803.	0.	32,690.
(16) Kathryn Berney	40.00				Ι.					
Secretary/Exec Assistant to		<u> </u>	Щ	Х			L	63,263.	0.	10,115.
(17) Kristen Shuler	50.00									
Exec. VP of Development				X			L.,	100,740.	0.	11,456.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		
' (A) Name and title	(B) Average hours per week	(do not ch		(C) Position to not check more than one to the position in the				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Insblubonal trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensa from th organiza and rela organizat	ation ie tion ted
(18) Rick Creel	40.00								_		
VP of Financial Service			L	Х	L.	_	<u> </u>	58,678.	0.	1	,591.
(19) John Maisel Chairman Emeritus/Founder	30.00					x		127,928.	0.	65	,731.
(20) Robert West	50.00										
VP of Evangelism						Х		130,000.	0.	1	,328.
										•	<u>-</u>
1b Sub-total							<b>&gt;</b>	1,050,345.	0.	248	,809.
<ul> <li>Total from continuation sheets to Part VI</li> <li>Total (add lines 1b and 1c)</li> </ul>	I, Section A						<b>▶</b>	0. 1,050,345.	0.	248	0. ,809.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 of reportable		6
3 Did the organization list any former officer,	director or tri	ister	a ke	w en	nnlo	wee	or l	highest compensated e	mployee on	Yes	No

3 X 3 A 4 X es

line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Lawson Travel, 1140 Empire Central Dr.,		
Ste. 620, Dallas, TX 75247	Travel services	438,327.
Ethno Holdings		
920 Clove Glen Ct., Lucas, TX 75002	Digital online evangelism	387,880.
Park Hyatt Beaver Creek Resort		
136 E. Thomas Place, Beaver Creek, CO 81620	Hotel	141,961.
Mariano Travel		
2333 W. 52nd Street, Hialeah, FL 33016	Travel services	111,419.
Total number of independent contractors (including but not limited	d to those listed above) who received more than	
\$100,000 of compensation from the organization	4	

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue business exempt function sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 913,977. 1c c Fundraising events d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 18,034,086 similar amounts not included above 654,011 g Noncash contributions included in lines 1a-1f \$ 18,948,063. h Total. Add lines 1a-1f **Business Code** 26,849 26,849 2 a Misc Program Revenue 900099 Program Service Revenue f All other program service revenue 26,849. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 44,135. 44,135 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 400,000. 32,798. assets other than inventory b Less cost or other basis 54,730 410,573 and sales expenses <21,932, <10,573. c Gain or (loss) <32,505.> <32,505. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 913,977. of contributions reported on line 1c) See 489,551 Part IV, line 18 317,988 b Less: direct expenses 171,563. 171,563 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b 46,453. 900099 46,453. d All other revenue 46,453 Total. Add lines 11a-11d 19,204,558. 26.849. 229,646. Total revenue. See instructions. 12

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) **/B**) (A) Do not include amounts reported on lines 6b, Total expenses Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 118,973 118,973 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 1,596,189 1,596,189 individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 977,031, 714,971 142,049 120,011. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,531,646. 1,130,406 954,047. 7,616,099 7 Other salaries and wages Pension plan accruals and contributions (include 29,065. 129,971 36,078 195,114 section 401(k) and 403(b) employer contributions) 948,225 757 544 101,123 89,558. 9 Other employee benefits 49,786. 71,870 203,521. 10 Payroll taxes 325,177. Fees for services (non-employees) a Management 26,819 26,819 Legal 47,434 47,434. c Accounting d Lobbyina e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 864,019 495,664 263,567 104,788. column (A) amount, list line 11g expenses on Sch O.) 16,792. 8,646. 2,008 6,138. Advertising and promotion 12 100,079. 340,155, 208,520. 31,556. 13 Office expenses 93,781 78,431, 15,269. 81. Information technology 14 15 Royalties 513,540 311,861, 96,953. 104,726. 16 Occupancy 3,059,144. 2,982,055 9,794 67,295. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 553,611 415,962 46,010 91,639. 19 Conferences, conventions, and meetings 391 391 20 Payments to affiliates 21 41,450 61,640 20,190 Depreciation, depletion, and amortization 22 52,870 43.372. 7,299. 103,541 Insurance 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,015,321 956,793 48,697. 9,831. Education & Training Translators 81,288. 81,288 72,352. 72,352 Humanitarian Aid C 9,432 Repairs & Maintenance 13,194 437. 23,063, 305. 535 92,132, 91,292 All other expenses е Total functional expenses. Add lines 1 through 24e 18,741,831. 14,838,562 2 168 184 1,735,085. 25 Joint costs Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

668,661

428,409

240,252.

0

Check here X if following SOP 98-2 (ASC 958-720)

Page **11** 

ar	τχ	Balance Sneet			<del></del>		<del></del>
	١	Check if Schedule O contains a response or not	e to ar	y line in this Part X			X
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing			1,922,285.	1	2,480,301
	2	Savings and temporary cash investments			5,126,874.	2	5,038,096
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			325,249.	4	198,120
	5	Loans and other receivables from current and fo	rmer c	fficers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
433613	7	Notes and loans receivable, net				7	
ξ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			130,903.	9	208,134
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	691,250.			
	b	Less accumulated depreciation	10b	589,659.	139,735.	10c	101,591
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1	[		12	
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets				14	
- 1	15	Other assets See Part IV, line 11			158,400.	15	158,400
	16	Total assets. Add lines 1 through 15 (must equal	al line :	34)	7,803,446.	16	8,184,642
П	17	Accounts payable and accrued expenses			. 89,401.	17	7,870
	18	Grants payable				18	
- 1	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	art IV	of Schedule D		21	
2	22	Loans and other payables to current and former	office	s, directors, trustees,			
Lidulliles		key employees, highest compensated employee	s, and	disqualified persons	. <u></u>		
9		Complete Part II of Schedule L				22	
·	23	Secured mortgages and notes payable to unrela	ited th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			89,401.	26	7,870
		Organizations that follow SFAS 117 (ASC 958	), che	k here 🕨 🗓 and			
2		complete lines 27 through 29, and lines 33 an	d 34.				
	27	Unrestricted net assets	L	2,504,438.	27	2,300,749	
ğ	28	Temporarily restricted net assets	L		28		
į	29	Permanently restricted net assets		5,209,607.	29	5,876,023	
5		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶└─│			
Net Assets of Fully balances		and complete lines 30 through 34.		[.			
3	30	Capital stock or trust principal, or current funds		Ĺ		30	\
2	31	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		31	
;	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
2 I	33	Total net assets or fund balances			7,714,045.	33	8,176,772
- 1					7,803,446.	34	8,184,642.

orm	n 990 (2017) East-West Ministries International	75-2486132		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> </u>	558.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18		831.
3	Revenue less expenses Subtract line 2 from line 1	3			727.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,714,	045.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	,176,	,772.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لتا
		1		Yes	No
1	Accounting method used to prepare the Form 990 Lash X Accrual Cother				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>9</b> 0			الــــــا
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х.,
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis			<del></del> -	نـــا
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 separa	te basis,			
	consolidated basis, or both				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		 X	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ.	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				4
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingie Audit			
	Act and OMB Circular A-133?	al a cala	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ц

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 75-2486132 East-West Ministries International Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (III) Type of organization in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions))

# Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	include any "unusual grants ")	12,261,810.	16,768,272.	17,261,258.	17,962,032.	18,948,063.	83,201,435.
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				1		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12,261,810.	16,768,272.	17,261,258.	17,962,032.	18,948,063.	83,201,435.
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)						410,118.
6	Public support. Subtract line 5 from line 4						82,791,317.
Sec	tion B. Total Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	12,261,810.	16,768,272.	17,261,258.	17,962,032.	18,948,063.	83,201,435.
8	Gross income from interest,			- <del>-</del>			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	68,482.	45,983.	24,502.	29,872.	44,135.	212,974.
9	Net income from unrelated business			-			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
-	or loss from the sale of capital		·				
	assets (Explain in Part VI)	17,655.	11,572.	5,100.	9,350.	536,002.	579,679.
11	Total support. Add lines 7 through 10						83,994,088.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	169,323.
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.57 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.37 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
ь	33 1/3% support test - 2016. If the d	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						ightharpoonup
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	
b	10% -facts-and-circumstances tes	_				17a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						s <b>▶</b> □
<u> </u>						dula A /Form 000	

#### 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 (f) Total Calendar year (or fiscal year beginning in) (d) 2016 (e) 2017 (a) 2013 (b) 2014 (c) 20151 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2013 (b)/2014 (c) 2015(d) 2016 (e) 2017 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentáge for 2017 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

# Part IV | Supporting Organizations

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

## **Section A. All Supporting Organizations**

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	organization was described in section 509(a)(1) or (2)

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		•
7		
8		
9a		
9b		
9c		
10a		
10b		
100		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	· ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ĺ	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		111	1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			i i
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
<u>Sac</u>	tion C. Type II Supporting Organizations		L	L
	aon or 13po il oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	<del>  •••</del>
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 1
	or management of the supporting organization was vested in the same persons that controlled or managed	i '		
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
000	aton b. An Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
1	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			]
		<u> </u>		ا
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		<del> </del> ,
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			1 1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			$\vdash$
3	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			ıì
	supported organizations played in this regard	3		J
Sec	tion E. Type III Functionally Integrated Supporting Organizations		L	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	;)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ ,		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			$\overline{}$
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		'
•		-20		$\vdash \vdash$
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or ,	3a		
L	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		<del>                                     </del>
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	or its supported organizations in 100, december in Fart 41 the role played by the organization in the regard			

3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990 or 990-EZ) 2017

**Current Year** 

Section C - Distributable Amount

instructions)

Enter 85% of line 1

1

Adjusted net income for prior year (from Section A, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2017 East-West Ministries International 75-2486132 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (ii) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 a l **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in

Schedule A (Form 990 or 990-EZ) 2017

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

7 Excess distributions carryover to 2018. Add lines 3j

Schedule A (Form 990 or 990 EZ) 2017 East-West Ministries International	75-2486132	Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b, Part III, line 12, Part IV. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV. Section B, lines 1, Part IV. Section D, lines 2 and 3. Part IV. Section B, lines 1c, 2a, 2b, 3a, and 3b, Part V, Ines 1c, Part V, Section D, lines 2 and 3. Part IV. Section B, lines 1c, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  (See instructions)  hedule A, Part II, Line 10, Explanation for Other Income:  reign Currency Gain(Loss)  14 Amount: \$ -2,161.  ecial FR Event Revenue  13 Amount: \$ 13,733.  15 Amount: \$ 5,100.  16 Amount: \$ 9,350.  17 Amount: \$ 489,551.		
Schedule A, Part II, Line 10, Explanation for Other Income:		
Foreign Currency Gain(Loss)		
2014 Amount: \$ -2,161.		
Special FR Event Revenue		
2013 Amount: \$ 17,655.		
2014 Amount: \$ 13,733.		
2015 Amount: \$ 5,100.		
2016 Amount: \$ 9,350.		
2017 Amount: \$ 489,551.		·
Other Income		
2017 Amount: \$ 46,451.		
	-	
	· · · · · · · · · · · · · · · · · · ·	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** 75-2486132 East-West Ministries International Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
	Impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education)	torically impo	rtant land area
	Protection of natural habitat	Preservation of a cei	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a co <u>nserv</u>	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic stri	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f	
	violations, and enforcement of the conservation easements it	t holds?		L_J Yes                  No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easeme	nts during the year
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organiza	tion's accounting for
<u> </u>	conservation easements	CAA HEADING TOO	24h O: ii	lan Asaada
Par	t III Organizations Maintaining Collections of	-	Jiner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			<del></del> _
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service,	provide the following amounts
	relating to these items			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain, provid	le

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶ \$

Bart III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)	Sche	dule D (Form 990) 2017 East-West 1	Ministries Inter	nationa	al				75-24861	132	Page 2
check all that apply  a   Police enhotion   d   Loan or exchange programs   b   Scholarly research   c   Other	Pai	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures,	or Other	Simil	ar Asse	<b>ts</b> (contini	ued)
a Public exhibition d Loan or exchange programs b Scholarly research e Other Cher Cher Cher Cher Cher Cher Cher C	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a sig	nıfıcant	use of its	collection	items
b Scholarly research c Preservation for future generations 4 Provide a description of future generations 4 Provide a description of future generations 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to rage funds rather than to be maintained as part of the organization of collection?   Yes   No		(check all that apply)									
c Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Ecorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, line 21, sine page and an anomal to a form 990, Part X, line 21, for escribitions or other assets not included on Form 990, Part XIII and complete the following table    Ves	а	Public exhibition	d	ᆜᆜ	oan or excl	hange progr	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In the part of the organization answered "Yes" on Form 990, Part X, line 21. In the organization answered "Yes" on Form 990, Part X, line 21. For escrow or custodial account liability?   Yes   No   If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII	b	Scholarly research	е		ther						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mentiaged as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ihm 9, or reported an amount on Form 990, Part X, Ine 21.  Is the organization an aspert, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is if "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Additions during the year  Destributions during the year the destribution during the year been provided on Part XIII  Destributions during the year destribution during the year been provided on Part XIII  Destributions during the destribution during the provided on Part XIII during the year balance  Destributions  Destributions during the year during the provided during the year been during the year been during the year during the year been during the year d	С	<del>-</del>									
Does note to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   Part IV   Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21.    Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X   line 21.   Tall is the organization that arrangement in Part XIII and complete the following table   Yes   No	4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizati	ion's exem	pt purp	ose in Par	t XIII	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10   Yes   No If "Yes," explain the arrangement in Part XIII and complete the following table    Beginning balance	5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or oth	er sımılar a	ssets		٦	
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year f Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back   Grants or scholarships   (a) Current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   %   Defended the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   %   Defended the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   %   Defended the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   %   Defended the estimated percentage of the organization that are held and administered for the organization by (b) unrelated organizations   %   Defended the endowment   %   Defended the endowment   %   Describe in Part XIII the intended uses of the organizations is endowment funds   Describe in Part XIII the intended uses of the organizations is endowment funds   Describe in Part XIII the intended uses of the organizations or endowment funds   Describe in Part XIII the intended uses of the organizations or endowment funds   Describe in Part XIII the intended uses of the organizations or endowment funds											No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII of the K bere if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back organization so the trust of the explanation has been provided on Part XIII  For the provided organization or the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   96 Permanent endowment part XIII of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   96 Permanent endowment part XIII of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   96 Permanent endowment Part XIII of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   96 Permanent endowment Part XIII of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment Part XIII See Form 990, Part X, line 10.  197	Pai			ete if the d	organizatio	n answered	"Yes" on F	orm 990	), Part IV,	line 9, or	
on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year 1 f Ending balance 2 Distributions during the year 1 f Ending balance 2 Distributions during the year 1 f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		<del></del>			<u> </u>						
b if "Yes," explan the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	1a	•	ian or other intermed	diary for c	ontribution	s or other as	ssets not ir	icluded		٦.,	<b>□</b>
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes   No   If   If   If   If   If   If   If   I										」Yes	□ No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Beginning of year balance a Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ %  Demanant endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3q(i), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Cemplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Cemplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.  Cet	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing ta	ible						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Pervived the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶								+		Amount	
e Distributions during the year  f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   % c Temporanly restricted endowment   % 6 Permanent endowment   More and a program of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation (d) Book value  basis (investment)  521, 342, 490, 939, 30, 403.  6 Equipment  C Chief Casehold improvements  6 Equipment C Description of Poperty  (a) Ecasehold improvements (b) Form 990, Part IV, line 11a See Form 990, Part IV, line 10.  Case Poper IV,		•						$\vdash$			
Tending balance  2a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes								H			<del> </del>
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes   No								$\overline{}$			
b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back     (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e)		_	orm 000 Part V line	21 for as	ecrow or cu	ietodial acco	ount liability			Vac	No
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d)		<del>-</del>						, .		1 163	<b>=</b> "
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e	_							)			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 521, 342, 490, 939, 30, 403, 403, 60, 404, 50, 500, 500, 500, 500, 500, 500		TT LITTLE COMPLETE		•				_	ears back	(e) Four	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	1a	Reginging of year balance	(a) Carrent year	(5)	or your	(0) ,	(4	,		(0)	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶											
d Grants or scholarships e Cher expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 521,342, 490,939, 30,403. e Other 169,908, 98,720, 71,188.	_				-				-		
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  % b Permanent endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on lines 3a(i), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  1 169,908, 98,720, 71,188.		• •					-				
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organization listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment  521,342, 490,939, 30,403, e Other  6 Equipment  6 Other		•					i i				
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds    Part VI   Land, Buildings, and Equipment.		-									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶	f	· •									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶	g	End of year balance									
a Board designated or quasi-endowment	2		rent year end balanc	e (line 1g	, column (a	)) held as					
Temporarily restricted endowment ▶	а										
The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  Other  Other  The percentages on lines 2a, 2b, and 2c should equal 100%  Yes No  Yes No  (A) Sa(ii)  Land  (b) Cost or Other basis (other)  (c) Accumulated depreciation  (d) Book value  30, 403.  400, 939.  30, 403.  71, 188.	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (b) Cost or other depreciation  1a Land  b Buildings  C Leasehold improvements  d Equipment  C Description of property  1a Land  b Guipment  C Description of property  1b Land  C Description of property  1a Land  b Buildings  C Leasehold improvements  C Description of property  1a Land  b Guipment  C Description of property  C Descri	С	Temporarily restricted endowment ▶	%								
Ves   No   (i)   unrelated organizations   3a(i)		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (investment)  basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment d Equipment e Other  Other	За	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administe	ered for the	organi	zation	_	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  (ii) related organizations  Sa(ii)  3b  (d) Book value		by									res No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds    Part VI   Land, Buildings, and Equipment.		(i) unrelated organizations								3a(i)	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  C Leasehold improvements  d Equipment  Other										-	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  (d) Book value  (d) Book value  (e) Book value  (f) Book value  (f) Book value  (g) Cost or other basis (other)  (h) Cost or other depreciation  (I) Book value	b	.,,	,							3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Condition Form 990, Part IV, line 11a See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  3 Equipment  521,342. 490,939. 30,403. 71,188.				wment fu	ınds						
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment (f) Cost or other basis (other)  (f) Cost or other depreciation  (h) Cost or other basis (other)  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Equipment (f) Equi	Pai							40			
basis (investment)         basis (other)         depreciation           1a Land         Image: Control of the									<del> </del>		<del></del>
1a Land		Description of property			• •					(a) Rook	value
b Buildings         Leasehold improvements           c Leasehold improvements         521,342.         490,939.         30,403.           e Other         169,908.         98,720.         71,188.		No. of	Dasis (Investin	nem)	D4212 (	(Other)	uepre	SCIALIUII	-		
c Leasehold improvements     521,342.     490,939.     30,403.       e Other     169,908.     98,720.     71,188.			-						<del>  </del>		
d Equipment     521,342.     490,939.     30,403.       e Other     169,908.     98,720.     71,188.		•									
e Other 169,908. 98,720. 71,188.		·		<del></del>		521 342		490	939	••	30 403
COMIC		• •	·	+							
			aual Form 990. Part	X. columi	n (B), line 1			1			<del></del>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 East-West Mini	istries International		75-2486132	Page 3
Part VII Investments - Other Securities.	•			· · · · · · · · · · · · · · · · · · ·
. Complete if the organization answered "Y				
(a) Description of security or category (including name of secur	ity) (b) Book value	(c) Method of valuation	Cost or end-of-year ma	arket value
(1) Financial derivatives		<u> </u>		
(2) Closely-held equity interests	l			
(3) Other				
(A)	<del></del>	<del> </del>	<del></del>	
(B)				<del></del>
(C)				<del></del>
(E)				
(F)				
(G)				
(H)			-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>			
Part VIII Investments - Program Related	l	·		
Complete if the organization answered "Y		e 11c See Form 990, Part X, li	ne 13	
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
			<del></del>	
(5)		,		
(6)				<del></del>
(7) (8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	-		
Part IX Other Assets.				
Complete if the organization answered "Y	es" on Form 990, Part IV, line	e 11d See Form 990, Part X, li	ine 15	
	(a) Description		(b) Bo	ook value
(1)			•	
(2)				
(3)				
(4)			<del></del>	
(5)				
(6)				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (E	3) line 15 )		<b></b>	
Part X Other Liabilities.	, <u>.</u>			
Complete if the organization answered "Y	es" on Form 990, Part IV, line		art X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	-			
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	venue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a			
1	Total revenue, gains, and other support per audited financial statements			1	19,740,972.
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	218,427.	]	
С	Recoveries of prior year grants	2c		]	
d	Other (Describe in Part XIII)	2d	317,987.		
е	Add lines 2a through 2d			2e	536,414.
3	Subtract line 2e from line 1			3	19,204,558.
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.			5	19,204,558.
Pa	t XII Reconciliation of Expenses per Audited Financial St		xpenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a			
1	Total expenses and losses per audited financial statements			1	19,278,245.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities '	2a	218,427.		
þ	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d	317,987.	<u> </u>	***
е	Add lines 2a through 2d			2e	536,414.
3	Subtract line 2e from line 1			3	18,741,831.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		<del>  </del>	
C	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	<u> </u>		5	18,741,831.
	<del></del>	4. D- 4.04 been 4been 4	OL Best Ville	4 D 4 V 1	0. D-+ \/(1
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4, Part X, II	ne 2, Part XI,
111 163	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar	ty additional imornation	), i		
	<del></del>				
Part	XI, Line 2d - Other Adjustments:		_		
					·
Fund	raising event expense reported on Pt. VIII, Line 8b	317, <u>98</u> 7.		_	
Part	XII, Line 2d - Other Adjustments:				<u> </u>
Fund	raising event expenses reported on Pt. VIII, Line 8b	317,987.			
		<del></del>			
	<u> </u>	- <u>-</u> -	<del></del>		
			·		

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

East-West Ministries International Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Evangelism, Pastor Training, Church Central America and Planting 1.014.416. the Caribbean 0 0 Program Services Central America and Grants to Recipients the Caribbean 0 ocated in Region 301,878. Evangelism, Pastor Europe (Including Training, Church Iceland & Greenland) 0 2 Program Services Planting 1,453,541. Europe (Including Grants to Recipients Located in Region 215,663. Iceland & Greenland) 0 0 Evangelism, Pastor Middle East and Training, Church Planting 564,642. North Africa 0 Program Services Middle East and Grants to Recipients North Africa 0 Located in Region 76,754. Grants to Recipients Located in Region 230,228. North America Evangelism, Pastor Russia & the Newly Training, Church Independent States Program Services Planting, Orphanage 1,464,728. 1 5,321,850. 13 3 a Sub-total b Total from continuation sheets to Part I 18 4,610,626.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

9,932,476.

c Totals (add lines 3a

and 3b)

Schedule F (Form 990)	East-West Mi			75-2486132	Page
Part I Continuati	on of Activitie	s per Regio	n.(Schedule F (Form 990), Part I, line	3)	
, (a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia & the Newly Independent States	0		Grants to Recipients Located in Region		372,951
			_	Evangelism, Pastor Training, Church	
South Asia	1	3	Program Services	Planting	1,684,348
South Asia	0		Grants to Recipients Located in Region		216,939,
	ľ			Evangelism, Pastor	123,233,
East Asia and the Pacific		15	Program Services	Training, Church Planting, Orphanage	2,154,612.
FACILIC			- I Togram bervioes	randing, orpinality	1,202,022
East Asia and the			Grants to Recipients		
Pacific	0	0	Located in Region		181,776.
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· · · · · · · · · · · · · · · · · · ·					
		4.5			4 610 600
Totals	<u> </u>	18	<u></u>	<u> </u>	4,610,626.

Schedule F (Form 990) 2017 East-West Ministries International 75-2486132

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)
			Church Planting,		Cash Payment			
		Central America	Evangelism &		and/or Wire	` `		
		and the Caribbean	Equipping Support	71,874.	Transfer	٥.		
				· /				
			Church Planting,	Į.	Cash Payment			
	i '	1	Evangelism &	1	and/or Wire			
		North Africa	Equipping Support	28,245.	Transfer	0.		
			Church Planting,	ļ	Cash Payment			
			Evangelism &		and/or Wire			
			Equipping Support		Transfer	0.		
		_						
		Russia and	Women's Church		Cash Payment			
		Neighboring	Planting, Evangelism		and/or Wire			j
		States	& Equipping Support	20,410.	Transfer	0.		ļ
			Church Planting		Cash Payment			
		East Asia and the	1		and/or Wire			Ì
	1		Equipping Support		Transfer	0.		
			aqaappang sapposs					· · · · · · · · · · · · · · · · · · ·
					ĺ	1	*	
							`	'
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			1					

_	
3	Enter total number of other organizations or entities
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
2	Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exemples.

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 East-West Ministries International 75-2486132

Part III Grants and Other Assistance to Individuals Outside the United States. Complete f the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if a	idditional space is neede	d				·	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Evangelism, Church Planting & Support	Central America and the Caribbean	40	209,453.	Cash Payment and/or Wire Transfer	0.		
Evangelism, Church Planting & Support	Europe (Including Iceland & Greenland)	19	212,485	Cash Payment and/or Wire Transfer	0.		
Evangelism, Church Planting & Support	Middle East and North Africa	10	48,309.	Cash Payment and/or Wire Transfer	0.		
Evangelism, Church Planting & Support	North America	15	105,369.	Cash Payment and/or Wire Transfer	0.		
Evangelism, Church Planting & Support	Russia and Neighboring States	25	348,116.	Cash Payment and/or Wire Transfer	0.		
Evangelism, Church Planting & Support	South Asia	163	213,700.	Cash Payment and/or Wire Transfer	0.		
Evangelism, Church Planting & Support	East Asia and the Pacific	10	113,292.	Cash Payment and/or Wire Fransfer	0.		
				,			

schedi	die F (Form 990) 2017 East-west Ministries international	15 2100202	Page 4
Part	IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ 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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number

75-2486132 East-West Ministries International Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations еL Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sch	<u>edu</u>	le G (Form 990 or 990 EZ) 2017 East-West	Ministries Interna	tional		486132 Page 2
Pa	ırt		<del>-</del>			
	<u> </u>	of fundraising event contributions and	<u> </u>			pts greater than \$5,000
	ł		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			25th Anniversary		None	(add col. (a) through
			Celebration Event	Worship Gathering		col. (c))
ę			(event type)	(event type)	(total number)	001. (0))
Revenue			4 254 252	,, ,,,,		1 402 500
æ	1	Gross receipts	1,361,850.	41,678.		1,403,528
	2	Less Contributions	879,655.	34,322.		913,977
	3	Gross income (line 1 minus line 2)	482,195.	7,356.		489,551
$\neg$					<u></u> -	
	4	Cash prizes				
	_					
န္ဓ	5	Noncash prizes				
Orrect Expenses	6	Rent/facility costs	122,442.	31,542.		153,984
N N		·				
ect	7	Food and beverages				<u> </u>
۵	_		20.000	30,000		E0 000
1	8	Entertainment	20,000. 98,890.	30,000.		50,000 114,004
	9	Other direct expenses		15,114.		317,988
ĺ	10					171,563
Pa	rt	Net income summary Subtract line 10 from III Gaming. Complete if the organization	n answered "Vos" on Form	1990 Part IV line 19 or r	reported more than	171,505
		\$15,000 on Form 990-EZ, line 6a	ITANSWEIGG 165 OITTOIN	1550, 1 211 14, 11110 15, 01 1	eported more than	
	_	ψ10,000 011 0111 030 E2, iiic 0a	<del></del>	(b) Pull tabs/instant		(d) Total gaming (add
울			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
Revenue				Jgo. p. og. JJJ J Jgo		(c) (a) through col (c)
اتے				Sgorprogramming		coi (a) through coi (c)
_	4	Gross revenue		S		coi (a) through coi (c)
$\dashv$	1	Gross revenue		ogov programa ogo		cor (a) through cor (c)
_	1					coi (a) through coi (c)
_	2	Gross revenue  Cash prizes				coi (a) through coi (c)
_		Cash prizes				coi (a) through coi (c
Expenses						coi (a) through coi (c)
Expenses		Cash prizes				coi (a) through coi (c)
Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs				coi (a) through coi (c)
Expenses	3	Cash prizes Noncash prizes				coi (a) through coi (c)
Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%	Yes%	Yes%	coi (a) through coi (c
Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs	Yes%  No		Yes% No	coi (a) through coi (c)
Expenses	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	□ No	Yes%	<u> </u>	coi (a) through coi (c)
Expenses	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 throu	gh 5 in column (d)	Yes%	<u> </u>	coi (a) through coi (c)
Expenses	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	gh 5 in column (d)	Yes%	<u> </u>	coi (a) through coi (c)
Direct Expenses	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 throu	gh 5 in column (d)	Yes%	<u> </u>	coi (a) through coi (c)
<b>o</b> Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 throutous the state (s) in which the organization constitution in the state (s) in which the organization constitution is summary.	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities	Yes %	<u> </u>	col (a) through col (c)
b c Direct Expenses	3 4 5 6 7 8 Entils ti	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 throu	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities activities in each of these	Yes %	<u> </u>	
Direct Expenses	3 4 5 6 7 8 Entils ti	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 throutous terms the state(s) in which the organization conduct gaming incomes to conduct gaming incomes incomes to conduct gaming incomes incomes incomes incomes incomes income incomes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities activities in each of these	Yes %	<u> </u>	
d w G	3 4 5 6 7 8 Entils tilf "I	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 throutous terms the state(s) in which the organization conduct gaming incomes to conduct gaming incomes incomes to conduct gaming incomes incomes incomes incomes incomes income incomes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities _ activities in each of these	Yes% No	No D	

b If "Yes," explain

Sch	edule G (Form 990 or 990-EZ) 2017 East-West Ministries International	2486132	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	L Yes	└ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
С	of gaming revenue retained by the third party ►\$  If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information.		
	Name		
	Gaming manager compensation > \$		
	<del></del>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<u>.</u>	
-	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	l, lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
		_	
			-
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Schedule G (Form 990 or 990-EZ) 2017

Schedule G	(Form 990 or 990 EZ)  Supplemental Info	East-West Ministries	Internationa	1		75-2486132	Page 4
Part IV	Supplemental Info	rmation (continued)					
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#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service		► Attach to Form 990 ► Go to www.irs gov/Form990 for the latest information						Open to Public Inspection
Name of the organization								Employer identification number
12 12	East-West Mini		national				·········	75-2486132
	ormation on Grants a			<del></del>				
			e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	
	ard the grants or assis							X Yes No
			toring the use of grant				/ F 000 D	+ N/ h 04 f
			zations and Domestic			anization answered	Tes on Form 990, Par	t IV, line 21, for any
1 (a) Name and add or gove	ress of organization	(b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CT Ministries 2904 Vacherie Ln.								
Dallas, TX 75227		26-3300661	501(c)(3)	93,555.	0.			Missionary support
SouthWest Church P. 6060 N. Central Exp Dallas, TX 75206	-	58-1603525	, 501(c)(3)	19,000.	0.			Missionary support
Global Training Net P.O. Box 6507 Peoria, AZ 85385	twork	68-0586399	501(c)(3)	6,418.	0.			Missionary support
	of section 501(c)(3) a	-	rganizations listed in th	e line 1 table				3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2017)

732101 11-01-17

Schedule   (Form 990) (2017) East-West Ministries					75-2486132	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	als. Complete if the	organization answ	vered "Yes" on Form 9	990, Part IV, line 22		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncasi	h assistance
		i				
Part IV Supplemental Information Provide the information r	equired in Part I, lir	ne 2, Part III, colum	n (b), and any other a	dditional information		
art I, Line 2						
ast-West Ministries makes grants to organization	s located in t	he United				
tates based on written or understood grant agree	ments to accom	plish				
ertain program purposes around the world. East-				· ·		
these grants in various ways, depending on the ag	reement. The	most common				
orms of monitoring are observation of the minist	ry programs in	the field,				
inancial reports, and ministry result reports.						

732102 11-01-17

Schedule I (Form 990) (2017)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

East-West Ministries International

**Employer identification number** 

75-2486132 **Questions Regarding Compensation** Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or х reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, х 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х 4a a Receive a severance payment or change-of-control payment? Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х a The organization? 5a X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a Х a The organization? х 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 X not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 East-West Ministries International 75-2486132

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Deficition	(5)(()(5)	reported as deferred on prior Form 990
(1) Kurt Nelson	(i)	214,506.	0.	0.	30,501.	68,160.	313,167.	0.
CEO	(0)	` 0.	0.	0.	0.	0.	0.	0.
(2) Mario Zandstra	(1)	235,427.	0.	0.	347.	27,110.	262,884.	0.
President (Part Year)	(0)	0.	0.	0.	0.	0.	0.	0.
(3) Seth Kolb	(1)	119,803.	0.	0.	5,367.	27,434.	152,604.	0.
Exec. VP of Operations	(0)	0.	0.	0.	0.	0.		0.
(4) John Maisel	(1)	127,928.	0.	0.	28,805.	37,036.	193,769.	0.
Chairman Emeritus/Founder	(0)	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2017 East-West Ministries International	75-2486132	Page 3
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	s part for any additional information	
Part I, Line la		
Qualifying ministers may receive a designated housing allowance. When		
housing allowances are provided, they are treated as a non-taxable benefit	· · · · · · · · · · · · · · · · · · ·	
to the recipient. Kurt Nelson, CEO, and John Maisel, a highest compensated		
employee, each received a nontaxable housing allowance during the fiscal	<del></del>	
year.		
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Schedule J (Form 990) 2017

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## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

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

Attach to Form 990.

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

OMB No 1545-0047

2017

Open To Public Inspection

Name of the organization

East-West Ministries International

Employer identification number
75-2486132

Par	τı	Types of Property		-					
			(a)	(b)	(c)	(d)			
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
			applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribi	JUON A	Hourit	5
1	Art	t - Works of art	-						
2	Art	t - Historical treasures				-			
3		t - Fractional interests							
4		poks and publications							
5		othing and household goods	_						
6		ars and other vehicles							
7		pats and planes							
8		tellectual property							
9		ecurities - Publicly traded	Х	62	654,011.	Sales price			
10		ecurities - Closely held stock							
11		ecurities - Partnership, LLC, or							
•		ust interests							
12	Se	ecurities - Miscellaneous							
13	Qu	ualified conservation contribution -	·						
	His	storic structures							
14	Qu	ualified conservation contribution - Other							
15	Re	eal estate - Residential							
16	Re	eal estate - Commercial							
17	Re	eal estate - Other							
18	Со	ollectibles							
19	Fo	ood inventory							
20	Dru	ugs and medical supplies							
21	Ta	ıxıdermy							
22	His	storical artifacts							
23	Sc	cientific specimens							
24	Arc	cheological artifacts							
25	Otl	ther • ()							
26	Otl	ther							
27	Otl	ther				<u>. – –                                   </u>			
28	Otl	her 🕨 (							
29	Nu	umber of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for	r which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29			0	
								Yes	No
30a	Du	iring the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 through	gh 28, that it			Ι
	mu	ust hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for			
	exe	empt purposes for the entire holding period	7				30a		X
þ		"Yes," describe the arrangement in Part II.							
31		oes the organization have a gift acceptance p				itions?	31	х	<del></del>
32a	Do	oes the organization hire or use third parties	or related or	ganızatıons to solı	cit, process, or sell noncash				
		ontributions?					32a		X
b		"Yes," describe in Part II							
33	if t	the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	de	scribe in Part II							<u> </u>

Schedule M	(Form 990) 2017	East-West Ministries International	75-2486132	Page 2
Part II	Supplementa	I Information. Provide the information required by Part I, lines 30b, 32b	o, and 33, and whether the organ	
لنت	is reporting in Par	t I, column (b), the number of contributions, the number of items received,	or a combination of both Also c	omplete
	this part for any a	dditional information		•
	<del></del>			
Schedule	M, Part I, Col	umn (b):		
The number	er of contribut	ions represent the number of contributions	•	
				<b>_</b>
received	not the numbe	er of items donated.		
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Employer identification number Name of the organization 75-2486132 East-West Ministries International Form 990, Part III, Line 1, Organization's mission: The vision of East-West is to glorify God by multiplying disciples of Jesus in the spiritually darkest areas of the world. East-West exists to mobilize the Body of Christ to evangelize the lost and equip local believers to multiply disciples and churches among unreached peoples and/or in restricted access communities. Form 990, Part III, Line 4a, Program Service Accomplishments: Evangelize, continued: Beyond evangelism, we are committed to making disciples. Therefore, we only seek to spread the gospel in areas of the world where we have nationals present to do follow up with new believers. Our true overriding motivation is to carry the Light of Jesus Christ into the darkest areas of the world. Form 990, Part III, Line 4b, Program Service Accomplishments: Equip, continued: We train church planters to develop self-sufficient, church-planting movements. We train emerging national leaders to provide theological leadership to their countries' developing church leaders. And we use business training to open opportunities for evangelism among community leaders. Over the years, we have tried to modify our training models to better fit the needs in each of the countries in which we work. In some cases this has involved residential schools and in others, periodic

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization East-West Ministries International	Employer identification number 75-2486132
field-based, modular courses. Some curricula are geared for the key	
national leaders who are highly educated and capable of college or	
graduate-level training. In other cases, the training is aimed at	
mature "lay" leaders in the churches. In still others, it is aimed at	
illiterate house church leaders in the midst of church planting	
movements of rapidly multiplying house churches.	
We continue to be flexible and teachable in our methodology. In many	
cases, the governmental restrictions and the hostile environments have	
required a special approach. And often our approach changes as we	
perceive changes in the needs of the developing national church.	
Form 990, Part III, Line 4d, Other Program Services:	
Multiply: Globally, East-West is specifically focused on areas of	
unreached people groups or areas with no previous substantial form of	
evangelism, discipleship or church planting. We primarily seek to work	
through existing local partnerships by investing in and training	
nationals. There are many who desire to further the gospel and even	
plant new churches; however, they have never been provided with the	· · · · · · · · · · · · · · · · · · ·
tools or training to accomplish such a task. Therefore, our end goal is	
to provide nationals with the skills and resources necessary to plant	
rapidly multiplying churches.	
The church planting process begins with evangelism in new areas or	
those relationships are established we provide training in evengelism	
and church planting, forming specific strategies for each individual	
about how and where to share one's faith, how many groups will be	
	Schedule O (Form 990 or 990-F7) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  East-West Ministries International	Employer identification number 75-2486132
started, and how many leaders will be trained. Long-term accountability	
is provided through follow-up trainings, and those who demonstrate	
obedience are sent to areas of unreached peoples to evangelize and	
establish reproducible churches.	
The church planting efforts throughout each of our fields are unique,	
therefore requiring a distinct approach in each field of ministry.	
While some areas are still in the beginning stages of evangelism,	
others are experiencing rapid multiplication. Despite the many	
obstacles faced in various parts of the world, our on-site staff and	
national partners persist with diligence, desiring to engage the	
unreached with the saving grace of Jesus through reproducing churches.	
Expenses \$ 2,940,841. including grants of \$ 527,533. Revenue \$ 868.	
<del></del>	
Form 990, Part VI, Section A, line 8b:	
The organization does not have any committees with the authority to act on	
behalf of the governing body. This question has been answered "no" in	
accordance with the instructions.	
Form 990, Part VI, Section B, line 11b:	
East-West Ministries' Form 990 is prepared by an independent CPA firm. The	
finance department reviews the return in detail and approves the return; it	
is then provided to the governing body before it is filed with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Officers and board members complete an annual questionnaire in compliance	
with the organization's conflict of interest policy. The Chairman of the	

board monitors and enforces compliance with the policy. Should any

Schedule O (Form 990 or 990·EZ) (2017)	Page 2
Name of the organization  East-West Ministries International	Employer identification number 75-2486132
potential conflicts of interest be disclosed, the board member or officer	
would be asked to refrain from participation in any deliberation or	
decision with regard to matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15:	
Independent members of the board of directors set and approve the CEO's	
compensation using various comparability data; the board's deliberations	
are recorded in the corporate minutes.	
The CEO sets and approves other officer compensation based on comparability	
data. Both the process and decisions are documented.	
Form 990, Part VI, Section C, Line 19:	
East-West Ministries International makes its governing documents, conflict	
of interest policy, and financial statements available to the public upon	
request.	
Form 990, Part VII and Schedule J, Part II:	
Compensation reported in Part VII, column D and Schedule J, Part II,	
column B is the amount reported on the individual's W-2, box 1 or 5	
(whichever amount is greater) per the IRS instructions. In the case of	
minister's compensation when box 5 of the W-2 is not applicable, box 1	
compensation is used. Employee deferrals to qualified retirement plans	
are normally captured in box 5, not box 1 of Form W-2. For reporting	
purposes we have included the employee's retirement plan deferrals in	
Part VII, column F and Schedule J, Part II, column C.	
	<u> </u>

Schedule O (Form 990 or 990·EZ) (2017)	Page 2
Name of the organization  East-West Ministries International	Employer identification number 75-2486132
. Form 990, Part X, Lines 27-29	
In accordance with the principles of FASB ASU 2016-14 (ASC 958), the	
organization has implemented required changes to its audited financial	
statements for the period ended 9/30/2018. To date, Form 990 and its	
associated schedules have not been updated to reflect changes made by	
this standard. Thus, we have reported the revised net asset categories	
from the audited financial statements as follows on Form 990, Part X,	
Lines 27-29:	
Line 27 - Net assets without donor restrictions \$ 2,300,749	<del></del>
Line 29 - Net assets with donor restrictions \$ 5,876,023	
Total net assets \$ 8,176,772	
Form 990, Part XII, Line 2c:	
The organization has a finance committee that assumes responsibility	
for oversight of the audit of its financial statements and selection of	
an independent auditor. This process has not changed since the prior	
year.	

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

East-West Ministries International

Employer identification number 75-2486132

Part 1 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (1) (d) (e) (b) (c) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) DGB Investments, LLC. - 26-2586037 East-West Ministries 2001 West Plano Parkway, Suite 3000 Plano, TX 75075 Ministry Investment 53,412. International Delaware Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year (b) (c) (d) (e) (f) (a) (g) Section 5 (2(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No ١

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2017

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Page 2

(a)	(b)	(c)	(d)		(e)		(f)	(	(g)		1)	(1)		1 (	i) [	()	k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin	nant income unrelated, om tax under 5 512-514)	Share	of total come	Sha end-	are of of-year sets	Desprop alloca Yes	ntionate ions?	Code \ amount 20 of Sc K-1 (Form	/-UBI in box hedule	Gene man part	raior aging ner?	Perce owne	ntag
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int IV   Identification of Related Or	ganizations Taxable	as a Corp	oration or Trust C	Complete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because	ıt had	one o	or mo	ore re!	ated
organizations treated as a co (a) Name, address, and E	<u> </u>	<u>-</u>	year (b) ary activity	(c)	(d) Direct con	trolling	(e) Type of	1	(f) Share o			(g) Share of	Per	(h)	ane	(I Sec 5120	i) tion
of related organization	on I	Film	ary activity	(state or foreign	entity		(C corp.	Scorp,	inco			end of yea assets		ners			ıty?
				country)							+					Yes	No
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Page 3

Part V Transactions With Related Organizations. Complete if the organization and	swered "Yes" on For	m 990, Part IV, line 34, 35b	, or 36					
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		-			Yes	No		
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	in Parts II IV?			1		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у	-		1a				
b Gift, grant, or capital contribution to related organization(s)				1b				
c Gift, grant, or capital contribution from related organization(s)				1c				
d Loans or loan guarantees to or for related organization(s)				1d				
e Loans or loan guarantees by related organization(s)				10				
					I	ئــــا		
f Dividends from related organization(s)								
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)				1h				
Exchange of assets with related organization(s)				11				
J Lease of facilities, equipment, or other assets to related organization(s)				1,				
				<b> </b>	I	لــــا		
k Lease of facilities, equipment, or other assets from related organization(s)								
i Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	L			
					<b> </b>	ئـــا		
P Reimbursement paid to related organization(s) for expenses				1p	<u> </u>			
q Reimbursement paid by related organization(s) for expenses				1q				
						نــــا		
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				1r		<u> </u>		
s Other transfer of cash or property from related organization(s)				1s		L		
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds					
(a) , Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount inv	olved				
(1)								
(2)								
(3)								
(4)								
(5)			-					
(6)								

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	[ ]	e)	(f)	(g)	(	h)	(i)	(i	9	(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501	: aii rs sec c)(3)	Share of total	Share of end-of-year	Disp	ropor nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana narti	rel or iging	Percentage ownership	
		country)	sections 512-514)	Yes	No	ıncome	essets	Yes	No	(Form 1065)	Yes	No		
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Schedule R	R (Form 990) 2017	East-West Ministries International	75-2486132	Page 5
Part VII	(Form 990) 2017  Supplemental info	rmation.		
	• Provide additional inform	nation for responses to questions on Schedule R See instructions		
	1 TOVIGE additional Inform	lation for responses to questions on ocheane in occumulations		
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