

Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the 2017 calendar year, or tax year beginning and ending																													
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization JEWISH VOICE MINISTRIES INTL</td> <td rowspan="2">D Employer identification number 86-0217838</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 602-971-8501</td> </tr> <tr> <td>P.O. BOX 6</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85001</td> <td>G Gross receipts \$ 55,717,082.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JONATHAN BERNIS SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ JEWISHVOICE.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>L Year of formation: 1978 M State of legal domicile: AZ</td> </tr> </table>	C Name of organization JEWISH VOICE MINISTRIES INTL		D Employer identification number 86-0217838	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 602-971-8501	P.O. BOX 6		City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85001		G Gross receipts \$ 55,717,082.	F Name and address of principal officer: JONATHAN BERNIS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	J Website: ▶ JEWISHVOICE.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1978 M State of legal domicile: AZ
C Name of organization JEWISH VOICE MINISTRIES INTL		D Employer identification number 86-0217838																											
Doing business as																													
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 602-971-8501																											
P.O. BOX 6																													
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85001		G Gross receipts \$ 55,717,082.																											
F Name and address of principal officer: JONATHAN BERNIS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
		H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)																											
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶																											
J Website: ▶ JEWISHVOICE.ORG																													
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1978 M State of legal domicile: AZ																											

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROCLAIM THE GOSPEL, GROW THE MESSIANIC JEWISH COMMUNITY AND ENGAGE THE CHURCH CONCERNING ISRAEL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	109
	6	Total number of volunteers (estimate if necessary)	6	375
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 28,915,204.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,529,012.	2,870,404.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,093,797.	1,907,285.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,538,013.	32,135,366.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,962,891.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,118,893.	6,415,281.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	329,272.	118,311.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,241,896.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,878,039.	19,288,059.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,289,095.	28,464,427.	
19	Revenue less expenses. Subtract line 18 from line 12	3,248,918.	3,670,939.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 54,039,432.	End of Year 58,714,828.
	21	Total liabilities (Part X, line 26)	1,993,692.	1,209,984.
	22	Net assets or fund balances. Subtract line 21 from line 20	52,045,740.	57,504,844.

Part II 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.

Sign Here	Signature of officer MICHAEL MCCLELLAN, EXEC. VP & CFO Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name PATRICIA J. MAYER	Preparer's signature	Date
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Check if self-employed <input type="checkbox"/> PTIN P00188643
	Firm's address ▶ 4747 EXECUTIVE DRIVE, SUITE 1300 SAN DIEGO, CA 92121	Phone no. 858-627-1400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROCLAIM THE GOSPEL, GROW THE MESSIANIC JEWISH COMMUNITY AND ENGAGE THE CHURCH CONCERNING ISRAEL AND THE JEWISH PEOPLE. THIS IS DONE THROUGH EDUCATION, EVANGELISM AND BEING A MOVEMENT LEADER, ALL WITH EXCELLENCE IN ORDER TO TRANSFORM LIVES AND SEE ALL ISRAEL SAVED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,180,069. including grants of \$ 2,602,393.) (Revenue \$ 503,543.) JEWISH VOICE MINISTRIES INTERNATIONAL (JVMI) SEEKS TO PROCLAIM THE GOOD NEWS OF YESHUA THE MESSIAH. THIS IS ACCOMPLISHED BY INTERNATIONAL TELEVISION AND INTERNET BROADCASTS. JVMI SUPPORTS LIKE-MINDED MINISTRIES IN ISRAEL AND THROUGHOUT THE WORLD. JVMI OFFERS A DYNAMIC CHURCH SPEAKER'S BUREAU WHICH GOES INTO CHURCHES AND CONGREGATIONS. JVMI DISTRIBUTED PRINT MEDIA FOR EDUCATIONAL PURPOSES, WHICH INCLUDES A QUARTERLY MAGAZINE, BOOKS, CDS, DVDS, AND OTHER RESOURCES.

4b (Code:) (Expenses \$ 2,213,749. including grants of \$ 40,384.) (Revenue \$ 1,390,153.) JVMI PROVIDED INTERNATIONAL HUMANITARIAN AID AND ASSISTANCE TO IMPOVERISHED JEWISH COMMUNITIES, PROVIDING THEM FREE MEDICAL, DENTAL AND EYE CARE AS WELL AS WATER SANITATION DEVICES AND EDUCATION.

4c (Code:) (Expenses \$ 761,036. including grants of \$) (Revenue \$) JVMI PROVIDED CONGREGATION SUPPORT AND LEADERSHIP TRAINING FOR DEVELOPING MESSIANIC CONGREGATIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,154,854.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section 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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, CA, CO, FL, HI, KY, LA, MD, MN, MS, NH, RI**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MICHAEL MCCLELLAN - (602) 971-8501**
P.O. BOX 6, PHOENIX, AZ 85001

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOROTHY SOLOMON (THRU 11/17) DIRECTOR	1.30	X					0.	0.	0.	
(2) ELLIOT KLAYMAN SECRETARY	2.50	X		X			0.	0.	0.	
(3) JACK WALKER TREASURER	2.00	X		X			0.	0.	0.	
(4) JAMES BLACKBURN CHAIRMAN OF THE BOARD	2.00	X		X			0.	0.	0.	
(5) JONATHAN BERNIS PRESIDENT AND CEO	55.00	X		X			186,726.	0.	126,562.	
(6) MATTHEW ROSENBERG DIRECTOR	1.00	X					0.	0.	0.	
(7) MICHAEL MAIDEN DIRECTOR	1.00	X					0.	0.	0.	
(8) ROGER WEST (THRU 04/17) DIRECTOR	1.30	X					0.	0.	0.	
(9) RONALD RUSSELL DIRECTOR	2.00	X					0.	0.	0.	
(10) MICHAEL MCCLELLAN EXECUTIVE VICE-PRESIDENT AND CFO	50.00			X			141,242.	0.	16,658.	
(11) MATTHEW PANOS CHIEF DEVELOPMENT OFFICER	45.00				X		177,048.	0.	19,908.	
(12) ELLEN NEVITT CHIEF PEOPLE OFFICER	45.00					X	104,258.	0.	18,603.	
(13) JOSEPH PANICCIA VICE-PRESIDENT PARTNER RELATIONS	45.00					X	114,558.	0.	18,419.	
(14) LYNETTE LEWIS EXECUTIVE PRODUCER	45.00					X	105,478.	0.	15,016.	
(15) PATRICIA PHILLIPS DIRECTOR OF FINANCE	45.00					X	108,822.	0.	17,932.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							938,132.	0.	233,098.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							938,132.	0.	233,098.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 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
MASTERWORKS 19462 POWDER HILL PL, NE POULSBO, WA 98370	CONSULTING AND MARKETING AGENCY	6,788,587.
NEWTON MEDIA ASSOCIATES INC, 824 GREENBRIER PARKWAY SUITE 200, CHESAPEAKE, DPC&S	AIRTIME BUYER CAGING AND FULFILLMENT OF JVMI	4,627,607.
2395 W UTOPIA RD, PHOENIX, AZ 85027		1,362,162.
INFOCISION 325 SPRINGSIDE DRIVE, AKRON, OH 44333	CALL CENTER	569,045.
SAR-EL TOURS, 8 HAHOSHEN STREET - MEVASERET ZION, JERUSALEM, ISRAEL 90805	TOUR EVENT	501,812.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **26**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,357,677.				
	g Noncash contributions included in lines 1a-1f: \$		37,983.				
	h Total. Add lines 1a-1f		27,357,677.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,186,347.			1,186,347.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		24,106,148.					
		b Less: cost or other basis and sales expenses		22,422,091.			
		c Gain or (loss)		1,684,057.			
	d Net gain or (loss)		1,684,057.			1,684,057.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	1,663,168.					
	b Less: cost of goods sold	b	1,159,625.				
	c Net income or (loss) from sales of inventory		503,543.	503,543.			
Miscellaneous Revenue		Business Code					
11 a GROUP TRAVEL		900099	1,390,153.	1,390,153.			
b CREDIT CARD REBATES		900099	13,589.		13,589.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			1,403,742.				
12 Total revenue. See instructions.			32,135,366.	1,893,696.	0.	2,883,993.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,295,850.	1,295,850.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,346,926.	1,346,926.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	668,145.	386,966.	92,453.	188,726.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	35,227.	35,227.		
7 Other salaries and wages	4,658,090.	2,920,224.	1,243,114.	494,752.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,280.	37,163.	15,822.	6,295.
9 Other employee benefits	635,141.	396,436.	166,266.	72,439.
10 Payroll taxes	359,398.	222,827.	91,646.	44,925.
11 Fees for services (non-employees):				
a Management				
b Legal	27,299.	8,448.	18,851.	
c Accounting	28,750.		28,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	118,311.			118,311.
f Investment management fees	159,111.		159,111.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,854,397.	1,731,368.	123,029.	
12 Advertising and promotion	491,079.	480,979.	5,050.	5,050.
13 Office expenses	618,463.	122,382.	481,408.	14,673.
14 Information technology	157,192.	95,364.		61,828.
15 Royalties				
16 Occupancy	233,424.	14,874.	218,550.	
17 Travel	394,579.	355,169.	19,354.	20,056.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,768.	61,768.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	603,536.	300,814.	302,722.	
23 Insurance	69,198.	16,883.	52,315.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BROADCAST TIME	4,601,620.	4,072,954.		528,666.
b PRINTING, PRODUCTION, A	3,856,023.	1,784,483.	37,369.	2,034,171.
c PROGRAM EXPENSES	2,395,199.	1,860,589.		534,610.
d GLOBAL OUTREACH	1,566,748.	1,566,748.		
e All other expenses	2,169,673.	1,040,412.	11,867.	1,117,394.
25 Total functional expenses. Add lines 1 through 24e	28,464,427.	20,154,854.	3,067,677.	5,241,896.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,118,492.	1	3,660,767.
	2 Savings and temporary cash investments		2	9,538,715.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	734,529.	5	699,784.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	758,171.	7	364,791.
	8 Inventories for sale or use	1,775,042.	8	1,712,584.
	9 Prepaid expenses and deferred charges	1,325,756.	9	2,058,832.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,351,725.		
	b Less: accumulated depreciation	10b 3,315,150.	7,349,469.	10c 7,036,575.
	11 Investments - publicly traded securities	27,917,955.	11	30,247,124.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,060,018.	15	3,395,656.
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,039,432.	16	58,714,828.	
Liabilities	17 Accounts payable and accrued expenses	1,701,561.	17	1,137,911.
	18 Grants payable		18	
	19 Deferred revenue	292,131.	19	72,073.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,993,692.	26	1,209,984.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,444,810.	27	52,529,815.
	28 Temporarily restricted net assets	3,600,930.	28	4,975,029.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	52,045,740.	33	57,504,844.	
34 Total liabilities and net assets/fund balances	54,039,432.	34	58,714,828.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,135,366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,464,427.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,670,939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,045,740.
5	Net unrealized gains (losses) on investments	5	1,788,165.
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	57,504,844.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24334066.	28700595.	32082928.	28915204.	27357677.	141390470
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24334066.	28700595.	32082928.	28915204.	27357677.	141390470
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)						
6 Public support. Subtract line 5 from line 4.						141390470

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	24334066.	28700595.	32082928.	28915204.	27357677.	141390470
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90,390.	312,974.	342,042.	755,106.	1186347.	2686859.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	6,969.	4,883.	6,693.	13,589.	32,134.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						144109463
12 Gross receipts from related activities, etc. (see instructions)					12	2,790,373.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.11	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.70	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 percentage 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 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, 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 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2017
Open to Public Inspection

Name of the organization JEWISH VOICE MINISTRIES INTL **Employer identification number** 86-0217838

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) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 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? Yes No

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 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 IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,952,396.	3,923,642.	1,994,379.	1,000,937.	
b Contributions			2,000,000.	1,000,000.	
c Net investment earnings, gains, and losses		96,871.	-8,592.	15,971.	
d Grants or scholarships		68,117.	62,145.	22,529.	
e Other expenditures for facilities and programs	3,952,396.				
f Administrative expenses					
g End of year balance		3,952,396.	3,923,642.	1,994,379.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		360,000.		360,000.
b Buildings		6,075,627.	1,350,919.	4,724,708.
c Leasehold improvements				
d Equipment		3,354,355.	1,546,213.	1,808,142.
e Other		561,743.	418,018.	143,725.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,036,575.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) GOLD	3,036,443.
(2) OTHER ASSETS	359,213.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,395,656.

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	34,924,045.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,788,165.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,788,165.
3	Subtract line 2e from line 1	3	33,135,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	159,111.
b	Other (Describe in Part XIII.)	4b	-1,159,625.
c	Add lines 4a and 4b	4c	-1,000,514.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,135,366.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	29,464,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,159,625.
e	Add lines 2a through 2d	2e	1,159,625.
3	Subtract line 2e from line 1	3	28,305,316.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	159,111.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	159,111.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,464,427.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE BOARD OF DIRECTORS UNDESIGNATED THE BALANCE OF THIS FUND DURING THE YEAR ENDED DECEMBER 31, 2017 FOR USE IN OPERATIONS.

PART X, LINE 2:

JVMI IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE "CODE") AND COMPARABLE STATE LAW, AND THEREFORE, CONTRIBUTIONS BY THE PUBLIC ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. JVMI HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. JVMI FILES AN ANNUAL INTERNAL REVENUE SERVICE FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, AND IS REGISTERED AS A

Part XIII Supplemental Information (continued)

CHARITABLE ORGANIZATION IN 38 STATES AS REQUIRED. JVMI HAD NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2017 OR 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COGS - SALE OF INVENTORY -1,159,625.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS - SALE OF INVENTORY 1,159,625.

**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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization JEWISH VOICE MINISTRIES INTL	Employer identification number 86-0217838
---	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN EUROPE		21,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE MIDDLE EAST		951,272.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EYE GLASS CLINICS AND DENTAL CARE FOR ISRAELI HOLOCAUST SURVIVORS	173,960.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CONGREGATION LEADERSHIP CONFERENCE - ETHIOPIA	27,639.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	10	PROGRAM SERVICES	NGO OFFICE - PROVIDE MEDICAL CLINICS FOR PEOPLE OF ETHIOPIA	1,180,445.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN RUSSIAN AND UKRAINE		15,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN SOUTH AMERICA		48,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MEDICAL CLINICS FOR THE PEOPLE OF ZIMBABWE	994,348.
3 a Sub-total	1	10			3,411,664.
b Total from continuation sheets to Part I	0	0			13,325.
c Totals (add lines 3a and 3b)	1	10			3,424,989.

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

Schedule F (Form 990) 2017

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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	15,000.	WIRE/CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; SUPPORT FOR SYNAGOGUE AND SHOLARSHIP	53,475.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	7,500.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; GIFT FOR OFFICE EQUIPMENT	7,600.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; SUPPORT FOR A BIBLICAL TRIP	11,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	17,000.	WIRE/CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **55**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	15,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BUILDING RENOVATIONS	15,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	17,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	9,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; GIFT FOR BUILDING	50,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	18,000.	WIRE/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR HEBREW BIBLE	20,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	9,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	49,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	15,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; BENEVOLENCE FOR HOLOCAUST SURVIVORS	17,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; DENTAL CARE FOR HOLOCAUST SURVIVORS	52,384.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	VEHICAL PURCHASE	10,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,713.	WIRE/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HOLOCAUST SURVIVOR DENTAL PROGRAM	106,101.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	24,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	8,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	29,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	9,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	9,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT; GIFT FOR BUILDING PURCHASE	65,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	36,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	16,500.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	5,500.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	24,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	6,500.	WIRE/CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL SUPPORT	6,000.	WIRE/CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL SUPPORT	9,000.	WIRE/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GENERAL SUPPORT	12,000.	WIRE/CHECK	0.		
		SOUTH AMERICA	GENERAL SUPPORT	36,000.	WIRE/CHECK	0.		

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

Schedule F (Form 990) 2017

Part V Supplemental Information

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

PART I, LINE 2:

IN ORDER FOR AN ORGANIZATION TO RECEIVE A GRANT, THE ORGANIZATION MUST COMPLETE A JVMI APPLICATION AND PROVIDE REQUESTED INFORMATION. ONCE A CONTINUED SUPPORT GRANT IS GIVEN, THE ORGANIZATION MUST REQUEST TO RENEW THE GRANT. IN THIS REQUEST, THE ORGANIZATION INCLUDES HOW THE GRANT WAS USED IN THE PRIOR YEAR AND WHAT IT WILL BE USED FOR IN THE UPCOMING YEAR. FOR ONE TIME GRANTS, ONCE THE GRANT IS USED THE ORGANIZATION IS EXPECTED TO FOLLOW UP AND SHARE HOW IT WAS USED.

PART I, LINE 3:

ACCRUAL BASIS

PART II, LINE 1:

ACCRUAL BASIS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? **Yes** **No**
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **Yes** **No**
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a 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 of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a 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 organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: PO BOX 932441, CLEVELAND, OH 44193

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **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 **JEWISH VOICE MINISTRIES INTL** Employer identification number **86-0217838**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(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
ALLIANCE FOR ISRAEL ADVOCACY 71 AUGUSTA DR RANCHO MIRAGE, CA 92270	36-2469997	501(C)(3)	5,000.	0.			GIFT FOR ISRAEL ADVOCACY PROJECT
HOUSE OF STEPHANAS SHARP 1005 ELAINE TRAIL CHATTANOOGA, TN 37421	30-0289041	501(C)(3)	17,000.	0.			GENERAL SUPPORT OF A SIGN AND AN EXAMPLE
THE BEAUTIFUL LAND INITIATIVE/ACT PO BOX 1966 BRENTWOOD, TN 37024	26-2966063	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHRISTIANS FOR WORLD PEACE PO BOX 3300 JOPLIN, MO 64803	43-1756899	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BETH HALLEL MESSIANIC FELLOWSHIP OF BIRMINGHAM - 2230 SUMPTER ST - BIRMINGHAM, AL 35226	26-2706969	501(C)(3)	6,000.	0.			GENERAL SUPPORT OF MESSIANIC CONGREGATION
BETH MESSIAH 4950 MORSE RD COLUMBUS, OH 43230	31-0917741	501(C)(3)	5,500.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **80.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
BETH MESSIAH CONGREGATION - TX 9001 W AIRPORT BLVD HOUSTON, TX 77071	72-0147739	501(C)(3)	25,500.	0.			GENERAL SUPPORT
BLESS ISRAEL NETWORK PO BOX 14084 LAS CRUCES, NM 88013	95-3660821	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BUILDERS OF UNITY PO BOX 35008 PHOENIX, AZ 85069	05-0604127	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CALEB COMPANY PO BOX 493 THOMPSONS STATION, TN 37179	62-1634874	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CAMP OR L'DOR C/O RUACH ISRAEL 754 GREENDALE AVE NEEDHAM, MA 02492	04-2713477	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHEVRA USA PO BOX 168 WORTHINGTON, OH 43085-0168	30-0176770	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CHOSEN PEOPLE MINISTRIES, INC 241 E 51ST ST. NEW YORK, NY 10022	13-1659171	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CHRISTIAN JEW FOUNDATION MINISTRIES - 611 BROADWAY - SAN ANTONIO, TX 78215	74-1273128	501(C)(3)	16,000.	0.			GENERAL SUPPORT
CHURCH IN THE CITY BETH ABRAHAM 2280 E 16TH AVE DENVER, CO 80206	84-1194733	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
DEVAR EMET MESSIANIC JEWISH OUTREACH - 7800 NILES AVE - SKOKIE, IL 60077	36-4083764	501(C)(3)	20,500.	0.			SUPPORT OF HADEREKH YOUTH ISRAEL ALYIAH PROGRAM AND SUMMER CAMP COST
CONVERGE WORLDWIDE 2002 S. ARLINGTON HEIGHT RD. ARLINGTON HEIGHTS, IL 60005-4193	36-2181949	501(C)(3)	6,000.	0.			SUPPORT CONFERENCES AND STUDY GROUPS IN ISRAEL
WORLD DENTAL RELIEF PO BOX 747 BROKEN ARROW, OK 74013-0747	73-1038668	501(C)(3)	12,000.	0.			GENERAL SUPPORT
EUROPEAN INITIATIVE P.O. BOX 772 COLLEYVILLE, TX 76034	74-3197705	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF ISRAEL RELATED MINISTRIES - 2141 MILL RD - NOVATO, CA 94947-3740	47-2768324	501(C)(3)	12,000.	0.			GENERAL SUPPORT
FUSION GLOBAL 5062 LANKERSHIM BLVD, SUITE 3017 N HOLLYWOOD, CA 91601	47-5619402	501(C)(3)	24,000.	0.			GENERAL SUPPORT
GATEWAY'S BEYOND INT'L - BEDROS NASSANIAN - PO BOX 6040 - SPOKANE, WA 99217-0901	54-1737993	501(C)(3)	11,000.	0.			GENERAL SUPPORT
GATEWAY'S BEYOND INT'L - DAVID & EMMA RUDOLPH - PO BOX 6040 - SPOKANE, WA 99217	54-1737993	501(C)(3)	12,000.	0.			GENERAL SUPPORT
GATEWAY'S BEYOND INT'L - MATTHEW & SERAH RUDOLPH - PO BOX 6040 - SPOKANE, WA 99217-0901	54-1737993	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
GESHER FORUM PO BOX 2361 ARLINGTON, TX 76004	20-2924033	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GREG SILVERMAN MINISTRIES, INC. PO BOX 51 SEA ISLE CITY, NJ 08243	36-4663932	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HATIKVA PROJECT 5600 S QUEBEC ST 200D GREENWOOD VILLAGE, CO 80111	80-5051982	501(C)(3)	50,000.	0.			HATIKVA FAMILIES - PROMOTING ADOPTION AND FOSTER CARE IN ISRAEL
MJBH HUNGARIAN FUND PO BOX 610105 DALLAS, TX 75261	74-2812348	501(C)(3)	12,000.	0.			GENERAL SUPPORT
HERITAGE HOUSE MINISTRIES, INC 22095 ATAMAN ST BOCA RATON, FL 33428	80-0733088	501(C)(3)	13,250.	0.			GENERAL SUPPORT
HOUSE OF ISRAEL INT'L MINISTRIES PO BOX 461262 AURORA, CO 80046	42-1680458	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HOPE FOR ISRAEL PO BOX 385 REDONDO BEACH, CA 90277	55-0882094	501(C)(3)	31,000.	0.			GENERAL SUPPORT
IAMCS PO BOX 1570 HAVERTOWN, PA 19083	36-2469997	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ICN MINISTRIES PO BOX 5546 CONCORD, NC 28027	52-1864520	501(C)(3)	36,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
IMMANUAL CONGREGATION OF PHOENIX - VOLK - 6101 E BECK LANE - SCOTTSDALE, AZ 85254	86-0582583	501(C)(3)	6,000.	0.			GENERAL SUPPORT
INTERFAITHFULNESS PO BOX 6137 ALTADENA, CA 91003-6137	46-2976189	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ISRAEL ARISE! NETWORK INTERNATIONAL - PO BOX 386 - CIRCLE PINES, MN 55014	41-2020504	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ISRAEL MEDIA MINISTRIES 6277-600 CAROLINA COMMONS DR, SUITE INDIAN LAND, SC 29707	27-4824805	501(C)(3)	6,000.	0.			GENERAL SUPPORT
JEWS FOR JESUS 60 HAIGHT ST SAN FRANCISCO, CA 94102	92-2222464	501(C)(3)	50,000.	0.			SUPPORT FOR BEHOLD YOUR GOD CAMPAIGN
JEZREEL INTERNATIONAL 10 INTERSTATE AVE ALBANY, NY 12205	14-1790920	501(C)(3)	24,000.	0.			GENERAL SUPPORT AND GIFT FOR ISRAEL AID
KING OF KINGS MINISTRIES PO BOX 2132 RANCHO CORDOVA, CA 95741	68-0441273	501(C)(3)	8,000.	0.			GENERAL SUPPORT
VADYM KIELDYSH 3920 NORMAL ST SAN DIEGO, CA 92103	33-6950753	501(C)(3)	63,500.	0.			GENERAL SUPPORT
KOOME MINISTRIES 15954 JACKSON CREEK PKWY STE B, PMB MONUMENT, CO 80132	20-5982545	501(C)(3)	9,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
LAUSANNE COMMITTEE FOR WORLD EVANGELISM - 10524 MOSS PARK RD STE 201 #358 - ORLANDO, FL 32832	33-0901290	501(C)(3)	7,500.	0.			SUPPORT FOR BUILDING BRIDGES SUMMIT
LAUSANNE CONSULTATION ON JEWISH EVANGELISM - PO BOX 5501 - FALMOUTH, VA 22403	45-3755215	501(C)(3)	12,000.	0.			GENERAL SUPPORT
MAKOR CHAIM PO BOX 25925 COLORADO SPRINGS, CO 80936-5925	33-0411202	501(C)(3)	12,000.	0.			GENERAL SUPPORT
LIGHT OF ZION ATTN: KERRY & SANDY TEPLINSKY PO BOX 27575 - ANAHEIM HILLS, CA 92809	80-0031953	501(C)(3)	12,000.	0.			GENERAL SUPPORT
MAOZ ISRAEL MINISTRIES P.O. BOX 535788 GRAND PRAIRIE, TX 75053	51-0210369	501(C)(3)	49,000.	0.			GENERAL SUPPORT AND GIFT FOR HEBREW TRANSLATION
MESSIANIC JEWISH BIBLE INSTITUTE PO BOX 610105 DALLAS, TX 75261	75-2812348	501(C)(3)	118,100.	0.			GENERAL SUPPORT; SUPPORT OF BANQUEST; SUPPORT OF OR HAMACHIACH CONGREGATION
MESSIANIC LITERATURE OUTREACH 5185 ACUNA ST SAN DIEGO, CA 92117	31-0920880	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MESSIANIC STUDIES INSTITUTE 4950 MORSE RD. COLUMBUS, OH 43230	31-0917741	501(C)(3)	5,500.	0.			GENERAL SUPPORT; SUPPORT OF A DIGITAL MANAGEMENT PROJECT
MEUCHAD - MESSIANIC WORSHIPPERS UNITED - 1795 TROPHY DR - MARIETTA, GA 30062	81-1179329	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
MISSION DISCIPLESHIP PO BOX 83074 PHOENIX, AZ 85029	46-2736812	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MESSIANIC JEWISH FAMILY BIBLE SOCIETY - PO BOX 8900 - PUEBLO, CO 81008	04-3622520	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MESSIANIC JEWISH THEOLOGICAL INSTITUTE - PO BOX 928004 - SAN DIEGO, CA 92192	61-1450335	501(C)(3)	30,000.	0.			GENERAL SUPPORT; SUPPORT FOR INT'L CONGRESS FOR JEWISH
NATIONSTRATEGY 7145 W MARIPOSA GRANDE LANE PEORIA, AZ 85383	86-1025096	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NEW JERUSALEM BAND BETH ISRAEL C/O NEW JERUSALEM - LIBERTY PLAZA 8665-8669 BAY - JACKSONVILLE,	58-2454834	501(C)(3)	6,000.	0.			GENERAL SUPPORT
OPERATION EXODUS USA PO BOX 568 LANCASTER, NY 14086	20-2076659	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PERFECT WORD MINISTRIES, INC. PO BOX 82954 PHOENIX, AZ 85071-2954	30-0174325	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PROJECT LIFESERVE PO BOX 1754 ARLINGTON, TX 76004	47-4667904	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PROMISE KEEPERS PO BOX 11798 DENVER, CO 80211	84-1157834	501(C)(3)	13,000.	0.			SUPPORT FOR ONE IN MESSIAH EVENT/TOUR; BANQUEST SPONSOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
RABBIS LEGACY FUND 6652 MESNIK RD SCHULENBURG, TX 78956	82-2091753	501(C)(3)	10,000.	0.			SUPPORT FOR RETIRING RABBI'S FUND
REACH INITIATIVE INTERNATIONAL 5665 ATLANTA HIGHWAY, SUITE 103-307 ALPHARETTA, GA 30004	20-5986160	501(C)(3)	38,000.	0.			GENERAL SUPPORT; SUPPORT FOR HOLOCAUST SURVIVORS IN ISRAEL'S COMFORT
RESCUE IN ISRAEL PO BOX 564 OLYMPIA, WA 98507-0564	20-2064341	501(C)(3)	12,000.	0.			GENERAL SUPPORT
RESTORATION PO BOX 75037 SEATTLE, WA 98175	91-2071954	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TIKKUN INT'L MINISTRIES PO BOX 2997 GAITHERSBURG, MD 21701	52-1860036	501(C)(3)	18,000.	0.			GENERAL SUPPORT
ROCK OF ISRAEL MINISTRIES PO BOX 18038 FAIRFIELD, OH 45018	23-7094883	501(C)(3)	6,000.	0.			GENERAL SUPPORT
RUACH ISRAEL CONGREGATION 754 GREENDALE AVE NEEDHAM, MA 02492	04-2713477	501(C)(3)	10,000.	0.			SUPPORT FOR THE RUACH HOUSE
SAMARITAN'S FEET INT'L PO BOX 78992 CHARLOTTE, NC 28217	14-1880905	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SANDRA SHESKIN BROTMAN MINISTRIES 11500 ROKEBY AVE KENSINGTON, MD 20895-1024	56-6576445	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF STEPHANAS SHARP 1005 ELAINE TRAIL CHATTANOOGA, TN 37421	30-0289041	501(C)(3)	18,000.	0.			GENERAL SUPPORT OF SINGLE PARENT FAMILY
TIKKUN INT'L MINISTRIES PO BOX 2997 GAITHERSBURG, MD 20886	52-1860036	501(C)(3)	12,000.	0.			GENERAL SUPPORT
TOGETHER FOR ISRAEL PO BOX 620027 CHARLOTTE, NC 28262	20-3661322	501(C)(3)	12,000.	0.			GENERAL SUPPORT
TOWARDS JERUSALEM COUNCIL II 6304 BELT LINE RD. DALLAS, TX 75254	36-3154073	501(C)(3)	21,000.	0.			GENERAL SUPPORT
UNION OF MESSIANIC JEWISH CONGREGATIONS - 529 JEFFERSON ST NE - ALBUQUERQUE, NM 87108	36-3154073	501(C)(3)	24,000.	0.			GENERAL SUPPORT
SHUVA YISRAEL CONGREGATION 88 SOUTHERN PKWY PLAINVIEW, NY 11803	11-3123529	501(C)(3)	6,000.	0.			GENERAL SUPPORT
VISION FOR ISRAEL PO BOX 7743 CHARLOTTE, NC 28241	23-2730111	501(C)(3)	26,000.	0.			GENERAL SUPPORT; SUPPORT FOR AMULATORY MOTORCYCLE
WEINER MINISTRIES P.O. BOX 1799 GAINESVILLE, FL 32602	59-3022470	501(C)(3)	12,000.	0.			GENERAL SUPPORT
RESTORATION FELLOWSHIP 31 CHERRY ST GLEN HEAD, NY 11545	11-2598382	501(C)(3)	12,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
YESHUA ISRAEL PO BOX 535784 GRAND PRAIRIE, TX 75053	26-3223810	501(C)(3)	16,000.	0.			GENERAL SUPPORT; GIFT FOR STUDIO EQUIPMENT
YOUNG MESSIANIC JEWISH ALLIANCE PO BOX 5114 SKOKIE, IL 60076	36-2469997	501(C)(3)	22,000.	0.			GENERAL SUPPORT; SUPPORT FOR ARCH 2017

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

IF AN ORGANIZATION IS INTERESTED IN RECEIVING SUPPORT FROM JVMI, IT WILL
 SUBMIT AN APPLICATION. THIS APPLICATION STATES THAT THE ORGANIZATION
 AGREES WITH JVMI'S MISSION STATEMENT AND REQUESTS INFORMATION ON WHAT THE
 FUNDING WILL BE USED FOR AS WELL AS FINANCIAL STATEMENTS AND BUDGETS. THE
 APPLICATIONS ARE SUMMARIZED AND OUR OUTSIDE SUPPORT COMMITTEE MAKES
 RECOMMENDATIONS TO THE BOARD AND THE BOARD APPROVES. JVMI MONITORS THE USE
 OF GRANT FUNDS OUTSIDE THE US ON AN ANNUAL BASIS. THE GRANT-RECIPIENT
 ORGANIZATION MUST PROVIDE JVMI WITH INFORMATION ENSURING THAT THE GRANTS

Part IV Supplemental Information

HAVE BEEN USED FOR THE PROPER PURPOSES AS REQUESTED IN THE INITIAL PROCESS.
IF THE ORGANIZATION WISHES FOR SUPPORT TO CONTINUE AFTER THE FIRST YEAR
GRANT, THEY MUST APPLY FOR RENEWAL OF THE GRANT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **JEWISH VOICE MINISTRIES INTL**
 Employer identification number: **86-0217838**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- 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:

- a** The organization?
- 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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JONATHAN BERNIS PRESIDENT AND CEO	(i)	165,696.	3,200.	17,830.	7,926.	118,636.	313,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL MCCLELLAN EXECUTIVE VICE-PRESIDENT AND CFO	(i)	139,914.	1,328.	0.	4,356.	12,302.	157,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW PANOS CHIEF DEVELOPMENT OFFICER	(i)	175,743.	1,305.	0.	5,481.	14,427.	196,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE BOARD OF DIRECTORS APPROVED A HOUSING ALLOWANCE FOR OUR CURRENT
PRESIDENT AND CEO BASED ON IRS CODE WHICH PERMITS A MINISTER OF THE GOSPEL
TO EXCLUDE FROM GROSS INCOME A DESIGNATED ALLOWANCE PAID AS PART OF
COMPENSATION TO THE EXTENT USED FOR ACTUAL EXPENSES IN OWNING OR RENTING A
HOME.

PART I, LINE 7:

JVMI HAS TWO TYPES OF BONUS PROGRAMS - ONE IS BASED ON GROWTH OF THE
ORGANIZATION AND INDIVIDUAL PERFORMANCE AND DETERMINED BY THE BOARD OF
DIRECTORS; AND THE OTHER IS BASED ON YEARS OF SERVICE AND POSITION IN THE
ORGANIZATION AND IS CALULCATED BY HUMAN RESOURCES.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **JEWISH VOICE MINISTRIES INTL** Employer identification number **86-0217838**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
JONATHAN BERNIS	PRESIDENT	PURCHASE		X	850,000.	699,784.		X	X		X	
Total						▶ \$ 699,784.						

Total ▶ \$ 699,784.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMIN WALKER	FAMILY MEMBER OF JA	35,227.	WAGES EARNE		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JONATHAN BERNIS

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: PURCHASE OF HOME

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAMIN WALKER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JACK WALKER

(D) DESCRIPTION OF TRANSACTION: WAGES EARNED

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **JEWISH VOICE MINISTRIES INTL** Employer identification number **86-0217838**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	16,828.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOLD COINS)	X	3	21,155.	SELLING PRICE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

JEWISH VOICE MINISTRIES INTL

Employer identification number

86-0217838

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE JEWISH PEOPLE. THIS IS DONE THROUGH EDUCATION, EVANGELISM AND
BEING A MOVEMENT LEADER, ALL WITH EXCELLENCE IN ORDER TO TRANSFORM
LIVES AND SEE ALL ISRAEL SAVED.

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

ONCE THE FORM 990 IS COMPLETE, IT IS REVIEWED BY THE CFO AND CEO, WHO IS
ALSO A BOARD MEMBER. THE COMPLETED FORM 990 IS PROVIDED TO THE GOVERNING
BODY PRIOR TO FILING.

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

JEWISH VOICE MINISTRIES INTERNATIONAL (JVMI) REGULARLY AND CONSISTENTLY
MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. THE
ORGANIZATION'S BOARD OF DIRECTORS UNANIMOUSLY ADOPTED THE CONFLICT POLICY
IN 2005. THE POLICY EXPLAINS WHICH PERSONS ARE COVERED, AND EXPLAINS THAT
THOSE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF
THE ORGANIZATION AS BEING "PERSONS CONCERNED". THOSE AT THE LEVEL TO
DETERMINE THE DIRECTORS WITH THE RESPONSIBILITY OF BEING ALERT TO RECOGNIZE
AREAS AND RELATIONS WHICH FORM A CONFLICT OF INTEREST. THE LEVEL OF
AUTHORITY WHICH ACTUAL CONFLICTS ARE REVIEWED RESTS WITH THE BOARD OF
DIRECTORS, WHICH ENFORCES PROVISIONS OF THE POLICY ON A REGULAR BASIS.
ALSO THE POLICY CHARGES THEM WITH INTEGRITY AND HONESTY. THE
RESPONSIBILITY INCLUDES ADHERENCE TO THE ORGANIZATIONS ARTICLES OF
INCORPORATION, WHICH PROHIBITS THE ORGANIZATION FROM ENGAGING IN ANY FORM
OF SELF DEALING. THE POLICY REQUIRES THAT ALL OFFICERS, DIRECTORS, OR
OTHER DISQUALIFIED PERSONS BE RESPONSIBLE FOR DISCLOSING ANNUALLY ANY

Name of the organization JEWISH VOICE MINISTRIES INTL	Employer identification number 86-0217838
--	--

INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

NONE OF THE JEWISH VOICE MINISTRIES INTERNATIONAL'S (JVMI) DIRECTORS RECEIVE ANY FORM OF COMPENSATION FOR THEIR SERVICE TO THE BOARD. REGARDING OFFICER COMPENSATION, JVMI'S CEO IS A PAID EMPLOYEE OF JVMI, HAVING RESPONSIBILITIES OVER JVMI AS A WHOLE, WHICH ARE SIMILAR TO THOSE OF AN OFFICER OR DIRECTOR. IN ADDITION, JVMI'S HUMAN RESOURCE OFFICER AND THE DIRECTOR OF FINANCE HAVE MANAGEMENT RESPONSIBILITY FOR MAINTAINING PAYROLL, BENEFITS, INSURANCE AND OTHER STAFF COMPENSATION AND KEEPING RECORDS OF THESE DISBURSEMENTS AS DIRECTED BY THE CEO AND THE BOARD OF DIRECTORS. JVMI'S PROCESS FOR DETERMINING THE COMPENSATION FOR ITS CEO INCLUDES: (1) THERE IS AN EXECUTIVE COMPENSATION COMMITTEE MADE OF MEMBERS OF THE BOARD OF DIRECTORS WHICH OBTAINS DATA REGARDING SALARIES OF PERSONS IN COMPARABLE POSITIONS TAKING INTO ACCOUNT THE GEOGRAPHIC AREA THOSE POSITIONS ARE LOCATED AS WELL AS THE PERFORMANCE OF THE CEO DURING THE CURRENT YEAR. BASED ON THIS INFORMATION, THE EXECUTIVE COMPENSATION COMMITTEE WILL MAKE A RECOMMENDATION TO THE JVMI BOARD OF DIRECTORS, (2) JVMI'S BOARD OF DIRECTORS WILL REVIEW THE RECOMMENDATION AND WILL APPROVE BY A VOTE, EITHER IN PERSON OR BY MEANS OF TELECOMMUNICATION, (3) ANY DIRECTOR HAVING A CONFLICT OF INTEREST IN VOTING FOR COMPENSATION FOR A PARTICULAR EMPLOYEE ABSTAINS FROM THE VOTE. THIS PROCESS IS ALSO FOLLOWED FOR THE DEPARTMENT DIRECTORS AND OTHER OFFICERS OF JVMI. THE CEO AND HUMAN RESOURCE OFFICER APPROVE THE DETERMINATION OF COMPENSATION FOR ALL OTHER EMPLOYEES. THIS PROCESS WAS LAST DONE OCTOBER 2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, CA, CO, FL, HI, KY, LA, MD, MN, MS, NH, RI, SC, TN, WI

Name of the organization JEWISH VOICE MINISTRIES INTL	Employer identification number 86-0217838
---	---

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS
 WEBSITE.