COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

<u>Website alternative</u>: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

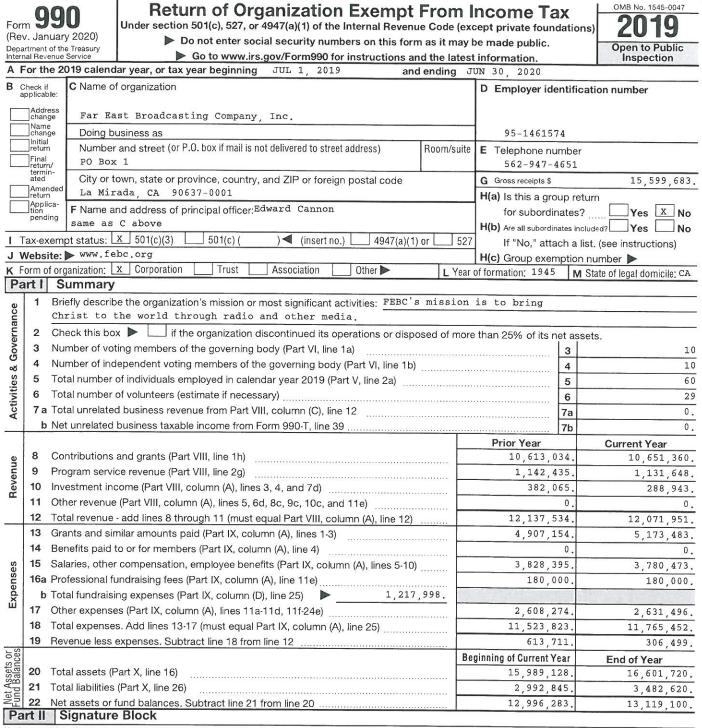
<u>Penalties</u>: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- *Exemption Application \$20 per day with no maximum.*
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

<u>Private foundation exempt</u>: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **



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 Scott Hassel, Treasurer and CFO Type or print name and title)	10/21/2020 Date
Paid	Print/Type preparer's name Ashley Peabody	Preparer's signature	Date Check PTIN 10/21/2020 if self-employed P01385870
Preparer	Firm's name 🍃 Capin Crouse LLP		Firm's EIN 👞 36-3990892
Use Only	Firm's address 🔊 3050 Saturn Street, Suite	e 104	
	Brea, CA 92821		Phone no.(714) 577-0988
May the II	RS discuss this return with the preparer shown abo		X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019) Far East Broadcasting Company, Inc.	95-1461574	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	FEBC exists to develop Christian radio/internet programming and		
	discipleship ministries for a global audience.		
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 other	ers, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,173,483. including grants of \$ 5,173,483. (Revenue)	ue \$	1,131,648.)
	As an international media network established in 1945, FEBC provides		
	grants to its affiliates which broadcast throughout greater Asia.		
4b	(Code:) (Expenses \$2, 367, 854. including grants of \$) (Revent Christian radio programs are produced in our California studios in	ue \$)
	Mandarin, Tagalog, Hmong, Korean, and Vietnamese languages, which are		
	broadcast in their native countries via shortwave, A.M., F.M., Satellite, and through other media outlets.		
	Satellite, and through other media outlets.		
4c	(Code:) (Expenses \$ 1,504,212. including grants of \$) (Revenue		۱
40	The U.S. office provides leadership, consulting services, and training	ue	,
	to 19 affiliate offices, including studios, office space, communication		
	services, and IT support. The U.S. office also administers planned		
	giving programs including Charitable Gift Annuities, Charitable Trusts,		
	Wills and Bequests, etc.		
		·	
		·	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 556,699. including grants of \$) (Revenue \$)
4e	Total program service expenses 9,602,248.		
			E

Form 990 (2019)

Far East Broadcasting Company, Inc.

Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		^
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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	עדי		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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IЧ				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	^	
2 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b		24b		
c		215		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а				
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 120			
b				
с				
	(gambling) winnings to prize winners?	1c	x	

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Form	990 (2019) Far East Broadcasting Company, Inc. 95-1461574		Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
		14a		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16		10		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) Far East Broadcasting Company, Inc.		95-1461574			age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other			
-	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		х
6	Did the organization become aware during the year of a significant diversion of the organization state.			6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			-		
1a		•		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			10		
D				76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		
8		-	-	0-	х	
	The governing body?			8a oh	X	
b	Each committee with authority to act on behalf of the governing body?			8b	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			9		21
000		evenue	<i>code.)</i>		Yes	No
10-	Did the expensively and lead chapters, brenches, or effiliates?			10a	res	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl			10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?			11a	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belo	re ming the form?	Па	A	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				А	
C				100	x	
10	in Schedule O how this was done			12c	X	
13				13	X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva		laepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	х	
	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b	X	
40-	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 arranger			10		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n′s	101		
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	7 mm	177 W7 WT W17			
17	List the states with which a copy of this Form 990 is required to be filed AK, CA, HI, MN, MS, NH, SC) <u>e</u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	10 990	-1 (Section 501(C)(3	is only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	an 0 -	hadula ()			
	X Own website Another's website X Upon request Other (<i>explain</i>		,	1.0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	or interest policy, an	a finar	ICIAI	
~	statements available to the public during the tax year.	alı-	al una nu -l - 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	ia records 🗩			
	Scott Hassel - 562-947-4651					
	PO Box 1, La Mirada, CA 90637					

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	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 Comple	ate this table for all persons required to be listed. Beport compensation for the calendar year ending wit	th or within the organization	on's tax vear.

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.

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

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

(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	rson	than is bot pr/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Edward Cannon	40.00									
President and CEO				х				237,560.	0.	44,277.
(2) Mary K. Park Executive	40.00									
Director, Korean Ministries						x		129,754.	0.	36,206.
(3) Scott Hassel	40.00	4								
Treasurer and CFO				х				123,695.	0.	26,141.
(4) Sandy Wilson	40.00	4								
Director of Development	40.00					х		100,221.	0.	21,262.
(5) Cheri Carpenter	40.00									10,100
Corporate Secretary				X				78,755.	0.	19,429.
(6) Fred Gladney	2.00	l								
Chairman		х		X				0.	0.	0.
(7) Michael Klausman	2.00	l								0
Vice Chair (8) Laurie Kattner	2.00	X		X				0.	0.	0.
Board Secretary	2.00	x		x				0.	0.	0
(9) Wayne Shepherd	2.00	^		^				U.	0.	0.
Assistant Secretary	2.00	x		x				0.	0.	0
(10) Richard Bott	2.00	^		^				U.	0.	0.
Director	2.00	x						0.	0.	0
(11) Alynne Douglass	2.00	^						U.	0.	0.
Director	2.00	x						0.	0.	0.
(12) Bonnie Ho	2.00	^						· · ·	••	•••
Director	2.00	x						0.	0.	0.
(13) Rob Keith	2.00							· · ·		<u>.</u>
Director	2.00	x						0.	0.	0.
(14) Nam Shiu	2.00							· · ·		
Director		x						0.	0.	0.
(15) John Wauterlek	2.00							· · ·	`	<u>.</u>
Director		x						0.	0.	0.
(16) Douglas Pennoyer	2.00									
Director (part year)		x						0.	0.	0.
		1								
		1								
				-		-				

Form 990 (2019) Far East Broa				<u> </u>					95-1463	1574		P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	e tion ted
		-											
1b Subtotal								669,985.		0.		147	,315. 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								669,985.		0.		147	,315.
2 Total number of individuals (including but r compensation from the organization ►							no r	eceived more than \$100	,000 of reportab	le			4
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	· · ·								,		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4	x	
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> 	accrue comper	nsat	ion f	from	any	/ unr					5		x
Section B. Independent Contractors		e J 1	01 50	ucn	pers	<u>.</u>					5		- 21
1 Complete this table for your five highest co	•	•							•	npensa	ation 1	rom	
the organization. Report compensation for (A) Name and business		ear	enui	ng v	VILLI	or w		(B) Description of s		C	(C ompe		
Douglas Shaw & Assoc.							_						
1717 Park ST #300, Naperville, IL 609 Wert & Associates	563						-	Consulting & Devel	opment			600	,595.
1414 Lanier Place, Atlanta, GA 30306								International cons	ulting			164	,669.
Fluid Communication 58 Plaza Sq., # D, Orange, CA 92866								Newsletter Develop	/Prod			140	,740.
BriteCity, LLC													
PO Box 36, Orange, CA 92856	- J							Technical Support				139	,811.
Encompass Digital, 610 Chiswick High London, UNITED KINGDOM W45RU	ка,							Short Wave Transmi	ssions			130	,858.
2 Total number of independent contractors (including but n	iot li	mite	d to	tho	se lis							
\$100,000 of compensation from the organi	zation 🕨					5							

	990 (. t VII				ISCIN	g Company, I	nc.		95-1461574	Pag
		Check if Schedule O	conta	ains a respo	onse o	r note to any lin	e in this Part VIII			
				•			(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue exclue from tax unde
								function revenue	business revenue	sections 512 -
s l	4 -	E de material de successiones								
and Other Similar Amounts		Federated campaigns								
ğ		Membership dues								
8	С	Fundraising events		1c						
ar	d	Related organizations		1d						
Ē	е	Government grants (conti	ributi	ons) 1e						
2	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included				10,651,360.				
5	n	Noncash contributions included in				1,241,021.				
	-						10,651,360.			
	n	Total. Add lines 1a-1f					10,051,500.			
		_			H	Business Code				
Kevenue	2 a	Broadcast Revenue			_	515100	1,131,648.	1,131,648.		
e	b									
	с									
e e	d									
r	е									
		All other program service	reve	nue						
					_		1,131,648.			
-		Total. Add lines 2a-2f					1,131,040.			
	3	Investment income (inclue	0	,		<i>'</i>				
		other similar amounts)				r i i i i i i i i i i i i i i i i i i i	255,529.			255,5
	4	Income from investment of				· · ·				
	5	Royalties	. <u></u>			🕨				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss) <u></u>	(1) 011						
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	3,561,1	146.					
	b	Less: cost or other basis								
		and sales expenses	7b	3,527,7	732.					
	с	Gain or (loss)	7c	33,4	414.					
		Net gain or (loss)					33,414.			33,4
		Gross income from fundraisi				, , , , , , , , , , , , , , , , , , ,	,			,
	0 4									
		including \$								
		contributions reported on		-						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fund	raising ever	n <u>ts</u> .	►				
	9 a	Gross income from gamin	ng ac	tivities. See						
		Part IV, line 19	-							
	h	Less: direct expenses								
		Net income or (loss) from								
						►				
	iu a	Gross sales of inventory,								
		and allowances								
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sale	s of invento	ory	🕨				
Γ						Business Code				
	11 a				F					
	b				— H					
нечепи					—					
ř	C L				—					
		All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instruction	าทร				12,071,951.	1,131,648.	0.	288,9

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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 responsional contains a responsion contains a responsion contains and contains a responsion contains	(A)	(B)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16	5,173,483.	5,173,483.		
	enefits paid to or for members	, ,	, ,		
	ompensation of current officers, directors,				
tru	ustees, and key employees	548,642.	239,421.	254,292.	54,929
	mpensation not included above to disqualified				
pe	rsons (as defined under section 4958(f)(1)) and				
pe	rsons described in section 4958(c)(3)(B)				
7 Ot	her salaries and wages	2,402,186.	1,980,741.	188,736.	232,709
	nsion plan accruals and contributions (include				
se	ction 401(k) and 403(b) employer contributions)	128,513.	107,079.	9,063.	12,371
9 Ot	her employee benefits	538,045.	447,330.	48,935.	41,780
	ayroll taxes	163,087.	122,565.	21,682.	18,840
	ees for services (nonemployees):				
a Ma	anagement				
b Le	egal	6,156.	1,231.	616.	4,309
c Ac	counting	57,260.		57,260.	
d Lo	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17	180,000.			180,000
f Inv	vestment management fees	87,012.		87,012.	
-	her. (If line 11g amount exceeds 10% of line 25,				
	lumn (A) amount, list line 11g expenses on Sch 0.)	816,120.	656,035.	42,566.	117,519
	dvertising and promotion	25,164.	5,033.	2,516.	17,615
	fice expenses	215,446.	155,895.	29,942.	29,609
14 Inf	formation technology	198,837.	137,272.	25,416.	36,149
15 Ro	oyalties				
	ccupancy	127,503.	101,306.	12,415.	13,782
17 Tra	avel	172,905.	131,705.	18,100.	23,100
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	64.070	50.500	0.050	
	onferences, conventions, and meetings	64,370.	50,720.	8,062.	5,588
	terest				
	ayments to affiliates	100 810	60, 206	26 227	10 177
	epreciation, depletion, and amortization	109,810.	60,396.	36,237.	13,177
		54,916.	40,608.	10,113.	4,195
ab lin	her expenses. Itemize expenses not covered ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.)				
	cinting & Publications	573,185.	125,032.	56,019.	392,134
·	eals & Entertainment	33,876.	17,639.	3,703.	12,534
с <u>п</u>					
d					
	l other expenses	88,936.	48,757.	32,521.	7,658
	tal functional expenses. Add lines 1 through 24e	11,765,452.	9,602,248.	945,206.	1,217,998
	int costs. Complete this line only if the organization	,,	_,,,		_,,,,,,,,
	ported in column (B) joint costs from a combined				
-	ucational campaign and fundraising solicitation.				
	eck here X if following SOP 98-2 (ASC 958-720)	514,898.	506,144.	1,545.	7,209

Form 990 (2019)	
Part X	Balar	nce Sheet

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			980,236.	1	2,282,698.
	2	Savings and temporary cash investments			676,336.	2	512,063.
	3	Pledges and grants receivable, net	156,889.	3	3,000.		
	4	Accounts receivable, net			203,940.	4	195,466.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			47,434.	9	116,737.
		Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D	10a	2,990,430.			
	Ь	Less: accumulated depreciation		2,439,088.	629,914.	10c	551,342.
	11	Investments - publicly traded securities		, ,	10,851,597.	11	12,026,113.
	12	Investments - other securities. See Part IV, line			1,176,801.	12	810,316.
	13	Investments - program-related. See Part IV, line			, ,	13	, ,
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,265,981.	15	103,985.	
	16	Total assets. Add lines 1 through 15 (must equ			15,989,128.	16	16,601,720.
	17	Accounts payable and accrued expenses			613,261.	17	610,565.
	18	Grants payable			,	18	, ,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	514,269.
	25	Other liabilities (including federal income tax, pa					, ,
		parties, and other liabilities not included on line					
		of Schedule D	-		2,379,584.	25	2,357,786.
	26	Total liabilities. Add lines 17 through 25			2,992,845.	26	3,482,620.
		Organizations that follow FASB ASC 958, ch	eck her	e 🕨 X			
ces		and complete lines 27, 28, 32, and 33.		ŕ			
lan	27				6,912,601.	27	6,954,687.
Net Assets or Fund Balances	28	Net assets with donor restrictions			6,083,682.	28	6,164,413.
pui		Organizations that do not follow FASB ASC					
Ľ,		and complete lines 29 through 33.	-				
5 O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Vet	32	Total net assets or fund balances			12,996,283.	32	13,119,100.
-	33	Total liabilities and net assets/fund balances			15,989,128.	33	16,601,720.
_					, ,	-	

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Form **990** (2019)

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Form	1990 (2019) Far East Broadcasting Company, Inc.	95-1461574		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	,071	<u>,951</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,765	,452.
3	Revenue less expenses. Subtract line 2 from line 1	3		306	,499.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,996	,283.
5	Net unrealized gains (losses) on investments	5		-47	,700.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-135	,982.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	,119	,100.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Name of the organization

Nam	e of t	he organization						Employer	identification number		
	Far East Broadcasting Company, Inc. 95-1461574					5-1461574					
Par	tΙ	Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The c	rgan	zation is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
,		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit describ	bed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
r		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or		
r		university:									
10	X	An organization that norma									
		activities related to its exen	-						-		
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.		
[See section 509(a)(2). (Cor									
11		An organization organized a	-	•	•						
12		An organization organized a	-	-	-			•			
		more publicly supported or	-						Direck the box in		
-		lines 12a through 12d that				-		-	(diving		
а		Type I. A supporting orga		-	•						
		the supported organization			a majority (or the dire		es or the s	supporting		
h		organization. You must o	-		tion with it	o oupport	od organizatio	n(a) by be	wina		
b		Type II. A supporting org	-				-		-		
		control or management o organization(s). You mus			ame perso	ns that co		ige the sup	poned		
~		Type III functionally inte			in connec	tion with	and functiona	lly integrat	ed with		
C		its supported organization						iny integration	eu with,		
d		Type III non-functionally						rted organi	zation(s)		
u		that is not functionally int						-			
		requirement (see instruct	•	v			•	a an attent	Weness		
е		Check this box if the orga						II Type III			
Ũ		functionally integrated, or					, iype i, iype	n, type m			
f	Ente	r the number of supported of									
		ide the following information							·		
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total											

Schedule A (Form 990 or 990 EZ) 2019 Far East Broadcasting Company, Inc.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					▶∟
See	ction C. Computation of Publi	ic Support Pe	ercentage				
	Public support percentage for 2019 (li					14	%
	Public support percentage from 2018					15	%
16 a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	ifies as a publicly	supported organi	zation			►
17a	10% -facts-and-circumstances test	t - 2019. If the orç	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 1	0% or more,
	and if the organization meets the "fac			-	-		-
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶∟
b	10% -facts-and-circumstances test	t - 2018. If the orç	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 1	5 is 10% or
	more, and if the organization meets th	ne "facts-and-circu	umstances" test, o	check this box and	d stop here. Explai	n in Part VI how	the
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17	7b, check this box a	and see instruc	tions 🕨 🛄

Schedule A (Form 990 or 990-EZ) 2019

95-1461574

Part II Sup

Schedule A (Form 990 or 990-EZ) 2019 Far East Broadcasting Company, Inc.

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 10,396,823 8,145,492 12,178,786 10,613,034 10,651,360 51,985,495. 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 1,095,048 1,200,022 1,196,137 1,142,435 1,131,648 5,765,290. 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 11,491,871 9,345,514 13,374,923 11,755,469 11,783,008 57,750,785. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 193,348. 262,130 226,693 239,436 191,542 1,113,149. 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 0. 193,348 262,130 226,693 239,436 191,542 1,113,149, c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 56,637,636. Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (a) 2015 9 Amounts from line 6 11,491,871 9,345,514 13,374,923 11,755,469 11,783,008 57,750,785. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 88,620, 149,323 124,303 185,244 255,529 803,019. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 88,620 149,323 124,303 185,244 255,529 803,019. 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.) 11,580,491. 9,494,837. 13,499,226. 11,940,713. 12,038,537. 58,553,804. **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 2019 (line 8, column (f), divided by line 13, column (f)) 15 96.73 % 96.94 16 16 Public support percentage from 2018 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 1 37 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.09 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. 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 ► X 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 - 2018. 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

Schedule A (Form 990 or 990-EZ) 2019 Far East Broadcasting Company, Inc.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

932024 09-25-19

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	9c					
	10a					
0						
	10b					
Schedule A (Form 990 or 990-EZ) 2019						

95-1461574 Page **4**

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

Yes

No

Schedule A (Form 990 or 990-EZ) 2019	Far	East	Broadcasting	Company,	Inc.
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Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		~		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

chedule A	(Form 990 or 990-EZ) 2019	Far	East	Broadcasting	Company,	Inc.

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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	t short-term capital gain	1		
2 Red	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7 Oth	ner expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
inst	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fai	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other			
fac	tors (explain in detail in Part VI):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sul	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions).	4		
5 Net	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Itiply line 5 by .035.	6		
7 Red	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (C - Distributable Amount			Current Year
1 Adj	justed net income for prior year (from Section A, line 8, Column A)	1		
2 Ent	ter 85% of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ent	ter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		(oonanaoa)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Schedule A, Part III:

The organization is a public charity under section 509(a)(2) and

completes Schedule A (Form 990), Part III. The organization has

analyzed Schedule A (Form 990), Part II and established that it meets

the 33 1/3% public support requirements under sections 509(a)(1) and

170(b)(1)(A)(vi), thus it qualifies to use the first listed special

rule for Schedule B (Form 990) reporting.

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

* *	PUBLIC	DISCLOSURE	COPY	* *

Schedule of Contributors

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

2019

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Name of the organizatior	י ז	Employer identification num				
1	Far East Broadcasting Company, Inc.	95-1461574				
Organization type (chec	:k one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organizatio	on is covered by the General Rule or a Special Rule.					
Note: Only a section 501	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	I Rule. See instructions.				
General Rule						
e e	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu					
Special Rules						

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	Name of	organization
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95-1461574

Far East Broadcasting Company, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	1,404,510.	PersonXPayrollImage: Complete Part II forNoncashX(Complete Part II fornoncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	764,703.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	427,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	276,699.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	217,097.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ,	, or 990-PF) (2019)
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Name of organization

Employer identification number

95-1461574

Far East Broadcasting Company, Inc.

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

Part II	NONCASH Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	Stock	_			
1		-			
		\$\$	09/10/19		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		-			
		— — \$			
		_ *			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **4**

Name of or	ganization		Employer identification number
Far East	Broadcasting Company, Inc.		95-1461574
Part III	, ,	through (e) and the following line e charitable, etc., contributions of \$1,000 of	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, ar		Relationship of transferor to transferee

SCHEDULE D

(Form	990)
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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.



Name of the organization					
Department of the Treasury Internal Revenue Service					

Employer identification number

	Far East Broadcasting Compa	95-1461574	
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 📃 Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
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, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conser	vation easements during the year
_	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
-	►\$		
8	Does each conservation easement reported on line 2(d) abor		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	is that describes the
Dai	organization's accounting for conservation easements. TIII Organizations Maintaining Collections o	f Art Historical Treasures or Oth	or Similar Assots
1 0	Complete if the organization answered "Yes" on Form		er ommar Assets.
10	If the organization elected, as permitted under FASB ASC 95		l balance aboat works
Ia	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
b	art, historical treasures, or other similar assets held for public	· · ·	
		e exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:(i) Revenue included on Form 990, Part VIII, line 1		*
			N .
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial or	
2	the following amounts required to be reported under FASB A	· · · ·	
а	Revenue included on Form 990. Part VIII. line 1	to these liens.	▶ \$

\$ ►

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetSicontinue() 3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): Debulce exhibition Check and that apply: Debulce exhibition Provide a description of the organization solicitor receive donations of art, historical treasures, or other similar assets to be solid or insis funds rather than to be maintained as part of the organization accelector? Ves No Part V Encove and CutStofial Arrangements. Complete if the organization accelector? Ves No Berding balance Cannount Provide an anount on Form 990, Part X, line 21. If the organization include an anount on Form 990, Part X, line 21. for escrow or cutstodial account liability? Ves No Berting balance Cantor and anount on Form 990, Part X, line 21. for escrow or cutstodial account liability? Ves No Provide the drank apply in the organization and the organization and the organization and the organization and transpace in the provide on Part XIII. Part V Endowment Funds. Complete the organization and count liability? Ves No Part V Endowment Funds. Complete the organization and the provide on Part XIII. Part V Endowment Funds. Complete the organization and the provide on Part XIII. Part V Endowment F	Sche		roadcasting Com <u>r</u>						461574		age 2
collection terms (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>Collections of A</th> <th>rt, His</th> <th>torical Tr</th> <th>easures, o</th> <th>or Othe</th> <th>r Similar A</th> <th>ssets(cont</th> <th>inued)</th> <th></th>	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar A	ssets(cont	inued)	
a Public exhibition d □ can or exchange program b Scholary research o □ Other	3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following the	ıt make siç	gnificant use o	of its		
b Scholarly research 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 social or receive donations of art, historical treasures, or other similar assets to be social to inask under starther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 14 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagenet in Part XIII and complete the following table: Amount c Beginning balance Intermediary Intermediary Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or oustodial account liability? Yes No Dif Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Provide the estimated part of the organization answered 'Yes' on Form 990, Part X, line 21. Provide the estimated part of the organization answered 'Yes' on Form 990, Part X, line 21. 14 Beginning of year balance (a) Current year (b) Prior year (c) Tron years back (b) Four years back (c) Four year											
c Preservation for future generations 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 1 During the year, did the organization's collection?	а	Public exhibition	d								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection? Part W 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is difficult and complete the following table: Amount te d. Additions during the year te d. Ending balance degrining balance degrining organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b Contributions A difficult explane the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Administrative explanes Account Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Administrative explanes A entimeter endowment the addition of account lability Administrative explanes A difficult explane. Administrative explanes Administrative explanes Account type and balance (ine 1g, column (a)) held as: Board designated or quasiendowment the argin administered f	b		e		Other						
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d Grants or scholarships											
e Other expenditures for facilities and programs											
and programs											
f Administrative expenses	e										
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations 3a(ii) 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other basis (investment) basis (other) depreciation 1a Land 300, 300. 300, 300. b Buildings 1, 122, 460. 976, 752. 145, 708. c Leasehold improvements 1 1 142, 336. 74,097. e Other 31, 237. 31, 237.											
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b Buildings 1,122,460. 976,752. 145,708. c Leasehold improvements 1,536,433. 1,462,336. 74,097. d Equipment 31,237. 31,237.							• •				
b Buildings 1,122,460. 976,752. 145,708. c Leasehold improvements 1,536,433. 1,462,336. 74,097. d Equipment 31,237. 31,237.	1 a	Land				300,300.				300	,300.
c Leasehold improvements 1,536,433. 1,462,336. 74,097. d Equipment 31,237. 31,237.					1			976,752.			,
d Equipment 1,536,433. 1,462,336. 74,097. e Other 31,237. 31,237. 31,237.								,			
e Other					1	,536,433.		1,462,336.		74	,097.
						31,237.				31	,237.
				X, colui	mn (B), line 1	10c.)				551	,342.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

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

Far East Broadcasting Company, Inc.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X	, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Fiduciary Obligations	2,337,884.
(3) Capital Lease Obligations	19,902.
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

2,357,786.

Sche	edule D (Form 990) 2019 Far East Broadcasting Company, Inc.			95 - 1461574	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	11,879,557.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-47,700.		
b	Donated services and use of facilities	2b	78,300.		
с	Recoveries of prior year grants	2c			
d			-135,982.		
е	Add lines 2a through 2d			2e	-105,382.
3	Subtract line 2e from line 1			3	11,984,939.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,012.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	87,012.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	12,071,951.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total expenses and losses per audited financial statements			1	11,756,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_ 2a	78,300.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				
е				2e	78,300.
3	Subtract line 2e from line 1			3	11,678,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a	87,012.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	87,012.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,765,452.
Pa	rt XIII Supplemental Information.				
D	ide the electronic time are used for Doubly lines O. F. and O. Doubly, lines do and 4. Doubly				

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 XI, Line 2d - Other Adjustments:

Change in value of Fiduciary Obligations

-135,982.

Far East Broadcasting (,				95-1461574	
Part I General Info	rmation on A	Activities Ou	tside the United States. Comple	ete if the organ	ization answered "	res" on
Form 990, Part IV	,					
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
United States.		C		•		
· · · · · · · · · · · · · · · · · · ·			an be duplicated if additional space is i	· · · · · · · · · · · · · · · · · · ·		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
	In the region	independent contractors	recipients located in the region)		(s) in the region	investments
		in the region				in the region
East Asia and the						
Pacific	0	0	Grants to recipients			3,806,193.
North America	0	0	Grants to recipients			400
South Asia	0	0	Grants to recipients			175,566.
_						11.040
Europe	0	0	Grants to recipients			11,942.
Russia & the Newly						
Independent States	0	0	Grants to recipients			1,179,382.
East Asia and the Pacific	0			Radio Media Communicati		556 600
Pacific	0	6	Program services	Communicati	ons	556,699.
2 a Subtatal	0	6				5,730,182.
3 a Subtotal b Total from continuation		0				5,,50,102.
sheets to Part I	0	0				0.

and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

6

Schedule F (Form 990) 2019

5,730,182.

c Totals (add lines 3a

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 g **Open to Public** Inspection

Employer identification number

Name of the organization

SCHEDULE F

(Form 990)

95-1461574

Page 2

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)
		East Asia and the						
		Pacific	Media/Radio Broadcast	260,869.	Bank Wire	0.		
		Russia &						
		Neighboring						
			Media/Radio Broadcast	233,164.	Bank Wire	0.		
		East Asia and the						
			Media/Radio Broadcast	470 181.	Bank Wire	0.		
				110 051				
		South Asia	Media/Radio Broadcast	110,951.	Bank Wire	0.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	151,149.	Bank Wire	0.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	113,260.	Bank Wire	0.		
		East Asia and the						
			Media/Radio Broadcast	502,697.	Bank Wire	Ο.		
				, <u>,</u>				
		East Asia and the		055 505				
0 Entertatel success (Media/Radio Broadcast	,	Bank Wire	0.		
			recognized as charities by the tion 501(c)(3) equivalency letter					17
						······ <u>·</u> ·		0

Schedule F (Form 990) Far East Broadcasting Company, Inc.

95-1461574

		t broadcabering com			55 1101	571		Faye
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	1)	- i
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, Fl appraisal, other
	, ,		3			assistance	assistance	appraisai, otner
		East Asia and the						
		Pacific	Media/Radio Broadcast	7,000.	Bank Wire	0.		
		South Asia	Media/Radio Broadcast	64,615.	Bank Wire	0.		
		East Asia and the	Madia (Dadia Draadaast	207 262	Damla Mina	0		
		Pacific	Media/Radio Broadcast	397,202.	Bank Wire	0.		
		Russia &						
		Neighboring						
		States	Media/Radio Broadcast	946 218	Bank Wire	٥.		
			iliaiu, nuuro Brouuouso	510,210.				
		East Asia and the						
		Pacific	Media/Radio Broadcast	391,936.	Bank Wire	0.		
				,				
		East Asia and the						
		Pacific	Media/Radio Broadcast	1,140,933.	Bank Wire	Ο.		
		East Asia and the						
		Pacific	Media/Radio Broadcast	104,080.	Bank Wire	٥.		
		Europe	Media/Radio Broadcast	11,942.	Bank Wire	0.		
		East Asia and the			L			
		Pacific	Media/Radio Broadcast	9,100.	Bank Wire	0.		

Far East Broadcasting Company, Inc.

95-1461574

Page 3

Part III	Grants and Other Assistance	e to Individuals Outsid	e the United Sta	ates. Complete i	if the organization answered "	'Yes" on Form 990, Pa	t IV, line 16.
	Part III can be duplicated if a	dditional space is neede	d.				

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

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

95-1461574

Page 5

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: Needs are communicated through a proposal process. The projects are evaluated and prioritized. Development will make appeals based upon common needs across multiple entities or for a specific affiliate. Grants are ultimately awarded based upon dollars raised and the needs communicated. While operating independently and under different leadership, foreign affiliates operate under a common charter which aligns mission and operations. Additionally, ministry partner agreements outline specific accountabilities for specific grants and results are regularly communicated back to FEBC-US. The organization monitors its grants and other assistance (and re-grants) to ensure that such grants and other assistance are used for proper purposes or aren't otherwise diverted from the intended use. Regular field/site visits are required to be scheduled with designated representatives of FEBC-US. Any additional follow up is addressed on an as-needed basis: examples would include Financial and/or Operations Audits by FEBC-US or its designated third party agent. Part I, line 3: The U.S. operations records funding of affiliates as an Affiliate Grant Expense. Missionary payroll are paid via the same payroll system as U.S. Employees. Expenses reviewed are typically reimbursed when documentation is submitted to the accounting office in La Mirada, CA. Expenses are recorded using the accrual method of accounting.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activities		OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury			Open to Public Inspection							
Internal Revenue Service		► Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organizatio	n						-	ntification number		
		roadcasting Company, Inc.					61574			
	complete this par	 Complete if the organization answ t. 	vered "Y	es" o	n Form 990, Part IV,	line 17. Form	1 990-EZ	Z filers are not		
1 Indicate whether th	ne organization rais	sed funds through any of the follow	ing acti	vities.	Check all that apply					
a X Mail solicita	tions	e X Solicita	ation of	non-g	overnment grants					
b X Internet and	l email solicitations	s f 🔄 Solicita	ation of	gover	nment grants					
c Phone solici		g 🔟 Specia	al fundra	aising	events					
d X In-person so	olicitations									
•		or oral agreement with any individua	•	•		· -				
• • •		art VII) or entity in connection with	-		-		X Yes			
	•	viduals or entities (fundraisers) purs	suant to	agree	ements under which	the fundraise	er is to k	be		
compensated at le	east \$5,000 by the	organization.								
			(iii) fundi	Did		(v) Amoun	t paid	(vi) Amount paid		
(i) Name and addres		(ii) Activity	have c	ustody	(iv) Gross receipts	to (or retain fundrais		(vi) Amount paid to (or retained by)		
or entity (fund	braiser)		or cor contrib	itrol of utions?	from activity	listed in col. (i)		organization		
Douglas Shaw Assoc	iates -		Yes	No						
1717 Park Street,		Fundraising Consultant		x	0.	18	0,000.	-180,000		
1	,						, .	,		
Total						1.8	0,000.	-180,000		

AL, AK, AZ, AR, CA, C	CO,CT,DE,FL,GA	,HI,ID,IL,IN,IA	, KS, KY, LA, ME, MD, MA	, MI, MN, MS, MO
MT, NE, NV, NH, NJ, N	NM, NY, NC, ND, OF	, OK, OR, PA, RI, SC	, SD, TN, TX, UT, VT, VA	,WA,WV,WI,WY

Schedule G (Form 990 or	990-F7) 2019	Far	East	Broadcasting	Company	Inc.
Schedule G (1 01111 990 01	330°LZ) 2013	TOT	Hab c	Droudoubering	company,	±110,

Schedule G (Form 990 or 990-EZ) 2019 Far East Bro		G (Form 990 or 990-EZ) 2019 Far East Br	roadcasting Company, Inc.		95-14	461574	Page 2
Pa	rt II	Fundraising Events. Complete if the	e organization answered	l "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15	5,000
		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than	າ \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total e (add col. (a) col. (c	through
venue	1 0	aross receipts	(event type)	(event type)	(total number)		
Re							

	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
ect Exp	7	Food and beverages							
ā	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>				
	11	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.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	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	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9 a	En	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	icts gaming activities:	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	avoked suspended or t	erminated during the tax	vear?	Yes No
		Yes," explain:		•	your .	

Sch	nedule G (Form 990 or 990-EZ) 2019 Far East Broadcasting Company, Inc. 95-14	61574		Page 3						
	Does the organization conduct gaming activities with nonmembers?		Yes	No						
	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		%						
	a An outside facility	13b		%						
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
	Name									
	Address									
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	🗌 No						
I	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount									
	of gaming revenue retained by the third party ►\$									
(If "Yes," enter name and address of the third party:									
	Name									
	Address 🕨									
16	Gaming manager information:									
	Name									
	Gaming manager compensation 🕨 \$									
	Description of services provided 🕨									
	Director/officer									
17	Mandatory distributions:									
á	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?	📖	Yes	L No						
I	• 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 🕨 \$									
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ırt III, li	nes 9,	9b, 10b,						
Cak	adula C. Dawt T. Jina 2b. Jist of Man Wighost Daid Fundwaisans.									
501	nedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:									
(Name of Fundraiger, Douglag Share Accordition									
(1)	Name of Fundraiser: Douglas Shaw Associates									
(i)	Address of Fundraiser:									
171	.7 Park Street, Suite 300, Naperville, IL 60563									
Pai	rt I, Line 2b, column (iv):									
The	professional fundraising services were consulting in nature; no									

gross receipts were directly generated from the services provided.

SCHEDULE J	HEDULE J Compensation Information						
(Form 990)	t	20	19				
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990.	23.	Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspe	ction			
Name of the organization	n	Employer i	dentification	on nui	nber		
	Far East Broadcasting Company, Inc.	95-14	61574				
Part I Question	s Regarding Compensation						
				Yes	No		
1a Check the appropriate	iate box(es) if the organization provided any of the following to or for a person listed on F	⁻ orm 990,					
Part VII, Section A	line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or	charter travel Housing allowance or residence for p	ersonal use					
Travel for con	npanions Payments for business use of person	al residence					
Tax indemnifi	cation and gross-up payments Health or social club dues or initiation	ı fees					
Discretionary	spending account Personal services (such as maid, cha	uffeur, chef)					
•	on line 1a are checked, did the organization follow a written policy regarding payment o						
	provision of all of the expenses described above? If "No," complete Part III to explain $_{\dots}$		1b				
2 Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directo	rs,					
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	ny, of the following the organization used to establish the compensation of the organizat						
	ector. Check all that apply. Do not check any boxes for methods used by a related organ	nization to					
	ation of the CEO/Executive Director, but explain in Part III.						
Compensatio							
	compensation consultant						
X Form 990 of c	ther organizations X Approval by the board or compensations	ion committee					
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	elated organization:						
	ce payment or change-of-control payment?				X		
	ceive payment from, a supplemental nonqualified retirement plan?				X		
	ceive payment from, an equity-based compensation arrangement?		4c		Х		
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
0 1 1: 504							
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen	isation					
contingent on the			_		v		
					x		
	zation?		5b		Δ		
	or 5b, describe in Part III.	action					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen	Isation					
contingent on the			0-		v		
					x		
	zation?		6b		A		
	or 6b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payn		-	x			
	nes 5 and 6? If "Yes," describe in Part III		7	Δ			
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject				v		
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
	lid the organization also follow the rebuttable presumption procedure described in		9				
	n 53.4958-6(c)?			~ 000	0010		
LHA FOR Paperwork H	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2019		

Schedule J (Form 990) 2019

95-1461574

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Edward Cannon	(i)	189,924.	35,541.	12,095.	14,223.	32,292.	284,075.	0.
President and CEO	(ii)	٥.	0.	0.	0.	0.	0.	0.
(2) Mary K. Park Executive	(i)	118,956.	336.	10,462.	7,700.	28,789.	166,243.	0.
Director, Korean Ministries	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(3) Scott Hassel	(i)	123,367.	328.	0.	7,844.	18,580.	150,119.	0.
Treasurer and CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 7:

Annual discretionary bonuses are approved by the President, except in the

case of any annual discretionary bonuses for the President. The President's

compensation and bonus is set and approved by the full Board of Directors

while in Executive Session. The following individuals received

disrectionary bonuses in 2019:

Cheri Carpenter

Edward Cannon

Scott Hassel

Mary K. Park

Sandy Wilson

Page 3

95-1461574

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 instructions and the latest information.

Open to Public Inspection

Employer identification number

95-1461574

Name of	the	organization
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Far East Broadcasting Company, Inc.

Pa	rt 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	noncash contrib	etermin	•	ïs
1	Art - Works of art			, ,	<u> </u>			
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	37	1,240,4	1.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory Drugs and medical supplies							
20 21								
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	v	1	51	50.FMV			
25	· · · · · · · · · · · · · · · · · · ·	Х	1	5:	.FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29				
30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 th	rough 28, that it		Yes	No
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard cont	ributions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell nonca	ash			
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule I	۸ (Forr	n 990)	2019

Schedule M (Form 990) 2019 Far East Broadcasting Company, Inc.	95-1461574	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33		
is reporting in Part I, column (b), the number of contributions, the number of items received, or a con	hination of both. Also co	mplete
this part for any additional information.		
Schedule M, Part I, Column (b):		
The number of contributions represent the number of contributions		
received, not the number of items donated.		

SCHEDULE O (Form 990 or 990-EZ)	290 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection	
Name of the organization		Employer	identification number	
	Far East Broadcasting Company, Inc.	95-146	1574	
Form 990, Part III	Line 4d, Other Program Services:			
FEBC provides dired	t support to over 9 missionaries and 6 affiliate			
missionaries that s	serve as the engineers, project managers, and other			
highly technical ca	apacities across the world.			
Expenses \$ 556,699.	including grants of \$ 0. Revenue \$ 0.			
Form 990, Part VI,	Section B, line 11b:			
Form 990 is prepare	ed by an independent CPA firm. The Treasurer/CFO and the			
President review th	ne 990 in detail with FEBC's Audit and Finance Committee.			
The 990 is also pro	ovided and reviewed with the board of directors prior to			
filing with the IRS	3.			
Form 990, Part VI,	Section B, Line 12c:			
Forms are circulate	ed to Board members and officers on an annual basis and			
reviewed by the Fin	nance Committee. Disclosed conflicts are reported back			
to the Board. Shoul	d any potential conflicts of interest be disclosed, the			
board member or off	icer would be asked to refrain from participation in any			
deliberation or dec	cision with regard to matters affected by the			
relationship.				
Form 990, Part VI,	Section B, Line 15:			
Compensation for th	ne President is set and approved by the board, who are			
considered to be in	dependent. The President and personnel department set			
compensation for ot	ther officers and key employees based upon review of			

similar organizations, as well as competitive data for executive management

and staff. The Finance and Audit committee performs periodic reviews of

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Far East Broadcasting Company, Inc.	Employer identification number 95-1461574
the compensation structure as part of its duties. All discussions regarding	
compensation are documented in the minutes.	
Form 900 Part VI Section C Line 19.	
Form 990, Part VI, Section C, Line 19:	
The governing documents, conflict of interest policy, and financial	
statements are available to the public upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of fiduciary obligations -135,982.	

(Rev. January 2020)

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

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

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

	r Name of exempt organization or other filer, see instructions.			axpayer identification number (TIN)			
Far Fast Broadcasting Company I	For Fost Producting Company Inc.			95-1461574			
File by the					51574		
filing your PO Box 1	.O. DOX, See Instruc	tions.					
return. See	See 10 Dox 1						
La Mirada, CA 90637-0001							
Enter the Return Code for the return that this application	n is for (file a separa	te application for each return)			C) 1	
Application	Return	Application				eturn	
Is For	Code					Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990-BL	02	Form 1041-A				08	
Form 4720 (individual)	03	Form 4720 (other than individual)				09	
Form 990-PF	04	Form 5227				10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-T (trust other than above)	06	Form 8870				12	
Scott Hassel					•		
• The books are in the care of PO Box 1 - La M	Mirada, CA 9063	7					
Telephone No. 5 62-947-4651		Fax No. 🕨					
• If the organization does not have an office or place o	f business in the Ur	nited States, check this box			▶□		
• If this is for a Group Return, enter the organization's						ck this	
box . If it is for part of the group, check this bo		ch a list with the names and TINs					
1 I request an automatic 6-month extension of time	I request an automatic 6-month extension of time until May 17, 2021, to file the exempt organization retur						
the organization named above. The extension is for the organization's return for:							
▶ calendar year or							
► X tax year beginning JUL 1, 2019	, an	dending JUN 30, 2020					
2 If the tax year entered in line 1 is for less than 12 months, check reason:							
Change in accounting period							
3a If this application is for Forms 990-BL, 990-PF, 99	D-T, 4720, or 6069,	enter the tentative tax, less					
any nonrefundable credits. See instructions.			3a	\$		0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior y	vear overpayment a	llowed as a credit.	3b	\$		0.	
c Balance due. Subtract line 3b from line 3a. Includ	le your payment wit	h this form, if required, by					
using EFTPS (Electronic Federal Tax Payment Sys	stem). See instructio	ons.	3c	\$		0.	
Caution: If you are going to make an electronic funds w	ithdrawal (direct de	bit) with this Form 8868, see Form	18453-EO a	nd Form 8	8879-EO for pa	ayment	
instructions.							

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)