Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 20**17**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2017 calend	ar year, or tax year beginning January , 2017, and ending	De	cembe	r , 20 17
Вс	Check if ap	plicable	C Name of organization	D Emple	oyer ide	ntification number
<u> </u>	Address cl	hange	LLEM International Inc		81	-1454115
_	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	ETelep	hone nu	mber
=	Initial retur	m n/terminated	P.O. BOX 3692		888	3-553-6468
云	Amended :		City or town, state or province, country, and ZIP or foreign postal code	F Grou	р Ехег	nption
=	Application		North Myrtle Beach SC, 29582	Num	ber 🕨	·
G A	Account	ing Method	☐ Cash ☐ Accrual Other (specify) ► In-kind ☐ H C	heck •	▶ 🔲 ıf	the organization is not
I V	Vebsite	: www.	lleminternational.com re	equired	to atta	ch Schedule B
J T	ax-exem	npt status (che	eck only one) — 501(c)(3)	orm 99	90, 990	-EZ, or 990-PF).
KF	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other			
L A	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets		
(Pai	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstruc	tions	for Part I)
		Check If	the organization used Schedule O to respond to any question in this Part I			🗹
	1		ons, gifts, grants, and similar amounts received		1	190,733
	2		ervice revenue including government fees and contracts	. [2	0
	3	Membersh	ip dues and assessments	. [3	0
	4	Investment		. [4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	o		
	ь		or other basis and sales expenses	0	- 1	
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming an	d fundraising events	- 1		
	a	Gross inc	ome from gaming (attach Schedule G if greater than		1	
ne		\$15,000) .	6a	o	ļ	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions			
è	l	from fundr	aising events reported on line 1) (attach Schedule G if the			
_	ł	sum of suc	ch gross income and contributions exceeds \$15,000) . 6b	0	- }	
	c	Less: direc	et expenses from gaming and fundraising events 6c	0	ŀ	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
	}	line 6c) .		[6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b	Less. cost	of goods sold	0		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other reve	nue (describe in Schedule O)	[8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	190,733
	10		similar amounts paid (list in Schedule O)	[10	47,075
	11	Benefits pa	aid to or for members	. [11	0
es	12		ther compensation, and employee benefits	[12	0
Expense	13	Profession	al fees and other payments to independent contractors . Alice a location of the second	. [13	26,217
ĝ	14	Occupancy	y, rent, utilities, and maintenance	[14	8,438
ω	15	Printing, pi	ublications, postage, and shipping	[15	123,102
	16	Other expe	enses (describe in Schedule O)	[16	0
_	17	Total expe	enses. Add lines 10 through 16	. ▶	17	203,833
Ŋ	18		(deficit) for the year (Subtract line 17 from line 9)	[18	14,100
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with [
As		-	ar figure reported on prior year's return)	[19	
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	[20	
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	14,100
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat No 106421			Form 990-EZ (2017)

915

196

Pai	rt II	Balance Sheets (see the instructions f	or Part II)				
		Check if the organization used Schedule	O to respond to ar	ny question in this f	Part II		<u> </u>
					(A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments				22	. 0
23	Lan	d and buildings		[0	23	0
24	Oth	er assets (describe in Schedule O)			52,780	24	58,980
25	Tota	al assets		[52,780	25	58,980
26	Tota	al liabilities (describe in Schedule O)			33,198		51,000
27	Net	assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	-14,100
Par		Statement of Program Service Accom					
		Check if the organization used Schedule	O to respond to ar	ny question in this F	Part III		Expenses
What	is the	organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	riha th	ne organization's program service accomplis	shments for each o	f its three largest or	rooram senuces		anizations, optional for
as m	easur	ed by expenses. In a clear and concise m	anner, describe the			_	ers.)
		nefited, and other relevant information for ea		 			1 ··· · · · ·
28		gh the Program called Love & Self Empowerme					
		d as a solution to global crises. Spreading the v		online platforms and	social media.		
		than four thousand people benefited from this p					
	(Gran	· · · · · · · · · · · · · · · · · · ·			<u> ▶ ⊔</u>	288	a 120,000
29		gh our Sponsor a child program, more than 300					
	kids w	vere provided with Education, Food & water, Me	dical care, Leadersh	ip & Discipleship in 2	017.		
	(Gran			nts, check here		298	36,533
30		gh our LLEM Bibe Correspondence Courses, m		nd people recieved th	e benefit of		
	this pr	rogram to do that comprised of more than 20 co	ourses.				
		·					
	(Grant		includes foreign gra	nts, check here .	▶ 🗆	30a	6,000
31	Other	program services (describe in Schedule O)					
	(Grant			nts, check here .		318	a
32	Total	program service expenses (add lines 28a t	hrough 31a)		•	32	162,533
Pan	i IV	List of Officers, Directors, Trustees, and Key		one even if not comp	ensated-see the in	ıstru	
Par	i IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule		one even if not comp ny question in this f	pensated—see the in Part IV	nstru	
Par	: IV			one even if not comp ny question in this i (c) Reportable	pensated—see the in Part IV		ictions for Part IV)
Par	: IV		O to respond to ar (b) Average hours per week	one even if not comp ny question in this f	pensated—see the in Part IV	ee (e)	ictions for Part IV)
Par	t IV	Check if the organization used Schedule	O to respond to ar	n one even if not comp ny question in this f (c) Reportable compensation	pensated—see the in Part IV	ee (e	ictions for Part IV)
		Check if the organization used Schedule	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e	ictions for Part IV)
Love	God Er	Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e	ictions for Part IV)
Love	God Er	Check if the organization used Schedule (a) Name and title nyinna esident	O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	ictions for Part IV)
Love Foun Glori	God Er der/pre a Enyir	Check if the organization used Schedule (a) Name and title nyinna esident	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	ictions for Part IV)
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Love Foun Glori Tresu	God Er der/pro a Enyir urer ey Rob	Check if the organization used Schedule (a) Name and title nyinna esident nna erts-Ohr	O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 21,000	pensated—see the ir Part IV	ee (e)	ictions for Part IV)
Love Foun Glori Tresu Stace Deve	God Er der/pre a Enyir irer ey Robe	Check if the organization used Schedule (a) Name and title nyinna esident nna erts-Ohr ntal Officer	O to respond to an (b) Average hours per week devoted to position 35	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	0 0	ottions for Part IV) Setimated amount of other compensation
Love Foun Glori Tresu Stace Deve Callis	God Er der/pre a Enyir arer ey Robe dopmer stus Ot	Check if the organization used Schedule (a) Name and title nyinna esident nna erts-Ohr ntal Officer	O to respond to an (b) Average hours per week devoted to position 35	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 21,000	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	ottions for Part IV) Setimated amount of other compensation 0
Love Foun Glori Tresu Stace Deve Callis	God Er der/pro a Enyir irer ey Robe dopmen itus Obetary	Check if the organization used Schedule (a) Name and title nyinna esident nna erts-Ohr ntal Officer	O to respond to an (b) Average hours per week devoted to position 35	one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 21,000	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	ottions for Part IV) Setimated amount of other compensation
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ABO

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Fart V.) Check if the organization used Schedule O to respond to any question in this	1 ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u>√</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓_
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			l
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	332		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ South Carolina			
42a		388) 55		8
b	Located at ▶ 1011 Hunter Ave Unit 6 ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	295	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: Sweden, Nigeria	42c	✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			r
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	✓
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

Form 990-EZ`(2017)							P	age 4
46 Did the organization of	engage, directly or inc	directly, in political c	ampaign activities	on behalf of	f or in opposit	ion		No
All section 501 50 and 51.	(c)(3) organizations (c)(3) organizations	only must answer que	stions 47-49b an	d 52, and	complete the			es . □
 47 Did the organization year? If "Yes," complete this the organization as 48 Is the organization or build the organization or if "Yes," was the related Complete this table for employees) who each 	ete Schedule C, Part chool as described in nake any transfers to ed organization a sec or the organization's t	II		e Schedule nization?	E	. 47 . 48 . 49a . 49b ors, truste	ees, an	✓ ✓ ✓ d key
(a) Name and title of ear	ch employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution contr	alth benefits, ons to employee ins, and deferred opensation	(e) Estimat other co		
f Total number of other 51 Complete this table t \$100,000 of compen	or the organization's	five highest compe	ensated independe	nt contract	ors who each	received	d more	than
(a) Name and business	address of each independe	ent contractor	(b) Type of s	ervice	(c)	Compensa	tion	
d Total number of other 52 Did the organization completed Schedule	n complete Schedul	le A? Note: All se	ection 501(c)(3) or	· · · ·	· · ·	► ☐ Ye		No
Under penalties of perjury, I declare true, correct, and complete Deplay	that I have examined this re ion of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and state ormation of which prepar	ements, and to er has any kno	the best of my kr wledge	nowledge ar	nd belief,	, it is
Sign LoveGod Gryinna Type or print name and title								
Paid Preparer Use Only Print/Type preparer Firm's name	r's name	Preparer's signature		Date	Check ☐ self-emplo			
Firm's address ► May the IRS discuss this reti	urn with the preparer	shown above? See	instructions		Phone no	▶ ☐ Ye	s 🗇	No

Form **990-EZ** (2017)

SCHEDULE A (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.

ation. Inspection

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number

LLEM International Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

	He A (1 0111 990 01 990-EZ) 2017						raye 4
Part							•
	(Complete only if you checked the						ality under
Saati	Part III. If the organization fails to	quality unde	er the tests iis	ted below, p	lease comple	te Part III.)	<u> </u>
	on A. Public Support	(=) 0010	(h) 0014	(a) 2015	(d) 0016	(a) 2017	(6 Total
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	0	o	0	61826	190733.13	190733.13
2	Tax revenues levied for the			<u> </u>	01020	130733.13	130733.13
_	organization's benefit and either paid						
	to or expended on its behalf					0.00	0.00
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				:	0.00	0.00
4	Total. Add lines 1 through 3						140733.13
5	The portion of total contributions by	•				,	1
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						<u>190733.13</u> ران
	on B. Total Support	<u> </u>		<u> </u>	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	(2) 2011	(6) 2010	(u) 2010	(0) 2011	190733.1
8	Gross income from interest, dividends,						10.722.
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0.00
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						0.00
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						400700 40
11	Total support. Add lines 7 through 10						190733.13
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	<u> </u>
13	First five years. If the Form 990 is for the	•	•	d, third, fourth	, or fifth tax ve		on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line	6, column (f) di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sci					15	<u>%</u>
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua		-	_			
b	331/3% support test—2016. If the organithis box and stop here. The organization						
4=	•	-		_			_
1/a	10%-facts-and-circumstances test—26 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						>
b	10%-facts-and-circumstances test—2	016. If the ora	anization did n	ot check a bo	x on line 1.3. 1	6a 16b or 17	
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization						▶ □

Part	Support Schedule for Organiza						
	(Complete only if you checked th						under Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	omplete Part I	l.)	<u>/</u>
Secti	on A. Public Support					/	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
_	received. (Do not include any "unusual grants.")					/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					,	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		_				
4	Tax revenues levied for the				<i>f</i>		
	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	· · · · · · · · · · · · · · · · · · ·		···-	1		
6	Total. Add lines 1 through 5			·	/		
7a	Amounts included on lines 1, 2, and 3				<u>/</u>		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1	-	ł		
	received from other than disqualified			#			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					· · · · · · · · · · · · · · · · · · ·	
8	Public support. (Subtract line 7c from			. /			
<u> </u>	line 6.)						
	on B. Total Support	(-) 0010	(h) 0014	(ć) 2015	(4) 0016	(a) 2017	(6 Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			-/			
10a	Gross income from interest, dividends,			/			
	payments received on securities loans, rents, royalties, and income from similar sources			/			
	•		 				
b	Unrelated business taxable income (less section 511 taxes) from businesses		/				
	acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·		 				
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or		 		 		
12	loss from the sale of capital assets						
	(Explain in Part VI.)		/				
13	Total support. (Add lines 9, 10c, 11,		 				
	and 12.)						
14	First five years. If the Form 990 is for th	e organizatio	n's first, secon	d, third, fourth	n, or fifth tax ve	ear as a sec	tion 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2017 (line 8			3, column (f))		15	%
_16	Public support percentage from 2016 Sch	edule A, Part	III, line 15		<u> </u>	16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (I				mn (f))	17	%
18	Investment income percentage from 2016						%
19a	331/3% support tests-2017. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						

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

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations		124	
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		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. 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	1		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		I -	

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 .		
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		<u>-</u> -
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		
			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	1		
	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,	2		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	12		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	36 d. 1	
2	Did the organization operate for the benefit of any supported organization other than the supported		科教	i disa
_	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		
Section	on C. Type II Supporting Organizations			
		24.25	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	1		
	the supported organization(s).	#####################################		
Section	on D. All Type III Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ	L	L
	J. J		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	ric viscos	Ø=39 to \$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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		Nat 2
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	202	
Section	on E. Type III Functionally Integrated Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	(Vac	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	200	12.14	285
·	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	美麗		
	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	MINE AND	Page 1
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	25.77	Jan de	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		Proc.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	9. 1056	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	· · · · · · · · · · · · · · · · · · ·	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	·	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly int	egrated Type III supporti	ng organization (see

Part		B) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	. <u> </u>		
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	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	·
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
<u>_j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.			
8	Breakdown of line 7:	<u> </u>		
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
_e	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•
	·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

LLEM International Inc 81-1454115 Part 1 #1 "LLEM International, Inc is a recipient of a Google Ad Grants award. The Google Ad Grants program supports registered nonprofits organizations that share Google's philosophy of community services to help the world in areas such as science and technology, education, global public health, the environment, youth advocacy and the arts. Google Ad Grant is an in-kind advertising program that awards free online advertising to nonprofit via Google Adwords." Received and spent \$120,000 worth of Google Ad. from January 2017 to December 2017. Part 1 #10. LLEM International donated a total sum of \$4253.00 to Community partners in South Carolina. A total sum of \$ 36,533.00 was awarded to the Sponsor a Child Program. Through our sponosor a child program, more than 3000 children were provided with school suppiles. Fourth-seven children where fully sponsored and were provided with: Education, Food & Water, Medical care, Leadership and Discipleship. A total sum of \$6,000 was awarded to LLEM Bible Correspondence Courses. Through our Free Correspondence Courses comprise of twenty-one course and more than two thousand people recieved the benefit of this program. They were empowered through the word of God to lead better lives. Part 2: # 24: LLEM International inventory at the beginning of 2017 was \$52,780 and \$58,980. Part 2: #26: A capital loan that was to the organization in 2016 to help facilitate her operations in the United States.

Nemo of the organization Employer identification number	Schedule O (Form 990 or 990-EZ) (2017)	Page 2
	Name of the organization	Employer identification number
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