CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public,

Open to Public Inspection

A	For th	e 2017 calendar year, or tax year beginning J	AN 1, 2017 and	ending A	UG 31, 2017		
В	Check if applicat	C Name of organization			D Employer iden	tification	n number
	Addr	ess e Center for Mission Mobilization					
	Name chan	Doing business as			71-0	861654	
	lnitial return		livered to street address)	Room/surte	E Telephone nun	nber	
	Final	D 0 Box 3556	,			-595-48	81
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		3,552,671.
	Arner	ded Parattorillo ND 70703			H(a) is this a grou	p return	
	Appli	F Name and address of principal officer L. St	teve Shadrach		for subordina	-	Yes X No
	pend	same as C above		2	H(b) Are all subordina	tes included	Yes No
ī	Тах-өх	empt status: X 501(c)(3) 501(c) ()		or) /527	4 ''		see instructions)
		te: www.mobilization.org		 	H(c) Group exemp		
ĸ	Form o	f organization: 🗶 Corporation 💹 Trust 💹 As	ssociation Other	L Year	of formation; 2001		e of legal domicile: AR
_		Summary				1 444	
_	11	Briefly describe the organization's mission or most	significant activities. To mob	ilize Ch	ristians worldw	ide	
Activities & Governance		to their most strategic role in comple					
r F	2	Check this box If the organization disco	ntinued its operations or dispo	sed of more	e than 25% of its ne	et assets	
Ş	3	Number of voting members of the governing body			1	3	7
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		-	4	6
SS	5	Total number of individuals employed in calendar			·	5	0
Ę	6	Total number of volunteers (estimate if necessary)			Ī	6	40
ct	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0,
•		Net unrelated business taxable income from Form	•			7b	0.
					Prior Year		Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			4,416,0	91.	3,038,820.
Ĕ	9	Program service revenue (Part VIII, line 2g)			479,5	40.	397,253.
Revenue	10	Investment income (Part VIII, column (A), lines 3, A	ļ	1,02	26.	797.	
æ	111	Other revenue (Part VIII, column (A), lines 6,64,80	90-100-and (Hé))		<137,50	87.>	37,206.
	12	Total revenue - add lines 8 through 11 (m/s) bound	Part VIII column (A) line (2)		4,759,0	70.	3,474,076.
	13	Grants and similar amounts paid (Part IX Column (A) lines 9-3pg 6	<u> </u>	47,6	14.	19,600.
	14	Benefits paid to or for members (Part IX) column-(A	A) line 4)			0.	0.
Ś	15	Salanes, other compensation, employee benefits	Part IX, column (A), lines 5-10)	· ·	3,452,49	93.	2,521,049.
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.	0.
Š	Ь	Total fundraising expenses (Part IX, column (D), lin					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,179,94	42.	1,156,365.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		4,680,04	49.	3,697,014.
	19	Revenue less expenses. Subtract line 18 from line	12		79,0	21.	<222,938.
Net Assets or Fund Balances				Be	ginning of Current Ye	ear	End of Year
sets	20	Total assets (Part X, line 16)			1,422,20	65.	1,216,844.
\$€	21	Total liabilities (Part X, line 26)			50,3	26.	67,221.
컐	22	Net assets or fund balances. Subtract line 21 from	line 20		1,371,9	39.	1,149,623.
_	art (I						
		ilties of perjury, I declare that I have examined this return,				of my kno	wledge and belief, it is
true	, corre	t, and complete. Declaration of preparemother than office	er) is based on all information of w	hich preparei	has any knowledge.		
		CALL OLD			6/3	<u>s/18</u>	,
Sig	n	Signature of officer			Date	•	
Her	e e	John Patron, Chief Operations Off	icer				
		Type or print name and title					
	_	Print/Type preparer's name	Preparer's signature	['	Date Check		PTIN
Paid		Francis K. Brown, II	T_K"}_=		5/31/2018 self-er	11,010,00	00465640
	parer	Firm's name Capin Crouse LLP			Firm's EIN	36	-3990892
Use	Only	Firm's address 2435 Research Parkway					
		Colorado Springs, CO 809			Phone no.	719-528	
May	/ the II	RS discuss this return with the preparer shown abo	ove? (see instructions)				X Yes No
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice	e, see the separate instructi	ions.			Form 990 (2017)

Form	1990 (2017) Center for Mission Mobilization	71-0861654	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	The Center for Mission Mobilization (CMM) is engaging, equipping, and		
	connecting believers worldwide to their most strategic role in		
	completing the Great Commission. We raise up and equip missionaries		
	and mobilizers, and develop resources and training to spark mission		
2	Did the organization undertake any significant program services during the year which were not listed on the	ſ	
	pnor 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 🗓 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	-	
		ora, the total ox	Aportobo, arta
	revenue, if any, for each program service reported.		31 007 1
4a	(Code) (Expenses \$ 2,639,977. Including grants of \$ 14,600.) (Reven	iue \$	31,907.
	INTERNATIONAL MOBILIZATION: Helping the mission field become the		
	mission force:		
	The CMM has mobilization teams and training in Africa, Asia & Latin		
	America. We want to help the former mission field, which is now		
	holding the majority of Christians around the world, take their role as		
	the leading edge of the missions force. Through training mentoring.		
	and giving free resources to the nationals in these countries, we are		
	raising up and equipping mobilizers who can help launch a missions		
	movement in their country.		
	movement in their country.		
4b	(Code) (Expenses \$ 423,051. including grants of \$ 5,000.) (Rever	rue \$	402,552.)
	RESOURCES AND TRAINING: Bringing global vision and specialized		
	training to families and ministries: The CMM has three teams providing		
	specialized trainings and resources. (1) Campus Ministry Today is		
	equipping college ministries in three core areas: Evangelism, Disciple		
	making, and Mission mobilization. (2) Support Raising Solutions is		
	transforming the culture of ministries in their approach to personal		
			
	support raising to erase the negative stigma and bring a Biblical and		
	relational approach of asking believers to invest in God's work. (3)		
	CMM press is educating and exposing believers worldwide to how they are	 	
	called to play their most strategic role in the great commission.		
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
			 ·
			
			
			-
			
4d	,		
	(Expenses \$ including grants of \$) (Revenue \$		
4-	Total program popular avenues \$ 3,063,028.		

Form **990** (2017)



Form 990 (2017) Center for Mission Mobilization
Part IV Checklist of Required Schedules

[ABDI	71)ر)
71-0861654		P	age
		Yes	No
	1	x	-

			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? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		l	1
	If "Yes," complete Schedule D, Part IV	9	ł	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.		ĺ	ļ
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		Ì	1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	×
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	١
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		 ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	442	į	x
199	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		-
120	Schedule D, Parts XI and XII	12a	x	l
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0	┢──	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	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			-
	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	L	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	<u> x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L_	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	<u>19</u>	000	(224 T)
		Form	990	(2017)

Form 990 (2017) Center for Mission Mobilization

Part IV Checklist of Required Schedules (continued)

			162	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
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	1 1	i	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the]]		}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 1		
	Schedule K. If "No", go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			}
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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 pnor Forms 990 or 990-EZ? If "Yes," complete	OFL.		x
00	Schedule L, Part I	25b		 -
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			[
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	<u> </u>		{
	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):	1	į	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	l	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			[-
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	}
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	Ì
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ł	1	ļ
	Part V, line 1	34	 -	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		[1
	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?	1	1	
	If "Yes," complete Schedule R, Part V, line 2	36		X 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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-	-	l
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(0017)

Form	990 (2017) Center for Mission Mobilization 71-0861654		Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
•	Check if Schedule O contains a response or note to any line in this Part V			
		Ť	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\neg \neg$		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1	ì	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 1	1	
•	(gambling) winnings to prize winners?	1c	Į	-
22	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 0	l	1	ı
.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- 1	
U		-20	_	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ا ء۔ ا		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		Ì	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь	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
C	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			Ì
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			İ
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?	7a		Х
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		_x_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
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		
h	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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		[
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		_	
а	Initiation fees and capital contributions included on Part VIII, line 12		1	Ì
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1		Ì
	amounts due or received from them.)		!	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			i
c	Enter the amount of reserves on hand			l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	Promote an experience paymonary and promote an explanation of control of		990	(2017)

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Form 990 (2017)

71-0861654

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			•							
	Check if Schedule O contains a response or note to any line in this Part VI			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	7		}							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 1		1							
þ											
2											
	officer, director, trustee, or key employee?										
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			ł							
	more members of the governing body?	7a		X							
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1_		}_							
_	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1							
a	The governing body?	8a	X	├							
b	Each committee with authority to act on behalf of the governing body?	8b	 ^ -	├							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	l	x							
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1.9									
000	tion B. 1 Onoics (This Section B requests information about policies not required by the internal revenue code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	x							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		 							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	}	}							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	T							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			T							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1							
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>							
14	Did the organization have a written document retention and destruction policy?	14	X	ļ							
15	Did the process for determining compensation of the following persons include a review and approval by independent		1								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	1							
a	The organization's CEO, Executive Director, or top management official	15a	X	 							
b	Other officers or key employees of the organization	15b	X	 							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	ł	ł							
	taxable entity during the year?	16a	-	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	1	1							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401	1	1							
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b	ــــــــــــــــــــــــــــــــــــــ	٠							
17	List the states with which a copy of this Form 990 is required to be filed ▶AR										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availat	ole								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website Y Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ıcıai								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	John Patton - 800-595-4881										
	P.O. Box 3556, Fayetteville, AR 72702										

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

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

X

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

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

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

(A)	(B)	ļ			2)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	nne	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	er an	dad	trecto	r/trus	tee)	from	from related	other
	(list any	ector	l		İ			the	organizations	compensation
	hours for	ig is	_ :	l	l	麗		organization	(W-2/1099-MISC)	from the
	related	stee	Tuste			E	l	(W-2/1099-MISC)		organization
	organizations	ᄩ	au a	ŀ	훒	E 8				and related
	below (ine)	Individual trustae or director	Institutional trustee	Officer	E	Highest compensated employee	Former			organizations
(1) Steven Kwan	1.00	트	트	۴	×	= =	4			
Chairman		x	ŀ	ж			1	-		
(2) Brett Hood	1.00			\vdash		extstyle ext				
Secretary		x	1	x			l	[ļ
(3) L. Steve Shadrach	50.00						Г			
Exec Director		x		х					<u> </u>	
(4) Max Bunch	1.00									
Board Member] x								
(5) Dave Rofkahr	1.00									
Board Member		x								
(6) Greg Snapp	1.00									
Board Member		x				Ĺ				
(7) Gayle Clark	1,00									
Board Member		X								<u></u>
(8) John Patton	50.00									
Chief Operations Officer	<u> </u>			х	L					
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	•
	Name and title	Average	(do	not c		tion		OD0	Reportable	Reportable	Es	timate	ď
		hours per	box	, unle	ss pe	rson '	ls bot	h an	compensation	compensation	ar	nount o	of
		week		cer an	dad	recto	r/trus	(100)	from	from related		other	
		(list any	ector	i		1		ĺ	the	organizations		pensa	
		hours for	声	_			afed		organization	(W-2/1099-MISC		om the	
		related organizations	eats	truste			Sens	İ	(W-2/1099-MISC)		-	anızatı d relate	
		below	a	lonal		P S	E B	_			1	anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоува	Highest compensated employee	Former			1 5.9		
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45	Cub Askal	L	<u> </u>	1_	L_	L.,	Ц.	⊢	 				
	Sub-total Total from continuation sheets to Part V	 U Saatian A	-				•			 	+-		
	Total (add lines 1b and 1c)	ii, Section A	-							<u> </u>	_		
-0	Total number of individuals (including but r	at limited to the		liet	ad a			bo r	received more than \$100	000 of reportable			
-	compensation from the organization	iot iiitiited to ti	1036) IIGU	ou a	DOV	O) W	1101	eceived more digit with	o,ooo or reportable			
	Comportation from the organization					_	_					Yes	No
3	Did the organization list any former officer	director, or tr	ıste	e. ke	ev e	mole	ovee	. or	highest compensated e	emplovee on			
-	line 1a? If "Yes," complete Schedule J for s			,	-, -		-,	,			3		x
4	For any individual listed on line 1a, is the si		•	amo	ens	atio	n an	d ot	her compensation from	the organization			
	and related organizations greater than \$15	•								J	4		х
5	Did any person listed on line 1a receive or									idual for services			
	rendered to the organization? If "Yes," con	-									5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of comp	ensation	from	
	the organization. Report compensation for	the calendar y	ear	end	ing v	with	or v	<u>vithı</u>	n the organization's tax	year.			
	(A)								(B)			C)	
	Name and business	address	NO	NE					Description of	services	Comp	ensatio	n
								Ì		į			
						_			 				
									1				
								-					
						-			 				
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			_										
2	Total number of independent contractors (including but r	ot l	imite	d to	the	se li	stec	d above) who received r	nore than			
	\$100,000 of compensation from the organ	ization 🕨											
											F	gan (00470

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (B) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,038,820 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 3,038,820 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a Educational Services 900099 397,253, 397,253, All other program service revenue 397,253. Total. Add lines 2a-2f Investment income (including dividends, interest, and 797 797. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 115,801 and allowances 78,595 b Less. cost of goods sold 37,206. 37,206 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 3,474,076. 797.

434,459.

Form 990 (2017)

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 16,000 and domestic governments. See Part IV, line 21 16,000 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 3,600 3,600 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 191,896 95,948 76,758 19,190. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50,530 40,424 10,106. 1,463,055 76,565 66,959. Other salaries and wages 1,606,579 Pension plan accruals and contributions (include 337. section 401(k) and 403(b) employer contributions) 67,532 64,762 2,433 10,912. 233,535 203,796. 18,827 Other employee benefits 370,977. 315,330 37,098. 18,549. 10 Payroll taxes Fees for services (non-employees): a Management 6,408 6.408 **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 5,479 2,588 2,891 12 Advertising and promotion 11,094 9.985 1,109 72,009 2,085. 109,108 35,014 13 Office expenses 10,471. 4,583 482. 15,536 14 Information technology 500 500 15 Royalties 83 458 60.423 19 479 3,556. 16 Occupancy 247,762 204,531 43,231. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 8,491 849 7,642 Depreciation, depletion, and amortization 22 7,039 5,983 704 352. 23 insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 438,607 21,790 56,171. 516,568 Ministry Expenses Staff Development 135,453 85,622 47,275 2,556. b C 9,469 9,469 e All other expenses 3,063,028 442,731 191,255. 3,697,014 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 105,539. Cash - non-interest-bearing 49,376 941 753 2 985,137. Savings and temporary cash investments Pledges and grants receivable, net 3 327,753. 62,107. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 56,986. 63,628 Inventories for sale or use 8 28,588 4,399. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a 64,988 basis. Complete Part VI of Schedule D 62,312 11,167. 2,676. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,422,265 1,216,844. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 50,326 67 221. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 50,326. 67,221. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\times \text{\text{X}} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 188,617. 1,371,939 Unrestricted net assets 27 961,006. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 1,371,939 1,149,623. 33 Total net assets or fund balances 33

1,422,265.

1,216,844.

Total liabilities and net assets/fund balances

Forn	1990 (2017) Center for Mission Mobilization	71-0861654		Pag	_{le} 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		474,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		697,	
3	Revenue less expenses. Subtract line 2 from line 1	3			938.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		371,	939.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			622.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	1	,149	623.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			_•	LX.
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other.		$\lceil \rceil$		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 ○ O.	1		1
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 reviewe	d on a			
	separate basis, consolidated basis, or both:		ł		l
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2ь	x	ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:		1 1		ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of ti	ne audit.	}		l
	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 in Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				1
	Act and OMB Circular A-133?		3a		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	 uıred audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
				990	(2017)
					,,,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number 71-0861654 Center for Mission Mobilization Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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 Lan organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (I) Name of supported (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other n your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 Center for Mission Mobilization 71-0861654

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

	<u> </u>			
(Complete only if	you checked the box on line 5, 7,	or 8 of Part I or if the organization faile	d to qualify under	Part III. If the organization
fails to qualify und	der the tests listed below, please o	omplete Part III.)		

Sec	ction A. Public Support						
Cale	ndar 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")	3,460,302.	4,417,155.	4,677,412.	4,416,091.	3,038,820.	20,009,780.
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	3,460,302.	4,417,155.	4,677,412.	4,416,091.	3,038,820.	20,009,780.
	Total. Add lines 1 through 3	3,400,302.	4,417,155.	4,077,412.	4,410,031.	3,030,020.	20,003,700.
5	The portion of total contributions		1	[
	by each person (other than a			i			
	governmental unit or publicly			j	ļ		
	supported organization) included on line 1 that exceeds 2% of the			j		i	
	amount shown on line 11,			l			
	column (f)		1	1	1	İ	
6	Public support. Subtract line 5 from line 4						20,009,780.
	ction B. Total Support	L			··		33,733,733
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	3,460,302.	4,417,155.	4,677,412.	4,416,091.	3,038,820.	20,009,780.
	Gross income from interest,	, , ,					
_	dividends, payments received on		1	İ	1		
	securities loans, rents, royalties,					i	
	and income from similar sources	2,614.	5,082.	1,389.	1,026.	797.	10,908.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		i	1			
10	Other income Do not include gain						-
	or loss from the sale of capital	:					
	assets (Explain ın Part VI.)						
11	Total support. Add lines 7 through 10						20,020,688.
12	Gross receipts from related activities,	etc. (see instruction	ons)		·	12	2,055,092.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here			<u></u>		
	ction C. Computation of Publ						
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.95 %
	Public support percentage from 2016	•	•			15	99.88 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				▶ x
b	33 1/3% support test - 2016. If the c	•			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	•	=			▶∟
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac		· ·	-	· <u>·</u> ·	rt VI how the organ	ization
_	meets the "facts-and-circumstances"	•	•				▶∟
b	10% -facts-and-circumstances tes	J					
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ		-		-		
18	Private foundation, If the organization	n did not check a	box on line 13, 16a	ı, 165, 17a, or 17b	, cneck this box a	ing see instruction	s PL_

Schedule A (Form 990 or 990-EZ) 2017 Center for Mission Mobilization

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.)

Se	ction A. Public Support						
Cale	endar 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.")			1		, A	
2	Gross receipts from admissions,						
	merchandise sold or services per-			•			
	formed, or facilities furnished in any activity that is related to the				1) 7	
	organization's tax-exempt purpose					ļ	
3	Gross receipts from activities that				-		
_	are not an unrelated trade or bus-					ļ	
	iness under section 513						
4	Tax revenues levied for the organ-				V"	 	
•	ization's benefit and either paid to					Ì	
	or expended on its behalf	Ì	}	1	ľ	ì	
=	The value of services or facilities		 				
9	furnished by a governmental unit to					{	
	· -				ļ.		
_	the organization without charge				 		
	Total. Add lines 1 through 5	 		 	 	 	
78	Amounts included on lines 1, 2, and	,		j			
	3 received from disqualified persons	<u></u>		 	 		
K) Amounts included on lines 2 and 3 received from other than disqualified persons that				1]
	exceed the greater of \$5,000 or 1% of the				l .		1
	amount on line 13 for the year				 		
	Add lines 7a and 7b				 	 	
8	Public support. (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u></u>	<u> </u>	Ĺ
	ction B. Total Support				,		
	endar year (or fiscal year beginning in) 🕨	/(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 6	/			 	ļ	
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	L		<u> </u>	<u> </u>	<u></u>	
Ł	Unrelated business taxable income						1
	(less section 511 taxes) from businesses		1				l
	acquired after June 30, 1975			l	<u> </u>		<u> </u>
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is			ı.			
	regularly carried on		ł	<u> </u>			l
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11, and 12)	 		1	 		
	First five years. If the Form 990 is fo	r the organization!	s first, second, thi	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organi	zation.
	check this box and stop here	o. g	J O., 5555,				▶□
Se	ction/C. Computation of Publ	ic Support Pe	rcentage		 _		
	Public support percentage for 2017 (column (fi)		15	%
	Public support percentage from 2016		-		•	16	%
	ction D. Computation of Inve						
_	/Investment income percentage for 20					17	%
18	Investment income percentage from			ne ro, colariir (i))		18	%
- /'	33 1/3% support tests - 2017. If the			on line 14, and line	a 15 is more than :		
/ 30	more than 33 1/3%, check this box a	-					., 13 1100
<i>"</i> .	33 1/3% support tests - 2016. If the	-	-	-	- · ·		and
•		-					
20	line 18 is not more than 33 1/3%, che						
<u> </u>	Private foundation. If the organization	<u> zn ulu not check a</u>	DUX OR LINE 14, 19	a, or 190, check t	nis dox and see in	SITUCIIONS .	

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
Section A. Ali Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

г		Yes	No
ŀ	1		
Ì	<u> </u>		
Į			
	2		
			-
	3a		
	3b		
	3c_	ļ	 -
	4	ŀ	
	<u>4a</u>	-	
			ļ
	4b		
	4		
	4c_		-
	5a_	<u> </u>	<u> </u>
	5b_		
	5c_	 	
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	8	ļ	├
	9a_		
	9b_	<u> </u>	ļ
	_	}	
	9c_	-	<u> </u>
	10a		İ
	10b_		

	ddie A (1 01111 330 01 330 12) 2017	0861654	Pa	ge 5
Pai	t IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		i i	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-	1 1	_
	below, the governing body of a supported organization?	11a	├	
	A family member of a person described in (a) above?	11b	1	
	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. tion B. Type I Supporting Organizations	1 116	ــــــــــــــــــــــــــــــــــــــ	
<u> </u>	uon B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1,00	7,0
•	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		1 1	
	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,	-		ļ
	supervised, or controlled the supporting organization.	2	<u> </u>	
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		ł	
	or management of the supporting organization was vested in the same persons that controlled or managed	,	-	
500	the supported organization(s). tion D. All Type III Supporting Organizations		—	<u> </u>
Sec	don B. 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		103	-110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ſ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}	1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	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		}	ļ
	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		1	
	significant voice in the organization's investment policies and in directing the use of the organization's			Ì
	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		<u> </u>
<u>Sec</u>	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 yeatsee instru	ctions).		
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	noo inetriiotioi	ac)	
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (sectivities Test. Answer (a) and (b) below.	s co iristraction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	
-	the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI identify		1	ļ
	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		1	i
	that these activities constituted substantially all of its activities.	2a	1	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			I^-
	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		1	Į.
	activities but for the organization's involvement.	2b		<u> </u>
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		1.	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	↓	——
ь	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_		<u> </u>

Sche	dule	A (Form 990 or 990-EZ) 2017 Center for Mission Mobilization			71-0861654	Páge 6
Par		Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1		Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI.) See ins	structions. A
		other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	-	
Secti	ion A	a - Adjusted Net Income		(A) Prior Year	(B) Curre	
1	Net	short-term capital gain	1			
		overies of prior-year distributions	1 2			
3		er gross income (see instructions)	3			
4	_	lines 1 through 3	1 4			
5		reciation and depletion	 7			
6		tion of operating expenses paid or incurred for production or	+ • +			
•		ection of gross income or for management, conservation, or				
		ntenance of property held for production of income (see instructions)	6			
7			7			
- /8		er expenses (see instructions)	8			
<u> </u>	Auj	usted Net Income (subtract lines 5, 6, and 7 from line 4)	 		(B) Curre	ent Year
Secti	ion B	- Minimum Asset Amount		(A) Pnor Year	(B) Curre	
1	Agg	regate fair market value of all non-exempt-use assets (see	1			
	ınst	ructions for short tax year or assets held for part of year)				
a	Ave	rage monthly value of securities	1a			
b	Ave	rage monthly cash balances	1b			
С	Fair	market value of other non-exempt-use assets	1c			
d	Tota	al (add lines 1a, 1b, and 1c)	1d			
е	Disc	count claimed for blockage or other				
	fact	ors (explain in detail in Part VI):				
2	Acq	uisition indebtedness applicable to non-exempt-use assets	2			
3		tract line 2 from line 1d	3			
4	Cas	h 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		tiply line 5 by .035	6			
7		overies of prior-year distributions	7			
8	Min	imum Asset Amount (add line 7 to line 6)	8			
Secti	ion C	- Distributable Amount			Currer	nt Year
1	Adju	usted net income for prior year (from Section A, line 8, Column A)	1			
2		er 85% of line 1	2			_
3	Mini	imum asset amount for prior year (from Section B, line 8, Column A)	3			
4		er greater of line 2 or line 3	4			
$\overline{}$						

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

5

Schedule A (Form 990 or 990-EZ) 2017

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Center for Mission Mobilization	71-0861654	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 11 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions)	nes 1 and 2; Part IV, Secti Part V, Section B, line 1e; F	on C,
Part II, Columns (a)-(e)		
Schedule A, Part II, Columns (a) - (e):		
Per the instructions public support is measured using a 5-year		
computation period that includes the current and four prior tax years		
(including short years). The organization had a short year in 2017.		
The below chart clarifies the information represented in Schedule A,		
Part II:		
Column (a) - Fiscal year ending 12/31/13	<u> </u>	
Column (b) - Fiscal year ending 12/31/14		<u>-</u>
Column (c) - Fiscal year ending 12/31/15	-	
Column (d) - Fiscal year ending 12/31/16		
Column (e) - 8 month period ending 8/31/17		
		
	<u> </u>	·
	,	
•		-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization **Employer identification number** Center for Mission Mobilization 71-0861654 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dale o (i citii coc) zo i i	Mission Mobiliz						71-08616		Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Other	er Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a s	ignificant	use of its	collection	items *
	(check all that apply):									
а	Public exhibition	d	_ <u></u> ı	_oan or excl	nange progra	ıms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exe	mpt purp	ose in Pari	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	stoncal treas	sures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered "	'Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custode	an or other intermed	liary for	contribution	s or other as	sets no	t included	ا	٦.	_
	on Form 990, Part X?							. L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:				,		
									Amount	
C	Beginning balance		-				1c			
d	Additions during the year .						1d	ļ		
е	Distributions during the year				•		1e	 		
f	Ending balance					•		L.,,,		
	Did the organization include an amount on Fe							<u> </u>	Yes	├─ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete								1	
_		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				ļ					
b	Contributions									
C	Net investment earnings, gains, and losses				 _				├ ──	
	Grants or scholarships				 -					
е	Other expenditures for facilities				ł					
_	and programs		ļ							
T	Administrative expenses				 				 -	
9	End of year balance		l				L		ــــــــــــــــــــــــــــــــــــــ	
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) nela as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C	The parameters of knee 2s Ch and 2s the	%								
20	The percentages on lines 2a, 2b, and 2c sho	•	-4 4b-		مغداها ماسداها		the areas	ization		
Ja	Are there endowment funds not in the posse	ission of the organiz	auon un	at are nero a	ina auministi	3160 IOI	uie organ	iizatioi i	Г	Yes No
	(i) unrelated organizations									162 140
	(ii) related organizations	-		•	•		•		3a(i) 3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi		ebodulo P2	•				3b	
4	Describe in Part XIII the intended uses of the	•			•		•	• ••	[30]	
	t VI Land, Buildings, and Equipm		JAALLIGITE	rurius.						
	Complete if the organization answere		D. Part IV	/. line 11a S	See Form 990). Part X	. line 10			
	Description of property	(a) Cost or o			or other		ccumula	ted	(d) Bool	value
	besonption of property	basis (investi			(other)		epreciatio	I	(a) Door	. 70,00
1a	Land				,		,			
	Buildings	 								
	Leasehold improvements									
	Equipment				64,988.		62	,312.		2,676.
	Other									
_	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colur	nn (B), line 1	10c.)					2,676.

Schedule D (Form 990) 2017 Center for Mission	n Mohilization		71-0	861654 Page 3
Part VII Investments - Other Securities.	HODIIII			rage C
Complete if the organization answered "Yes" or	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. 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" of	on Form 990, Part IV	, line 11c. See Form 990.	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u></u>
(7)		-		
(8)				
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990. Part IV	line 11d See Form 990.	Part X. line 15.	
·	Description	, , , ,	1	(b) Book value
(1)	<u> </u>		-	
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		- 		
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV		n 990, Part X, line 25.	
		(b) Book value		
(1) Federal income taxes			-	
(2) (3)				
(4)				
(5)		 	ļ	
(6)				
(7)	·-			
(8)				
(9)		 		
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

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

Sch	dule D (Form 990) 2017 Center for Mission Mobilization			71-0861654	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Re	evenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,552,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-			
а	Net unrealized gains (losses) on investments	2a			
ь	Donated services and use of facilities	2b			
c		2c			
d	Other (Describe in Part XIII)	2d	78,595.		
e				2e	78,595.
3	Subtract line 2e from line 1			3	3,474,076.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b		1	
c			-	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	•	5	3,474,076.
	rt XII Reconciliation of Expenses per Audited Financial Statement	ents With E	xpenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,775,609.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
- а	Donated services and use of facilities	2a		1	
ь		2b		1	
c		2c		1	
d		2d	78,595.	1 1	
e		20	· · · · · · · · · · · · · · · · · · ·	2e	78,595.
3	Subtract line 2e from line 1	•		3	3,697,014.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			 	, ,
_		4a			
a	·	4b	 	1 }	
b		40		1 40	0.
	Add lines 4a and 4b		•	4c	3,697,014.
<u> </u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	•		1 3 1	-,,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				
		_			
			<u></u>		
	 				

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Center for Mission Mob	ilization				71-0861654	
		ctivities Our	tside the United States. Comple	ete if the organ		Yes" on
Form 990, Part IV			iores are ornitor states. Somple	oto ii alo orgaz	ILLECTION CONC. OC	100 011
1 For grantmakers. Does	the organization		ds to substantiate the amount of its gra			Yes No
the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? . L	res LNO
2 For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
	he following Part	t I. line 3 table c	an <u>be duplicated if</u> additional space is	needed.)		
(a) Region	(b) Number of				vity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describ	gram service, e specific type e(s) in the region	expenditures for and investments in the region
East Asia and the				1		
Pacific - Australia,				ł		
Brunei, Burma,						
Cambodia,	2	10	Program Services	Mission Mo	bilization	448,833.
Middle East and						
North Africa -						
Algeria, Bahrain,				1		1
Djibouti, Egypt,	1	5	Program Services	Mission Mol	bilization	325,262.
South America -				1	-	
Argentina, Bolivia,						
Brazil, Chile,						
Columbia, Ecuador,	1	4	Program Services	Mission Mo	bilization	77,250.
Sub-Saharan Africa -						
Angola, Benin,				ľ		1
Botswana, Burkina,						
Faso,	2	7	Program Services	Mission Mo	bilization	873,757.
Russia and				1		
Neighboring States -						
Armenia, Azerbijan,						Í
Belarus,	1	2	Program Services	Mission Mo	bilization	32,880.
;						
Sub-Saharan Africa	0	0	Grants to Recipients			3,600.
3 a Sub-total	7	28		 -		1,761,582.
b Total from continuation	<u> </u>			 -		+-,,
sheets to Part I	0	0		ļ		0.
c Totals (add lines 3a	7	28	1			1 761 582.

Schedule F (Form 990) 2017 Center for Mission Mobilization

71-0861654

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 received more than \$5,000. Part II can be duplicated if additional space is needed.

on (i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of noncash assistance					
(g) Amount of noncash assistance					exempt
(f) Manner of cash disbursement					, recognized as tax
(e) Amount of cash grant					ne foreign country
(d) Purpose of grant					recognized as charities by the foreign country, recognized as tax-exempt
(c) Region					ns listed above that are
(b) IRS code section and EIN (if applicable)					I recipient organizatio
1 (a) Name of organization					2 Enter total number of recipient organizations listed above that are

Enter total number of other organizations or entities 6

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Center for Mission Mobilization

71-0861654

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

Page 3

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal other)	folio incondes					Schedule F (Form 990) 2017
(g) Description of noncash assistance						Schedu
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant		_				
(c) Number of (d) Amount of recipients cash grant						
(b) Region						
(a) Type of grant or assistance						

Sched	dule F (Form 990) 2017 Center for Mission Mobilization	71-0861654	Page 4
Par	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Schedule F (Form 990) 2017

Yes X No

Instructions for Form 5713; don't file with Form 990)

Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

7	
6	
7	,

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2017) 2 funding for missionaries (h) Purpose of grant 71-0861654 or assistance x Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 10,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) Enter total number of other organizations listed in the line 1 table Center for Mission Mobilization 74-2132967 General Information on Grants and Assistance (D) EIN cnteria used to award the grants or assistance? 1 (a) Name and address of organization Austin Ridge Bible Church or government 9300 Bee Caves Rd. Austin, TX 78735 Part

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information (Form 990) (2017) Center for Mission Mobilization
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant to other ministries when CMM staff carry on their ministry activities under The CMM grants funds to ministries with related purposes that line up with the organizations mission and vision. The organization often grants funds (b) Number of recipients (a) Type of grant or assistance the likeminded organization. Schedule I (Form 990) (2017) Part I, Line 2: Partill;

Page 2

71-0861654

Schedule I (Form 990) (2017)

732102 11-01-17

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047°

Open To Public Inspection

Internal Rever	nue Service	▶0	ìo to v	www.irs.gov/Fo	rm99	0 for ir	nstruc	tions and the	late	est information.			· In	specti	ion	
Name of the organization Employer identifi						ificati	on nu	mber								
		Center fo	or Mission Mobilization 71-0861654													
Part I	Excess	Benefit Trans	sacti	ONS (section 50)1(c)(3	3), sect	ion 50	1(c)(4), and 50)1(c))(29) organization	s only	r).				
	Complete	ıf the organizatio	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, I	ine 25a or 25t), OI	r Form 990-EZ, Pa	art V, !	ine 40	b.			
1 (a) Name of disqualified person				elationship bety			Irfied		. D	escription of tran	naatia			(d)	Corre	cted?
(a) Name or disquaimed person		person and organization				, (c	3) D	escription of train	Sacilo	111		Y	es	No_		
														\bot		
															_	
														+		
		of tax incurred by	the o	rganızation man	agers	or dis	qualifie	ed persons du	ring	the year under						
	on 4958		_									▶ \$				
3 Enter	r the amount of	of tax, if any, on I	ine 2, a	above, reimburs	ed by	the or	ganiza	ition				▶ \$				
Part II	Loans to	o and/or Froi	n Int	erested Per	sons											
	J						7 Dort	V line 20e er l	E0***	m 990, Part IV, lin	o 26.	or if th	00 OF	onizati	00	
		n amount on For					., ran	v, iii e soa or i	FOII	m 990, Fait IV, III	0 20,	Of II ti	ie orga	arnzati	OH	
	a) Name of	(b) Relation		(c) Purpose		oan to or	16	e) Onginal	(f) Balance due	(a) In	(h) Ap	proved ard or	ών	/ritten
	rested persor			of loan		m the		cipal amount			(g) In default?		default? by boa		agree	ment?
						From	1		1		Yes	No	Yes	No	Yes	No
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Total	- Cronto	- 4!-t	. B	- Calman Indo				▶ \$							ļ	
Part III	_	or Assistance		•												
		of the organization						•								_
(a) l	Name of intere	ested person	(b) Relationship interested pers			((d) Type	1 ,) Purpose of assistance	
				the organiza		ш		233/3(2)/00		assistan	00			233131	W 100	
										 						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
Carol Shadrach	Family relationship	50,530	.Employee co	<u> </u>	X	
				├	 	
			 	 		
				-	 	
				 	 	
			 			
				\vdash		
					1	
Part V Supplemental Information						
Provide additional information for	responses to questions on Schedule L (see i	nstructions).				
Sch I. Bart IV Business Transactio	ng Involving Interested Persons.					
Sch L, Part IV, Business Transactio	ns involving interested Persons:					
(a) Name of Person: Carol Shadrach						
(b) Relationship Between Interested	Person and Organization:					
Family relationship with L. Steve S	hadrach, Executive Director					
(c) Amount of Transaction \$ 50,530.						
(d) Description of Transaction: Emp	lovee compensation					
(a) besetiption of Hansaccion, Emp	Toyee Compensation					
;ListTotal 38415						
(e) Sharing of Organization Revenue	s? = No					
						
	······································					
 						
						

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Center for Mission Mobilization	Employer identification number 71-0861654
	- <u>Lizia</u>
Form 990, Part III, Line 1, Description of Organization Mission:	
movements across the globe.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is prepared by an independent CPA firm and reviewed by the	
organization's top management in detail. The reviewed Form 990 is then	
reviewed by the organization's board of directors prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
The organization requires its board of directors and officers to complete	
Conflict of interest disclosure statements on an annual basis. The	
Chairman of the board is charged with monitoring the conflict of interest	
policy, and with determining whether potential conflicts of interest exist.	
This policy is monitored both regularly and consistently. Any conflicts	
involving the chairman are determined by the independent executive members	
of the board. Should a conflict of interest exist, the interested party is	
required to recuse themselves from the decision making process.	
	
Form 990, Part VI, Section B, Line 15:	
Compensation provided to the Executive Director and other officers is	
subject to approval by independent members of the Board of Directors. In	
determining compensation, the Board reviews publically available	
information of similar organizations, comparing compensation packages	<u> </u>
offered to employees holding similar positions of responsibility. All	
decisions and deliberations are contemporaneously documented in the Board	
minutes. Compensation packages are reviewed on an annual basis for	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Center for Mission Mobilization	Employer identification number 71-0861654
	<u> </u>
appropriateness.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, financial statements, and	
conflict of interest policy available to the public upon request.	
Form 990, Part VII and Schedule J, Part II	
Compensation reported in Part VII, column D and Schedule J, Part II,	
column B is the amount reported on the individual's W-2, box 1 or 5	
(whichever amount is greater) per the IRS instructions. In the case of	
minister's compensation when box 5 of the W-2 is not applicable, box 1	
compensation is used. Employee deferrals to qualified retirement plans	
are normally captured in box 5, not box 1 of Form W-2. For reporting	
purposes we have included the minister's retirement plan deferrals in	
Part VII, column F and Schedule J, Part II, column C.	
Form 990, Part XII, Line 2c:	
The board of directors is responsible for oversight of the audit	
process and selection of the independent accounting firm used. This	
process has not changed from the previous year.	-
	· · · · · · · · · · · · · · · · · · ·