EXTENDED TO NOVEMBER 15, 2018

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑF	For the	2017 calendar year, or tax year beginning	and ending			
В	Check if applicable	C Name of organization			D Employer identifica	ition number
	Addres	MIDWEST CHRISTIAN MINISTRIES				
	Name change	Doing business as			26-29	19712
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	suite   1	E Telephone number	
	Final return/	6000 DOUGLAS AVE, SUITE 210			(515)	252-0700
	termin- ated		<del></del>		G Gross receipts \$	100,820.
Г	Ameno				H(a) Is this a group retu	
$\vdash$	return Applic			`	for subordinates?	Yes X No
ш	ition pendin	Finance and address of principal officer. EDITED	. •	71.		
		SAME AS C ABOVE	-V4\	(	H(b) Are all subordinates inclu	_
_			a)(1) or [1]	321		t (see instructions)
		e: N/A	<del></del>		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►		Year of	formation: 2008 MS	State of legal domicile: IA
P	art I	Summary		_ <u>-</u>		
ė		Briefly describe the organization's mission or most significant activities. $TO$				
Activities & Governance		AVAILABLE AT OR BELOW COST TO 501(C)(3	) ORGA	NIZ	ATIONS DESC	RIBED IN
ž	2	Check this box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or d	disposed of r	more tl	han 25% of its net asse	ets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	3
g	4	Number of independent voting members of the governing body (Part VI, line	1b)		4	3
SS	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0
įįį	6	Total number of volunteers (estimate if necessary)			6	5
美		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34	•		7b	0.
_	<del>                                     </del>	TOE difficulted bookings to date in out to the out of the out		T	Prior Year	Current Year
	8	Comtributions and grants (Part VIII, line 1h)			2,900.	2,900.
Revenue	1	- · · · · · · · · · · · · · · · · · · ·		<b> </b>	85,465.	88,697.
e e	1	Pro gram service revenue (Part VIII, line 2g)	•	<del></del>		
è.	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	17.	43.
) — N		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	<u> </u>	11,027.	6,930.
, 	12	Tot al revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	<del> </del>	99,409.	98,570.
	13	Graints and similar amounts paid (Part IX, column (A), lines 1-3)	•		0.	<u>250.</u>
	14	Bernefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.	<u> </u>
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	5-10)	L	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ĝ	ь	Total fundraising expenses (Part IX, column (D), line 25)	0			
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVE	ニフ		78,508.	76,317.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			78,508.	76,567.
	19	Revenue less expenses. Subtract line 18 from line 12	rta j위		20,901.	22,003.
20.5	3	S JUL Vo d	510	Begi	nning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	] ≝		993,348.	1,015,351.
Ass	21	Total liabilities (Part X, line 26) OGDEN,	UT		0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20			993,348.	1,015,351.
P	art II	Signature Block			<u> </u>	
_		Ities of perjury, I declare that have examined this return, including accompanying sche	edules and et	atemen	ts, and to the hest of my k	nowledge and helief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information				nowicaye and belief, it is
uuc	, сопес	t, and complete, by analysis of preparer (other than onicer) is based on all information	of winch prep	Jai Gi Tie	as any knowledger	7
<b>^</b> :-		Signatural of officer	<del></del>		Date/	<u></u>
Sig					/	
He	re	LEMAR KOETHE, PRESIDENT Type or print name and title				
				Dat	Check	T PTIN
	_	Print/Type preparer's name Preparer's signature	- CDA	1 Ca.	/ac/ lt -	<b>"</b>
Pai	i	JON PAULSEN	<u>`</u>			P00224025
Preparer Firm's name MERIWETHER, WILSON, AND COMPANY, PLLC Firm'S EIN 42-0						
Use	Only	Firm's address 4500 WESTOWN PARKWAY, SUITE 1			1	
		WEST DES MOINES, IA 50266-671	.7		Phone no. <b>51</b> 5	-223-0002
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
	001 11-2		ructions.			Form <b>990</b> (2017)

Form	990 (2017) MIDWEST CHRISTIAN MINISTRIES	26-2919712 P	age 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO MAKE RENTAL OFFICE SPACE AVAILABLE AT OR BELOW CO		
	ORGANIZATIONS DESCRIBED IN IRC 509(A)(1) OR 509(A)(2		
	THEIR PRIMARY PURPOSE THE SPREADING OF THE GOSPEL OF	JESUS CHRIST AS	
	TAUGHT IN THE HOLY BIBLE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	prior Form 990 or 990-EZ?	Yes X	∐ No
	If "Yes," describe these new services on Schedule O.		<b>.</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? _ Yes X	L No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service.		ī
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, and	ı
	revenue, if any, for each program service reported.	(Revenue \$ 88,69	7
4a	(Code		<del>' / •</del> )
	ORGANIZATIONS DESCRIBED IN IRS 509(A)(1) OR 509(A)(2)		
	THEIR PRIMARY PURPOSE THE SPREADING OF THE GOSPEL OF		
	TAUGHT IN THE HOLY BIBLE.	OEBOB CHRIST AS	
	TAOGHI IN THE HOLL BIBLE:		
		<del></del>	
		<del></del>	
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$)	(Revenue \$	
	(Code / Experiess v	(101011100)	
4c	(Code) (Expenses \$	(Revenue \$	)
4d	Other program services (Describe in Schedule O.)	1	
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 74,712.	<del></del>	
		Form <b>990</b>	(2017)

Form	990	(201)	7)

Form 990 (2017) MIDWEST CHRISTIAN MINISTRIES
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		х	
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	-		
3	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<del> </del> -
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	l	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?	ł		}
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, VII, VIII, IX, or X			[
	as applicable	l		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ł
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l ,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		<b>.</b>
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	]		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	]	Х_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X
		Form	990 (	2017)

Form 990 (2017) MIDWEST CHRISTIAN MINISTRIES
Part IV Checklist of Required Schedules (continued)

	,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	1		17
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1 1		
	former Officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes, " complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	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	1	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		ł	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 t	2017)

	Form <b>990</b> (2017

13a

14a

X

13b

13c

a is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand . .

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) MIDWEST CHRISTIAN MINISTRIES 26-2919712 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 6a, 60, 61, 100 below, describe the circumstances, processes, or changes in schedule 6. 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	¥		ĺ
	If there are material differences in voting rights among members of the governing body, or if the governing		İ	•
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	.]		
	Enter the number of voting members included in line 1a, above, who are independent	5	l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	<del> </del>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			v
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	$\vdash$	X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	х	
6 7a		<del> </del>	Α.	
14	more members of the governing body?	7a	,	X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>'a</u>		- 21
u	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:	1.5		
a	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>
b	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	[		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	 	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}		
а	The organization's CEO, Executive Director, or top management official	15a	-	<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ا ا		37
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	·			
17 10	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 for 1024 if applicable), 990, and 990.T (Section E01/o)/3/s collection	woulst		
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) and section indicate how you made these available. Check all that apply	avallab	ıe	
	for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)			
10	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lfinan	leic	
19	statements available to the public during the tax year.	i iii idi l	JIGI	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
20	LEMAR KOETHE - 515-252-0700			
	6000 DOUGLAS AVENUE DES MOTNES TA 50322			

Form 990 (2017)			MINISTRIES	26-2919712	Page 7
Part VIII Compensa	tion of Officers	Directors Trus	stees Key Employees	Highest Compensated	

Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) Average			Pos	C) atior	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	(do	not c	heck	more	than is bo	one th an	compensation	compensation	amount of
	week	offic	er an	d a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ecto	l	ł			1	the	organizations	compensation
	hours for	등	l ex		ł	ated	ļ	organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		<sub>83</sub>	nedu		(W-2/1099-MISC)	`	organization and related
	below	Individual trustee or director	Institutional trustee	_	튙	stcol	- I			organizations
	line)	lidiy	Institu	Officer	Ke	Highest compensated employee	Former		:	
(1) WILLIAM R GUSTOFF	0.00				Γ					
SECRETARY		X		X				0.	0.	0
(2) LEMAR KOETHE	0.00									
PRESIDENT	<u> </u>	X		X				0.	0.	0
(3) JON CHAPMAN	0.00			i		1				
VICE PRESIDENT		X			_	<u> </u>	L.,	0.	0.	0
(4) GREG CRAWFORD	0.00				l			_	_	_
DIRECTOR	<del> </del>	_		X	_	ļ		0.	0.	0
(5) JANICE SCAVO	0.00	!		ˈ						
TREASURER	<del></del>	<u> </u>		X		-	<u> </u>	0.	0.	0
	ļ					]				
	<del></del>				-	├	-			
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Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	compensated Employe	es (continued)				
	` (A)	(B)				<b>(</b> C			(D)	(E)			(F)	
	Name and title	Average		Pos (do not check				one	Reportable	Reportable	,	Es	timate	ed
	hours r		Бох	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	n	an	nount	of
		week	_	officer and a dire			rector/trustee)		from	from related			other	
		(list any hours for	lecte						the	organization			pensa	
		related	5	冀		ĺ	sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	İ	om th	
		organizations	Individual trustee or director	Institutional trustee		<b>8</b>	Highest compensated employee		(11-27 1033 111100)			_	anızat d relat	
		below	lan	utous		Key employee	est co	ية					ınızatı	
		line)	) je	Instit	Officer	Çe e	E E	Ē						
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	Sub-total								0.		0.			0.
C	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wr	no re	eceived more than \$100	,000 of reportable	le			_
	compensation from the organization								<del></del>				<del></del> 1	0
											f		Yes	No
3	Did the organization list any former officer,		stee	e, ke	y en	nplo	yee,	or h	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s										- 1	_3	{	X
4	For any individual listed on line 1a, is the su			-						he organization	1			
	and related organizations greater than \$150									·	}	4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services		_		
	rendered to the organization? If "Yes," com	plete Schedul	e J fo	or su	ich j	<u>oers</u>	on		<del></del>	<del></del> -		5 [		X
	tion B. Independent Contractors									1400 000				
1	Complete this table for your five highest co		-								ipens	ation fi	om	
	the organization Report compensation for	urie_calendar y	ear e	endii	ng w	/itt) (	Ur W	<u>itnin</u>		ear.			<u> </u>	
	(A) Name and business	address	NT/	ONE	,				( <b>B)</b> Description of s	ervices	C	(C omper		n
	2.12 23511000		TAC	TAL	<u>-</u>			$\dashv$		-				
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2	Total number of independent contractors (ii	ncluding but n	ot lir	nıter	d to	thos	se lis	L sted	above) who received m	ore than				
4	\$100,000 of compensation from the organization	_	J. 111		0	(		,	accrey mile received is	oro triair				
		COUNTY -									_			

98,570.

88,697.

<u>6,973.</u>

0.

11 a

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2017) MIDWEST CHRISTIAN MINISTRIES

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other arrests

Secti	On 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			impiete columni (A).	
Do r.	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250.	250.		
2	Grants and other assistance to domestic			-	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		ł		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,855.		1,855.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	Ì			
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion .	950.	950.		
13	Office expenses .	1,438.	1,438.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Paymeints of travel or entertainment expenses	}			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				<del></del>
22	Depreciation, depletion, and amortization	22,243.	22,243.		
23	Insurance	1,192.	1,192.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TIMES IMING	25,806.	25,806.		
b	TANTONTAL	9,314.	9,314.	<del></del>	<del></del>
2	OUTSIDE LABOR	4,216.	4,216.		
d		3,281.	3,281.		<del></del>
	All other expenses	6,022.	6,022.		<del></del>
25	Total functional expenses. Add lines 1 through 24e	76,567.	74,712.	1,855.	0.
26	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,000	<u>-</u> -
	reported in column (B) joint costs from a combined		ĺ		
	educational campaign and fundraising solicitation.		j		
	Check here if following SOP 98-2 (ASC 958-720)				
		<del></del>			

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash - non-interest-bearing 1 1 61,042. 2 98,296. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 . .. . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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. 7 Notes and loans receivable, net 7 8 In ventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,121,872 basis Complete Part VI of Schedule D 10a 204,817 932,306. 10b 917,055. 10c b Less. accumulated depreciation 11 In vestments - publicly traded securities 11 In vestments - other securities. See Part IV, line 11 12 12 In vestments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 993,348. 1,015,351 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 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 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 993,348. 1,015,351. Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 993,348. 1,015,351. 33 Total net assets or fund balances 33 993,348 1,015,351. Total liabilities and net assets/fund balances

orm	990 (2017) MIDWEST CHRISTIAN MINISTRIES	<u> 26</u>	<u>-2</u> 91	19712	Pag	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>70.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	<u>6,5</u>	<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		2:	2,0	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99:	3,3	<u>48.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8_				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		1,01	5,3	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	D C	<u>ASH</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		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 reviewed	on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ	
b	Were the organization's financial statements audited by an independent accountant?			2b	(	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e bası	s,	-		
	consolidated basis, or both:					
	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 th	e audr	t,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	<b>o</b>			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil					
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

### SCHEDULE A

(Form 990 or 99Q-EZ)

Department of the Treasury Internal Revenue Service

## **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.

Open to Public Inspection

Name of the organization

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

OMB No 1545-0047

**Employer identification number** MIDWEST CHRISTIAN MINISTRIES 26-2919712 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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 university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 rmore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (1) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Pa	irt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)	19722 Page 2 (vj)
	(Complete only if you checked				on failed to qualify	under Part III. If t	he organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	111.)			
Se <sub>0</sub>	ction A. Public Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	<b>(é)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		]	ŀ		1	
	include any "unusual grants.")					<u> </u>	<u> </u>
2	Tax revenues levied for the organ-		]	1			
	ızatıon'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				<u> </u>		<u> </u>
4	Total. Add lines 1 through 3				<u> </u>	<u> </u>	
5	The portion of total contributions		)	/			
	by each person (other than a		}			1	
	governmental unit or publicly		]	1 /		1	
	supported organization) included		į		ļ	ļ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			V			
	column (f)			1			
6	Public support. Subtract line 5 from line 4	<u></u>			<u> </u>	<u> </u>	<u> </u>
Se	ction B. Total Support				<b>,</b>	<del>,</del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			}			
	securities loans, rents, royalties,		/	}	İ		
	and income from similar sources		/	ļ. <u>.</u>		<u> </u>	
9	Net income from unrelated business	/					
	activities, whether or not the			1			
	business is regularly carried on				<u> </u>	<u> </u>	<u> </u>
10	Other income Do not include gain			ļ			,
	or loss from the sale of capital						
	assets (Explain in Part VI.)			<u> </u>	<u> </u>		
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons) .			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						▶□
Se	ction C. Computation of Publ	ić Support Pe	rcentage			·	<del></del>
14	Public support percentage for 2017	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 20/16	Schedule A, Part	II, line 14		•	15	%
16	a 33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this b	
	stop here. The organization qualifies		•				▶□
ŀ	o 33 1/3% support test - 2016. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶∟」
<b>17</b> a	a 10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <b>stop I</b>	here. Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circymstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
Ł	o 10% -facts-and-circumstances tes	t - 2016. If the org	anization did not i	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explan	n in Part VI how th	ne
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization .	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructio	ns 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MIDWEST CHRISTIAN MINISTRIES

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

Se	ction A. Public Support	elow, please comp	ete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
	ınclude any "unusual grants.")			2,600.		2,900.	5,500.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	77,080.	85,977.	73,269.	85,465.	88,697.	410,488.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				!	,	
_		77,080.	85,977.	75,869.	85,465.	91,597.	415,988.
	Total. Add lines 1 through 5  a Amounts included on lines 1, 2, and	11,000.	05,511.	13,803.	05,405.	91,391.	415,900.
73	3 received from disqualified persons			1			0.
ŧ	Amounts in cluded on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	50,625.	58,152.	42,644.	46,000.	66,187.	263,608.
	Add lines 7a and 7b	50,625.	58,152.	42,644.	46,000.	66,187.	263,608.
8	Public support. (Subtract line 7c from line 6)						152,380.
Se	ction B_ Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	77,080.	85,977.	75,869.	85,465.	91,597.	415,988.
10:	a Gross in come from interest, dividencis, payments received on securities loans, rents, royalties, and income from similar sources	15,218.	6,825.	8,288.	13,517.	9,223.	53,071.
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				:		
	Add lines 10a and 10b	15,218.	6,825.	8,288.	13,517.	9,223.	53,071.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	92,298.	92,802.	84,157.	98,982.	100,820.	<u>469,059.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	k year as a sectioi	n 501(c)(3) organiz	ation,
_	check this box and stop here	<del></del>	<del></del>		<del></del>		
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2017 (I	• • •	-	olumn (f))		15	32.49 %
_	Public support percentage from 2016					16	34.16 %
	ction D. Computation of Inves			<del></del>	<del></del>	<del></del>	11 21
	Investment income percentage for 20	•	•	e 13, column (f))		17	11.31 %
18	•	· ·	•		45	18	13.34 %
19:	a 33 1/3% support tests - 2017. If the	•				·	/ is not
ı	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the	organization did no	ot check a box on I	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	and
20	line 18 is not more than 33 1/3%, che Private foundation, if the organization		-			_	
	to roundation, it the organization	. a.a not oncor a b	17, 10a	, , ,	<del></del>	a a c a c a c a c a c a c a c a c a c a	

## 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)

 	 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 authoriting such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_			
		Yes	No
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}	9c		
-	<u>10a</u>		
	10b		
	100		

Sche	dule A (Form 990 or 990-EZ) 2017 MIDWEST CHRISTIAN MINISTRIES	26-291973	12 P	age 5
Par	t IV   Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĺ	1	ĺ
	below, the governing body of a supported organization?	11a	<del> </del>	<u> </u>
	A family member of a person described in (a) above?	11b	<b>↓</b>	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	L
Sec	tion B. Type I Supporting Organizations		1 -	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		İ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ł
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	+	<del> </del> -
2	Did the organization operate for the benefit of any supported organization other than the supported		ľ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Ь	Ь
<u> </u>	non or type in capperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed	}	}	l
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		_	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	(
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	İ		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u>L</u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ţ	}	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	1	ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's	l		l
	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	J	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instruction	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			Ì
	how the organization was responsive to those supported organizations, and how the organization determined	ł	1	
	that these activities constituted substantially all of its activities	2a	<del> </del>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ		ļ
	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	Í		
	activities but for the organization's involvement.	2b_	<del>  </del>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	}		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	<del>  </del>	
þ	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.	<u></u>	لــــــا	

Sche	dule A (Form 990 or 990-EZ) 2017 MIDWEST CHRISTIAN MINIS	TRIES		26-2919712 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		·····	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior year distributions	7		<u> </u>
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Sche Par	dule A (Form 990 or 990-EZ) 2017 MIDWEST CHRIST V Type III Non-Functionally Integrated 509			26-2919712 Page 7
Secti	on D - Distributions	·/·/		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	
6	Other distributions (describe in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI) See instructions			<u> </u>
9	Distributable amount for 2017 from Section C, line 6			<u> </u>
10	Line 8 amount divided by line 9 amount	<del> </del>		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			<u> </u>
_3_	Excess distributions carryover, if any, to 2017			<u> </u>
a			<u> </u>	
b	From 2O13		<u> </u>	
c	From 2O14			
<u>d</u>	From 2O15			
<u>e</u>	From 2016			
f_	Total of lines 3a through e			<del></del>
g	Applied to underdistributions of prior years	<u> </u>	' 	<del></del>
<u>h</u>	Applied to 2017 distributable amount	<u> </u>	· - <del></del>	<del></del>
i_	Carryover from 2012 not applied (see instructions)			<del> </del>
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<del> </del>
4	Distributions for 2017 from Section D,			
	line 7: \$		<del></del>	<del> </del>
<u>a</u>	Applied to underdistributions of prior years		<del></del>	<del> </del>
	Applied to 2017 distributable amount			-
c	Remainder. Subtract lines 4a and 4b from 4.			<del> </del>
5	Remaining underdistributions for years prior to 2017, if			}
	any. Subtract lines 3g and 4a from line 2 For result greater			}
	than zero, explain in Part VI. See instructions.			<del></del>
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	<u> </u>	<del></del>	<del> </del>
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	 		<u> </u>
_8_	Breakdown of line 7:		 <del> </del>	<del> </del>
	Excess from 2013		 	<del> </del>
	Excess from 2014	<del></del>		<del> </del>
	Excess from 2015		<del></del>	<del> </del>
<u>d</u>	Excess from 2016	ļ	<del></del>	<del> </del>
_	Evene from 2017			i

Schedule A	(Form 990 or 990-E2	2017 MIDWEST	CHRISTIAN	MINISTRIES		26-2919712 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. Provines 1, 2, 3b, 3c, 4b, 10n D, lines 2 and 3; F	ride the explanations i 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines	equired by Part II, line 10 11a, 11b, and 11c; Part I	0; Part II, line 17a or 1 V, Section B, lines 1 a Part V, line 1; Part V.	7b; Part III, line 12, and 2; Part IV, Section C, Section B, line 1e: Part V.
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## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name	of the organization	NTNT COD TOC	Employer identification number
<b>D</b>	MIDWEST CHRISTIAN  Organizations Maintaining Donor Advis	MINISTRIES	26-2919712
Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, I		(h) Eunda and other accounts
		(a) bollor advised lutius	(b) Funds and other accounts
	Total number at end of year		<del></del>
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	•	Yes No
	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor impermissible private benefit?	or donor advisor, or for any other purpose come	Yes No
Par		rganization answered "Yes" on Form 990, Part IV	
	Purpose(s) of conservation easements held by the organiza		7, 1110 7.
L	Preservation of land for public use (e.g., recreation or	<del></del> 1	y important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	1 reservation of a certified r	istoric structure
_	Complete lines 2a through 2d if the organization held a qual	lifted concentration contribution in the form of a c	onconvition agrament on the last
		miled conservation contribution in the form of a c	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
	Number of conservation easements on a certified historic st		2c
	Number of conservation easements included in (c) acquired	atter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization during the tax
	year	assement is legated	
	Number of states where property subject to conservation each	<del> </del>	
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements	•	
6	Staff and volunteer hours devoted to monitoring, inspecting	g, nandling of violations, and emorcing conservat	ion easements during the year
-	Amount of oversees insured in monteres inspecting hou	ading of welstions, and enforcing concentration of	coments during the year
7	Amount of expenses incurred in monitoring, inspecting, han	iding of violations, and emorcing conservation e	asements during the year
	▶ \$	ove eatisfy the requirements of section 170/b)/4//	DV/A
	and section 170(h)(4)(B)(ii)?	ove satisfy the requirements of section 170(f)(4)(	Yes No
	In Part XIII, describe how the organization reports conserva	tion agreements in its revenue and evnence state	•
	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	ation's illiancial statements that describes the of	ganization's accounting for
Par	t III Organizations Maintaining Collections	of Art. Historical Treasures, or Other	Similar Assets.
<u></u>	Complete if the organization answered "Yes" on For		
	If the organization elected, as permitted under SFAS 116 (A	_ <del></del>	and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		pablic del vice, provide, in a dre xill,
h	If the organization elected, as permitted under SFAS 116 (A		nalance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
		suddation, or research in future ance of public se	strice, provide the following amounts
	relating to these items.		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	•	► \$ ► \$
	(ii) Assets included in Form 990, Part X	occurred or other cimilar agests for financial	
	If the organization received or held works of art, historical tre	-	, provide
	the following amounts required to be reported under SFAS	THE MOU SOOJ RELATING TO THESE TEMS.	<b>~</b> ¢
	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>\$</b>

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Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical ir	easures, e	or Othe	er Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	on, and other record	ls, chec	k any of the	following that	it are a s	ignificant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	ď	ı	Loan or exc	hange progra	ams				
b	Scholarly research	e		Other		<u>-</u>	·			
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	hey further t	he organizati	on's exe	mpt purpo	se in Pa	rt XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m						_	_ [	Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" or	Form 990	), Part IV	line 9. or	
	reported an amount on Form 990, Pa			Ū				,	,	
12	Is the organization an agent, trustee, custod	ian or other intermed	tiary for	contribution	ns or other as	sets not	included			
Ia	- F 000 Dt V0		y						Yes	☐ No
<b>L</b>	on Form 990, Part X?	and complete the fo		tahla:	•	•	•	L	_1 169	110
В	11 res, explain the analigement in rait All	and complete the to	illowing i	table.					Amount	
	December to be a second						40		Amount	
С.	Beginning balance	•		•		-	1c			
	Additions during the year	• • •	•	•			1d			
e	Distributions during the year	•		•		•	1e			
f	Ending balance			•			<u>[ 1f ]</u>		<del>-,</del>	
	Did the organization include an amount on F							. ـــ	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization an			1				<del>,</del>	
		(a) Current year	(b) F	nor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance				<u> </u>				<u> </u>	
b	Contributions				<u> </u>				<u></u>	
С	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships				1	1				
e	Other expenditures for facilities									
	and programs				ļ	ļ				
f	Administrative expenses									
g	End of year balance								<del></del>	
2	Provide the estimated percentage of the cur	rent vear end haland	e (line 1	a column (	all held as:		• •		J	
	Board designated or quasi-endowment	Terre year ond balanc	%	9, 001011111 (	ajj ricia as.					
a	Permanent endowment	%	_70							
D										
С	Tempo ranly restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho						•.			
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are neid a	ina administe	rea for t	ne organiz	ation	<u></u>	<del></del>
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•						•	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•							3b	
4_	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	d	(d) Book v	alue
		basis (investr	nent)	basis	(other)	de	preciation	- 1		
1a	Land			32	4,989.		· · · · · · · · · · · · · · · · · · ·		324	989.
b	Buildings	-			1,519.		176,5	19.		970.
~	Leasehold improvements									<del></del>
d	Equipment	<del></del>	-							
e	•	<del></del>		3	5,364.	<del></del>	28,2	58	7	096.
	. Add lines 1a through 1e. (Column (d) must e	qual Form 000 Post	Y colur				20,2	<del></del>	917	055.
iotal	. Add jines is a littought 18. [Column ju] must e	guar i onn 330, Part	A, COIUI	(D), III le	· · · · · · · · · · · · · · · · · · ·					<u> </u>

MIDWEST CHRISTIAN MINISTRIES

26-2919712 Page 3

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Sched	Jule D (Form 990) 2017	MIDWEST CHRISTIAN	MINISTRIES	26-2	2919712 Page 4
Part	XI Reconciliation	of Revenue per Audited Fina	ncial Statements With	Revenue per Return	•
_	Complete if the orga	anization answered "Yes" on Form 990	, Part IV, line 12a		
1	Total revenue, gains, and o	ther support per audited financial stat	ements	1	
2	Amounts included on line 1	but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losse:	s) on investments	2a		
b	Donated services and use	of facilities	2b		
С	Recoveries of prior year gra	ants	2c		
d	Other (Describe in Part XIII.	.)	2d		
е	Add lines 2a through 2d			. <u>2e</u>	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form	990, Part VIII, line 12, but not on line	1:		
а	Investment expenses not in	ncluded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.	.)	_4b	<del></del>	
	Add lines <b>4a</b> and <b>4b</b>			. 4c	<u> </u>
	Total revenue. Add lines 3 :	and 4c. (This must equal Form 990, Pa	rt I, line 12)	5	
Par		of Expenses per Audited Fina		n Expenses per Retu	rn.
		anization answered "Yes" on Form 990	, Part IV, line 12a	<del></del>	
	<u>•</u>	per audited financial statements		. <u>. 1</u>	
2	Amounts included on line 1	but not on Form 990, Part IX, line 25:	1 1	, ]	
_	Donated services and use	of facilities .	2a		
b	Prior year adjustments		2b		
_	Other losses		. <u>2c</u>		
	Other (Describe in Part XIII.	.)	_2d		
	Add lines 2a through 2d				
-	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	
		990, Part IX, line 25, but not on line 1	f . f		1
		ncluded on Form 990, Part VIII, line 7b	. 4a _		
	Other (Describe in Part XIII.		4b		
_	Add lines 4a and 4b	<u> </u>		4c	<del></del>
		3 and 4c. (This must equal Form 990, F	art I, line 18.)	5	
	t XIII Supplemental I			<del></del>	
	·	d for Part II, lines 3, 5, and 9, Part III, lin			X, line 2, Part XI,
ines 2	2d and 4b; and Part XII, line	es 2d and 4b. Also complete this part to	provide any additional intori	mation.	
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Schedule D (Form 990) 2017

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

MIDWEST CHRISTIAN MINISTRIES

Employer identification number 26-2919712

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IRS 509(A)(1) OR 509(A)(2) THAT HAVE AS THEIR PRIMARY PURPOSE THE
SPREADING OF THE GOSPEL OF JESUS CHRIST AS TAUGHT IN THE HOLY BIBLE.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS ONE CLASS OF MEMBERS. THE MEMBERS ARE THOSE
ORGANIZATIONS ADMITTED BY THE BOARD OF DIRECTORS AS TENANTS OF THE OFFICE
SPACE THAT ARE SECTION 501(C)(3) ORGANIZATIONS DESCRIBED IN SECTIONS 509
A(1) OR 509 A(2) AND HAVE AS THEIR PRIMARY PURPOSE THE SPREADING OF THE
GOSPEL OF JESUS CHRIST AND TAUGHT IN THE HOLY BIBLE. THE MEMBERS HAVE NO
VOTING RIGHTS. THE RIGHTS OF THE MEMBERS ARE TO BE TENANTS OF THE OFFICE
SPACE AND AT THE DISCRETION OF THE BOARD, TO BE A SUPPORTED ORGANIZATION OF
MIDWEST CHRISTIAN MINISTRIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD EITHER PRIOR OR SUBSEQUENT TO THE
FILING OF THE FORM BASED ON THE SCHEDULING OF BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY
ACTUAL AND ANY POTENTIAL CONFLICTS OF INTERESTS AS THEY ARISE AND AT LEAST
ON AN ANNUAL BASIS. OFFICERS AND DIRECTORS WITH CONFLICTS OF INTERESTS
IDENTIFIED ARE ASKED TO ABSTAIN FROM ANY VOTE/DECISION REGARDING A MATTER
WITH WHICH THEY ARE NOT INDEPENDENT.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization . MIDWEST CHRISTIAN MINISTRIES	Employer identification number 26 – 2919712
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)