OMB No 1545-0047

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.

2017 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2017 cale	ndar year, or tax year beginning		, 2017, a	nd end	ing			, 20	
В	Check if a	applicable	C Name of organization Messiah Fo	oundation for Christian Co	mmunica	ation			D Employ	er identification n	umber
	Address	change	Doing business as The Hour of	Worship						45-0307661	
	Name cha	ange	Number and street (or P O box if ma	all is not delivered to street add	lress)	Room/s	suite		E Telepho	ne number	
	Initial retu	ırn	PO Box 1562		l			ł		701-367-4190	
	Final return	n/terminated	City or town, state or province, coun	ntry, and ZIP or foreign postal c	ode				·		
	Amended	i return	Fargo, ND 58107						G Gross re	eceipts \$	169,547
\Box	Application	on pending	F Name and address of principal office	er Don Ommodt, 1328 C	ak St. No	orth		H(a) Is this a or		subordinates? 🚰 🕶	
_			Fargo, ND 58102	·		_	ĺ			s included? Yes	_
	Tax-exen	npt status	501(c)(3) 501(c) () ◀ (insert no.) ☐ 494	7(a)(1) or [□(527 ²	5			a list (see instructio	
<u>:-</u>	Website:		2 55 (6) 2		<u>, (α)(1) Οι</u>			H(c) Group			·
ĸ			Corporation Trust Associa	tion ☐ Other ►	L Yea	r of form	ation	1967	\neg	of legal domicile	ND
_	art I	Summ							III Olato	or logar dominate	
	_		escribe the organization's miss	on or most significant a	ctivities:	Tops	rovid	le a weekl	v Sunday	morning worsh	ın.
a	1	-	roadcast over North Dakota ABC							*	<u>'P</u>
Governance	Í		t SD and a portion of Southern N								
Ĕ	2		nis box ▶☐ if the organization		one or die	enosed	l of r	nore than	25% of	ite not accote	
Š			of voting members of the gove			sposed	. 01 1	nore man	3		0
ري مح	1		of independent voting member		-	line 1h			4		9
Se	1		mber of individuals employed in	• • •	•		•		5		- 7
ij	1		mber of volunteers (estimate if	•		•			6		9
Activities &	1		•						7a		
•	,		related business revenue from						<u> </u>		
	b	Net unre	lated business taxable income	irom Form 990-1, line 3		<u> </u>	i i	Prior Ye	7b	Current Ye	
ne		Cantubi	tions and grants (Dout VIII line	461			}			Carrent re	
	1		tions and grants (Part VIII, line						83319		112201
Revenue	1	•	service revenue (Part VIII, line	•		• •	-		0	 -	
æ	1		ent income (Part VIII, column (A				<u></u>		28871		34289
	1		venue (Part VIII, column (A), line				<u> </u>		64		948
			enue—add lines 8 through 11 (r			ne 12)	1-		112254		147438
			ind similar amounts paid (Part I						0		0
	14	Benefits	paid to or for members (Part I)	(, column (A) , line 4)	CEIV/	ED.		}	0		0
es S	15	Salaries,	other compensation, employee	benefits (Part IX, column	(PAY, HINES S	3-10)	4.	 	0		0
Expenses	16a		onal fundraising fees (Part IX, c	157			Sosc		0		0
X	b	Total fur	ndraising expenses (Part IX, col	lumn (D), line 25) ► MA	/	1948 ⁰	10	ļ			
ш	117	Other ex	penses (Part IX, column (A), lin	es 11a-11d, 14(f)-24e) 7	' . * . ¹ •	.0.10	∄ SS		116242		116208
	,	Total exp	penses. Add lines 13–17 (must	equal Part IX. celumn-(A	d. line 25	1	7=	·	116242		116208
_	19	Revenue	e less expenses. Subtract line 1	8 from line 12 . Ug	DEN.	<u> </u>	 		-3988		31230
sets or	3			,			Beg	unning of Cu		End of Ye	
ssets	20		sets (Part X, line 16)				<u> </u>		775142		807895
Net Ass	21		oilities (Part X, line 26)				<u></u>		6094	<u> </u>	7617
			ets or fund balances. Subtract I	ine 21 from line 20 .	· · ·	<u> </u>	<u> </u>		769048	<u> </u>	800278
	art II		ture Block								
U	nder pena	Ities of perju	ury, I declare that I have examined this	return, including accompanying	schedules	and sta	teme	nts, and to t	he best of	my knowledge and	belief, it is
- tr	ie, correct	t, and comp	olete. Declaration of preparer (other than	officer) is based on all informa		en prepai	rer na	s any know			
٠.			Karen Dendre	chron							
	gn	' ' ' ' ' '	nature of officer		4			Da		r 7-10	
H	ere		Karen Hendricks	ion Treasure	<u>/</u>					<u>5-7-18</u>	
		1 /	e or print name and title	· · · · · · · · · · · · · · · · · · ·							
P	aid	Print/Ty	ype preparer's name	Preparer's signature]	Date		Check		
	epare	r		<u> </u>					self-em	ployed	
	se Onl		name 🕨					Firn	n's EIN ▶		
		Firm's	address 🕨		, -			Pho	ne no.		
M	ay the IF	RS discus	s this return with the preparer	shown above? (see instr	ructions)	<u> </u>	٠.	<u> </u>	<u> </u>		No No
Fo	r Panery	vork Redi	ection Act Notice, see the separa	te instructions.		Cat.	No.	11282Y		Form S	990 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

(Code:) (Expenses \$	including grants of \$)	(Revenue \$)
,					
	•••••				
Other program se	ervices (Describe in Schedule (O.)			
(Expenses \$	including grants o	of \$) (F	Revenue \$)	

4c

Total program service expenses



Form 99	0 (2017)			Page 3
Part				
			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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		,
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		v
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		_
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		V
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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? If "Yes," complete Schedule D, Part IV	9		~
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		v
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
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		V
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		~
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 (see instructions)	17		~
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		~
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		1
			000	2017

Part	Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u></u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v_
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-22		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			,
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			,
h		24a 24b		
b 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		
d	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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
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		-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-
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):		\$	4
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	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		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			,
33	complete Schedule N, Part II	32		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		V
25-	or IV, and Part V, line 1	34 35a		V
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? Note. All Form 990 filers are required to complete Schedule O.	38	~	
	To the second se		n 990	(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-		1 45	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and]
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		L.,
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لـــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		~
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
þ	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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6-		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		-
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			!
	and services provided to the payor?	7a		~
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	_		
4	required to file Form 8282?	7c		-
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		V
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:]]]
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	12a		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZA		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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			
С	Enter the amount of reserves on hand	40-		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		-
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 99 0	(2017)

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			ons. 🗹				
Section	on A. Governing Body and Management		<u> </u>	<u> </u>				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9							
	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			1				
	committee, explain in Schedule O.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1				
-	any other officer, director, trustee, or key employee?	2		V				
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? .	3		~				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5								
6	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		~				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		~				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
_	• •	8a	1	لـــــا				
a b	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	0.5	<u> </u>	 				
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	(·				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		~				
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		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	 	<u></u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	ļ					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		~				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 	 				
С	describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		V				
14	Did the organization have a written document retention and destruction policy?	14		V				
15	Did the process for determining compensation of the following persons include a review and approval by	—	\vdash					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_					
а	The organization's CEO, Executive Director, or top management official	15a						
b	Other officers or key employees of the organization	15b	<u> </u>	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ļ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> </u>						
	with a 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	İ						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	 					
Sect	on C. Disclosure	100	<u> </u>	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶ none							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.							
40	Own website Another's website Upon request Other (explain in Schedule O)	orest	nalia	, and				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.	च ८ऽ।	hours)	y, ailu				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	: >					
20	Karen Hendrickson, 41 S Woodcrest Dr N, Fargo, ND 58102	-0.00						
	region figurations of the authorities of the authorities of the	For	n 99 0	(2017)				

Form	gan i	(2017)

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

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

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

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

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

☑ Check this box if neither the organization n	or any relate	d org	<u>aniz</u>			ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than obox, unless person is both officer and a director/trust					n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Donald Ommodt, President										
1328 Oak St. No., Fargo, ND 58102`	1-2	,		~		!		۰ ا	0	0
(2) Ken Kennedy, Vice President			\vdash							
1647 Birchwood, West Fargo, ND 58078		"		~		ļ	ł	o	0	0
(3) Brady Vick, Secretary			\Box							
57- 32nd Ave. N , Fargo, ND 58102	<u> </u>	'		~				о	0	0
(4) Karen Hendrickson				-						
41 S Woodcrest Dr N, Fargo, ND 58102	2	~		~				о	0	0
(5) Linda Monge, Assistant Treasurer										
2309 Evergreen Road, Fargo, ND 58102		1		~				0	0	
(6) Helen Danielson										
5415 S University Drive, Fargo, ND 58104	<u> </u>	~		_				0	0	0
(7) Sue Eider										
3018 - 7th Street N, Fargo, ND 58102		~			L.		<u> </u>	0	0	0
(8) Laverne Sansted						ŀ				
61 - 18th Ave. N, Fargo, ND 58102		~					<u> </u>	0	0	0
(9) Merrill Piepkorn										
1321 - 3rd St. N, Fargo, ND 58102		~	Ш				_	0	0	0
(10)										
(11)				_						
(12)										
(13)										
(14)										

Form 990		oos Key F	mploy	1005		nd H	lighe	et C	ompensated F	mnlovees (cont	unuad)		Page 8
	(A) Name and title		(B) Average box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	Es	(F)	_
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	other pensa om the anizat d relat anizati	e Ion ed
(15)								-			 		
(16)								-					
(17)													
(18)					_	-	-						
(19)								-					
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio	n A	•	•		•	> > >					
2	Total number of individuals (including but reportable compensation from the organi	t not limited			list	ed	above	e) w	no received m	ore than \$100,0	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compensat		Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1		000	? /:							
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompei		tion	fro	m any				ual		
	on B. Independent Contractors	_ _										<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.										organizat	ion's	tax
	(A) Name and business add	iress		_					(B) Description of s	ervices	Compe		1
2	Total number of independent contractor	ors (includia	na bu	ıt n	ot !	imit	ed to	th	nose listed abo	ove) who			
	received more than \$100,000 of compens								0		Fr	m 99	90 (2017)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
1		Check if Schedule O	contains a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
ts	1a	Federated campaigns	1a										
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .			1								
ا کے ک	С	Fundraising events .	1c					1					
# F	d	Related organizations	1d				-						
S, E	е	Government grants (cont					}						
ig is	f	All other contributions, gif	ts, grants,										
t te		and similar amounts not inclu	uded above 1f	112201			1						
들임	g	Noncash contributions include	ed in lines 1a-1f [.] \$				}	}					
Contributions, Gifts, Grants and Other Similar Amounts	ħ	Total. Add lines 1a-1f	<u>.</u> .	▶	112201								
				Business Code									
Program Service Revenue	2 a												
å	b												
. Se	C												
, je	d												
Ē	е												
E E	f	All other program serv											
Pr	g	Total. Add lines 2a-2f		🕨									
	3	Investment income (•										
ĺ		and other similar amou	unts)	▶	33883								
Į	4	Income from investment	•					<u> </u>					
	5	Royalties	<u> </u>	<u> ▶</u>			ļ						
		((i) Real	(ii) Personal			1						
	6a	Gross rents					}	1					
	b	Less rental expenses											
	C	Rental income or (loss)											
	d	Net rental income or (I						 					
	7a	Gross amount from sales of	(i) Securities	(II) Other									
ĺ	_	assets other than inventory	22515										
	b	Less: cost or other basis											
ľ		and sales expenses .	<u> </u>		[
1	C	Gain or (loss)											
	d	Net gain or (loss) .	<u> ▶</u>	406		 	 						
ne	0-	Crass income from fu	n drainin n										
	da	Gross income from full events (not including \$	noraising		[Í					
Other Rever]								
Œ.		of contributions reporte See Part IV, line 18											
he					{								
ō	b	Less: direct expenses Net income or (loss) fr		events . ►									
	C	Gross income from gain		events . P				 					
	Ja	See Part IV, line 19 .			1								
	ь	Less: direct expenses	· .		}								
	C	Net income or (loss) fr		vities >				- J					
		Gross sales of inv		VICIOO (
	''"	returns and allowance		n.	1			}					
	ь	Less: cost of goods so	_		j		1	,					
	C	Net income or (loss) fr		entory	0	·							
	<u>-</u>	Miscellaneous Re		Business Code			1	1					
	11a	Misc Rev Adjustment			948								
	ь												
	c												
	d	All other revenue .					_						
	e	Total. Add lines 11a-1	- 1	>	948								
	12	Total revenue. See in			147438								
					·			Form 990 (2017)					

	(2017) Statement of Functional Expenses				Pag
	n 501(c)(3) and 501(c)(4) organizations must com	olete all columns. Ai	ll other organization:	s must complete col	umn (A).
	Check if Schedule O contains a respons				
	include amounts reported on lines 6b, 7b, 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	o	0		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 8	Other salaries and wages	0	0		
9	Other employee benefits	0	0		
10 11	Payroll taxes	0	0		
a b	Management	0	0		
C	Accounting	0	0		
d e	Lobbying	0	0		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	8794	8794		
12 13	Advertising and promotion	1629 1259	1629 1259		
14	Information technology	1237	1237		
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	5402	5402		
23	Insurance	3402	3402		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Foreign Tax Paid	230	230		
þ	WDAY Broadcast Charge	78074	78074		
C	Messiah Lutheran	18000 2750	18000		
d	Anniversary Expense	70	2750 70		
е 25	All other expenses Misc Total functional expenses, Add lines 1 through 24e	116208	116208		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	,	, , , , ,		

Pa	art X	Balance Sheet			9
		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	38468	1	23362
ł	2	Savings and temporary cash investments	4616	2	31686
- }	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
- 1	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L	s	5	0
	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 an sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	n d y		
ets	_		0	 	0
Assets	7	Notes and loans receivable, net	0	 -	0
•	8	Inventories for sale or use	0	 	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D]	
					
	b	Less: accumulated depreciation			12154
ı	11	Investments—publicly traded securities	714503		740693
	12	Investments—other securities. See Part IV, line 11	0	 -	0
	13	Investments—program-related. See Part IV, line 11	0	1 1	0
	14	Intangible assets	0		0
	15 16	Other assets. See Part IV, line 11	775142	 `` ~ →	0
	17	Total assets. Add lines 1 through 15 (must equal line 34)	6094	-	807895 7617
	18	Grants payable	0094		7617
	19	Deferred revenue		 -	0
	20		0	 `~ 	0
	21	Tax-exempt bond liabilities			0
,	i	Loans and other payables to current and former officers, directors		21	
Liabilities	22	trustees, key employees, highest compensated employees, an			1
Ē		disqualified persons. Complete Part II of Schedule L	٠	22	0
<u>a</u> .	23	Secured mortgages and notes payable to unrelated third parties			0
_	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related thir parties, and other liabilities not included on lines 17-24). Complete Part	d X		
		of Schedule D	0		7/17
	26	Total liabilities. Add lines 17 through 25	nd 6094	26	7617
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ a complete lines 27 through 29, and lines 33 and 34.	na		
au	27	Unrestricted net assets	0	27	0
3a	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances	<u> </u> 	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ ar complete lines 30 through 34.	nd		
ts c	30	Capital stock or trust principal, or current funds	769048	30	800278
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
Zet	33	Total net assets or fund balances	769048		800278
_	34	Total liabilities and net assets/fund balances	775142	34	807895
					Form 990 (2017)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

of the organization					Employer identification	
						
				<u>-</u> -		ns
☐ A church, convention of church ☐ A school described in section ☐ A hospital or a cooperative hos ☐ A medical research organizatio	ies, or association 1 70(b)(1)(A)(ii). (pital service org n operated in co	on of churches descri (Attach Schedule E (Fo panization described in	bed in se orm 990 n section	ction 170 or 990-E2 170(b)(1	O(b)(1)(A)(i). ^Z).))(A)(iii).	iii). Enter the
☐ An organization operated for t	he benefit of a	college or university	owned o	r operate	d by a government	al unit described in
☐ A federal, state, or local govern ☐ An organization that normally i	ment or governi receives a subst	tantial part of its supp				the general public
A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)		د	
An agricultural research organizor university or a non-land-granuniversity:	zation described at college of agri	d in section 170(b)(1)(oculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
receipts from activities related support from gross investment	to its exempt fui income and unr	nctions—subject to co related business taxat	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
of one or more publicly suppo	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	section 509(a)(3).
the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t		
control or management of t	he supporting o	rganization vested in	the same			
						ally integrated with,
that is not functionally integ	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
						e II, Type III
						[]
Provide the following information	about the supp	orted organization(s).			,	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
						
	Reason for Public Char reganization is not a private foundat A church, convention of church A school described in section A hospital or a cooperative hose A medical research organization hospital's name, city, and state An organization operated for t section 170(b)(1)(A)(iv). (Comp. A federal, state, or local govern An organization that normally in described in section 170(b)(1)(iv) A community trust described in An agricultural research organiz or university or a non-land-gran university: An organization that normally in receipts from activities related support from gross investment acquired by the organization af An organization organized and of one or more publicly suppo Check the box in lines 12a throid Type II. A supporting organization supporting organization. You Type III. A supporting organization supported organization. Type III functionally integrated organization(s). You must or Type III functionally integrated, or T public III non-functionally integrated organization Check this box if the organ functionally integrated, or T Enter the number of supported or Provide the following information	Reason for Public Charity Status (All granization is not a private foundation because it is a church, convention of churches, or associated A school described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service or hospital's name, city, and state: An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governing A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b) An agricultural research organization described or university or a non-land-grant college of agruniversity: An organization that normally receives: (1) more receipts from activities related to its exempt fur support from gross investment income and university or a norganization after June 30, 197. An organization organized and operated exclusion one or more publicly supported organization Check the box in lines 12a through 12d that described organization, organization, organization, organization operated the supported organization. You must complete the supported organization. You must complete Type II. A supporting organization supervision organization(s). You must complete Part I type III functionally integrated. A supporting organization organization (s) (see instruction Type III non-functionally integrated. The organization integrated organization received functionally integrated, or Type III non-functionally integrated. The organization organization organization received functionally integrated, or Type III non-functionally integrated. The organization organization organization received functionally integrated, or Type III non-functionally integrated, o	Reason for Public Charity Status (All organizations must organization is not a private foundation because it is: (For lines 1 through A church, convention of churches, or association of churches descril A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (For land A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hospital's name, city, and state: An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supple described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(a) or university or a non-land-grant college of agriculture (see instruction university). An organization that normally receives: (1) more than 331/3% of its sureceipts from activities related to its exempt functions—subject to comport from gross investment income and unrelated business staxial acquired by the organization after June 30, 1975. See section 509(a) An organization organized and operated exclusively to test for public of one or more publicly supported organizations described in section for one or more publicly supported organizations described in section of one or more publicly supported organizations described in section organization organization operated, supervised, or contribusing organization organization operated, supervised, or contribusing organization organization operated. A supporting organization operated supporting organization vested in organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated university of the policy of organization operated organization generally must requirement (see instructions). You must compl	Reason for Public Charity Status (All organizations must complet riganization is not a private foundation because it is: (For lines 1 through 12, chec A church, convention of churches, or association of churches described in see A school described in section 170(b)(1)(A)(ii). (Altach Schedule E (Form 990 or A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital describospital's name, city, and state: An organization operated for the benefit of a college or university owned or section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(xi) operor university or a non-land-grant college of agriculture (see instructions). Enteron 170(b)(1)(A)(vi) operor inversity or a non-land-grant college of agriculture (see instructions). Enterocepts from activities related to its exempt functions—subject to certain excupied by the organization after June 30, 1975. See section 509(a)(2). (Cor An organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively to test for public safety. An organization organization after June 30, 1975. See section 509(a)(2). (Cor One one or more publicly supported organizations described in section 509(a) Check the box in lines 12a through 12d that describes the type of supporting of one or more publicly supported organization operated, supervised, or controlled by it the supporting organization. You must complete Part IV, Sections A and C. Type II. A supporting organization supervised or controlled in connection control or management of the supporting organization vested in the same organi	Reason for Public Charity Status (All organizations must complete this proganization is not a private foundation because it is: (For lines 1 through 12, check only or A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-Ei A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state: An organization operated for the benefit of a college or university owned or operate 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)(iv). (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 or university or a non-land-grant college of agriculture (see instructions). Enter the nan university: An organization that normally receives: (1) more than 33% of its support from contril receipts from activities related to its exempt functions—subject to certain exceptions, support from gors investment income and unrelated business taxable income (less seaquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to test for public safety. See section 4 no organization organized exclusively for the benefit of, to perform the fit of one or more publicly supported organizations described in section 509(a)(1) or seches the box in lines 12a through 12d that describes the type of supporting organization organization, by the public requirement of the supporting organization operated in connection its supported organization supervised or controlled by its supporting organization, You must complete Part IV, Sections A and C. Type III non-functionally integrated. A supporting organization operated in connection that is	14-503 Reason for Public Charity Status (All organizations must complete this part.) See instruction reganization 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital 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)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a learn university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization organization operated exclusively for the benefit of, to perform the functions of, or to card of one or more publicly supported organization described in section 509(a)(2). See Check the box in lines 12a through 12d that describes the type of suppor

Schedu	lle A (Form 990 or 990-EZ) 2017						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	
Secti	ion A. Public Support	y quality unde	110 10010 110	tod bolow, pr	ouco_compic	to r art iii.)	
	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.")	65824	97801	61633	83319	112201	420778
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	65824	97801	61633	83319	112201	420778
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20439
6	Public support. Subtract line 5 from line 4						400339
	ion B. Total Support		·—-				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	65824	97801	61633	83319	112201	420778
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49484	95846	35991	28871	34289	244481
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support, Add lines 7 through 10				· · · · · · · · · · · · · · · · · · ·		665259
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	re					
<u>5ect</u>	tion C. Computation of Public Support Public Support percentage for 2017 (line			1 column (f)		14	60 %
15	Public support percentage from 2016 Sc					15	53 %
16a		ızation dıd not	check the box	on line 13, ar	nd line 14 is 33	31/3% or more,	check this
b		zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization	eets the "facts "facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organia	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets th meets the "fac	e "facts-and-c ts-and-circum:	circumstances' stances" test,	' test, check [.] The organizati	this box and s on qualifies as	a publicly

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Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	41144	oto noto a por	, piedec et	oniproto i dit		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	// Total
Jajeni 1	Gifts, grants, contributions, and membership fees	(4) 2013	(0) 2014	(0) 2013	(4) 2010	(e) 2017	(f) Total
•	received. (Do not include any "unusual grants.")		!		ł	1	1
2	Gross receipts from admissions, merchandise		 		 		
_	sold or services performed, or facilities l					1	
	furnished in any activity that is related to the					1	1
3	organization's tax-exempt purpose Gross receipts from activities that are not an		 		 	+	
J	unrelated trade or business under section 513				1	1	
			 			 	
4	Tax revenues levied for the				p ⁱ		}
	organization's benefit and either paid to or expended on its behalf		j		<i>J</i>]
_	•		 			 -	
5	The value of services or facilities		1		2	}	ì
	furnished by a governmental unit to the organization without charge			l.	1	1	}
_	-	 -	 		 	 	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 		 	 	
ıa	received from disqualified persons .	i	}	/	}	}	ļ
	· · · ·		 		 	 	
b	Amounts included on lines 2 and 3			ľ	[[1
	received from other than disqualified persons that exceed the greater of \$5,000		/		1	1	
	or 1% of the amount on line 13 for the year		, "		J	J	1
_			+ -,'		 	 	
С 8	Add lines 7a and 7b	<u> </u>	 / 		 	 	
	line 6.)				1	1	1
Santi	on B. Total Support		<u> </u>		<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Galen 9	Amounts from line 6	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(6) 2017	(i) Total
-					 		
iva	Gross income from interest, dividends, payments received on securities loans, rents,	,	[
	royalties, and income from similar sources.		1		1	}	1
ь.	Unrelated business taxable income (less		 		 	 	
b	section 511 taxes) from businesses						
	acquired after June 30, 1975		1		1		
_			 		 	 	
С 11	Net income from unrelated business		 -	 	 	 	
,,	activities not included in line 10b, whether						
	or not the business is regularly carried on		1	}	1		1
10	Other income. Do not include gain or		 	 	 -	 -	
12	loss from the sale of capital assets						
	(Explain in Part VI.)	1	1	1			1
13	Total support. (Add lines 9, 10c, 11,		 	 	 		
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d. third. fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Support						
15	Public support percentage for 2017 (line			3. column (fl)		15	%
16	Public support percentage from 2016 Sci					16	
	on D. Computation of Investment In				<u> </u>		
17	Investment income percentage for 2017 (v line 13. colu	mn (fl)	17	%
18	Investment income percentage for 2017		• •	-		18	%
19a	331/3% support tests—2017. If the organ	ization did no	t check the ho	con line 14. a	nd line 15 is n		
130	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	tion . ► 🗀
h.	331/3% support tests—2016. If the organization						
7	line 18 is not more than 331/3%, check this	box and stop I	here. The organ	ization qualifies	s as a publicly s	supported organ	nization >
20	Private foundation. If the organization di						
/=-	i i ivate i vuituation, ii uie viyanization ui	a not oneon a	201 011 1110 17	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

Part	V Supporting Organizations (continued)			490 0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	['		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		ļ
	on B. Type I Supporting Organizations	10	L	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	}	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1_		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part] ']	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	'		
	supervised, or controlled the supporting organization.	2	[
Sect	on 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	}		ł
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			}
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	-		
Sect	ion D. All Type III Supporting Organizations	1	L	
3001	ion b. All Type in 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		1.00	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			<u> </u>
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	<u> </u>	L	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			<u> </u>
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	1		
	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>
Sect	ion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	c)
	The organization satisfied the Activities Test. Complete line 2 below.		01.0	5).
a b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			··· <u>·</u>
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1]
	those supported organizations and explain how these activities directly furthered their exempt purposes,]
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			<u> </u>
_	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	 	
L	- I the second of a second of	<u> </u>	 	
þ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Ellie o amount divided by line 9 amount		(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а	<u> </u>			<u> </u>
b	From 2013			
c	From 2014			<u> </u>
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
_ <u>i</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	······································		
4	Distributions for 2017 from Section D, line 7: \$			
	Applied to underdistributions of prior years			-
a	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			•
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017	<u> </u>	<u> </u>	<u> </u>

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of	f the or	ganization		Employe	er identification number
Messia	h Fou	ndation for Christian Communication			45-0307661
Par		Organizations Maintaining Donor Adv Complete if the organization answered			Accounts.
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year) .			
4		egate value at end of year			
5		he organization inform all donors and donor are the organization's property, subject to the			
6	only	ne organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?		for any o	other purpose
Par		Conservation Easements.			
		Complete if the organization answered		<u></u>	
1		ose(s) of conservation easements held by the			
	_	reservation of land for public use (e.g., recrea	· _		
		rotection of natural habitat	☐ Preservation o	of a certi	fied historic structure
_		reservation of open space	-1.1	! Al	
2		plete lines 2a through 2d if the organization he ment on the last day of the tax year.	eld a qualmed conservation contribution	on in the F	Held at the End of the Tax Year
_		· · · · · · · · · · · · · · · · · · ·		ŀ	
a		acreage restricted by conservation easements	. , . ,	· · ·	2a
b		per of conservation easements on a certified f		-	2c 2c
c d		per of conservation easements included in	, ,		
.		ric structure listed in the National Register .			2d
3		ber of conservation easements modified, tran-			
4		ber of states where property subject to conse	rvation easement is located >		
5	Does	the organization have a written policy retions, and enforcement of the conservation ea	garding the periodic monitoring, ins		
6		and volunteer hours devoted to monitoring, inspec			
7	Amoi	unt of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conserv	ration easements during the year
8		each conservation easement reported on line section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements o		
9	In Pa balar	art XIII, describe how the organization reports ance sheet, and include, if applicable, the text of mization's accounting for conservation easement	conservation easements in its revenue of the footnote to the organization's fire	e and ex	pense statement, and
Par	t III	Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV, line 8		
1a	work	organization elected, as permitted under SF s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the	r assets held for public exhibition, e	ducation	n, or research in furtherance of
b	If the work publi	e organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relat	SFAS 116 (ASC 958), to report in its resets held for public exhibition, enting to these items:	revenue ducation	e statement and balance sheet n, or research in furtherance of
	(i) R	evenue included on Form 990, Part VIII, line 1			. • \$
	(ii) A	ssets included in Form 990, Part X			. ► \$
2	follov	e organization received or held works of art ving amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	items:	
a b	Reve Asse	nue included on Form 990, Part VIII, line 1 . ts included in Form 990, Part X......			. ► \$

Part	U Organizations Maintaining C	collections of A	Art, HIS	orical I	reasures	, or Ut	ner Similar A	Assets (contii	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	her recor	ds, chec	k any of th	e follov	ving that are a	significa	int us	e of its
а	☐ Public exhibition				or exchang					
b	☐ Scholarly research		e	☐ Othe	<i>,</i>					
С	Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections a	and expla	in how t	hey further	the org	janization's ex	empt pui	pose	in Part
5	During the year, did the organization sassets to be sold to raise funds rather t								Yes	□ No
Part			_							
	Complete if the organization a 990, Part X, line 21.								on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Pai	rt XIII and comple	ete the fo	llowing ta	able:	_		Amount		
С	Beginning balance					10	;			
d	Additions during the year					10				
e	Distributions during the year					16	,			
f	Ending balance					11				
2a	Did the organization include an amount	on Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	l account liabili	ty? 🗌	Yes	☐ No
b	If "Yes," explain the arrangement in Par	rt XIII. Check her	e if the ex	(planatio	n has been	provid	ed on Part XIII	<u> </u>		
Par	t V Endowment Funds.									
	Complete if the organization a	answered "Yes			·					
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ick (e) F	our yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses					,		1		
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance				<u> </u>		<u></u>			
2	Provide the estimated percentage of the	ie current year en	id balanc	e (line 1g	ı, column (a	ı)) held	as:			
а	Board designated or quasi-endowment	t >	_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the	ne organi	zation th	at are held	and ac	Iministered for	the	_	
	organization by:								Ye	s No
	(i) unrelated organizations							. 3a		
	• • • • • • • • • • • • • • • • • • • •							. 3a		-
b	If "Yes" on line 3a(ii), are the related or							. [3]	<u> </u>	L
4	Describe in Part XIII the intended uses		on's endo	wment f	unas.					
Par	t VI Land, Buildings, and Equipa Complete if the organization		" on For	m 990 I	Part IV line	ը 11a	See Form 99	0 Part)	(line	10.
	Description of property	(a) Cost or of			or other basis		Accumulated		Book va	
	Description of property	(investm			other)		epreciation	(44)		
1a	Land									
þ	Buildings			 						
c	Leasehold improvements	ļ		<u> </u>						4045
q	Equipment Camera.	ļ			37811		25657			12154
e	Other			<u></u>	(5) (1	<u></u>				1045:
Total	. Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part)	x, columi	า (B), line 10	JC.)	<u> ► </u>			12154

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (D) (E) (F) (G) (H) (G) (G	Part VII	Investments – Other Secu Complete if the organization		orm 990, Part IV, lir	ne 11b. See Form	990. Part X. line 12.
3) Other		(a) Description of security or	category		(c) Met	hod of valuation
3) Other (A) (B)					· · · · · · · · · · · · · · · · · · ·	
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
G G G G G G G G	(3) Other				 	
Col. Column (b) must equal form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				ļ <u>-</u>	 	
C					 	
(F) (F)					 	
(G) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B						
G					 	
Total,			***************************************		 	
Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Method of valuation Cost or end-of-year market value (e)	(H)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation Cost or end-of-year market value	Total. (Column					
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	2. Liability fo	r uncertain tax positions. In Part XI	III, provide the text of the foot	note to the organization	on s financial statements	an provided in Part YIII

Part		Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Par		Return.		
1		evenue, gains, and other support per audited financial statements.		1		
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		realized gains (losses) on investments				
b		ed services and use of facilities	b_	ì		
С			c	ļ.		
d	Other ((Describe ın Part XIII.)	d			
e	Add lir	nes 2a through 2d		2e		
3	Subtra	ct line 2e from line 1		3		
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investi	ment expenses not included on Form 990, Part VIII, line 7b 4	a [1		
b		(Describe in Part XIII.)	b	l		
С		nes 4a and 4b		4c		
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,		5		
Part	XII	Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses pe	r Return.		
	_	Complete if the organization answered "Yes" on Form 990, Par				
1		expenses and losses per audited financial statements		1		
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
a		The state of the s	a l			
_						
b						
C			<u>c </u>			
d		· · · · · · · · · · · · · · · · · · ·	d			
е		nes 2a through 2d		2e		
3		act line 2e from line 1		3		
4		nts included on Form 990, Part IX, line 25, but not on line 1:	ļ.	,		
а		· · · · · · · · · · · · · · · · · · ·	a			
b		,	b			
C		nes 4a and 4b		4c		
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	5		
Part XIII Supplemental Information.						
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
						
_						

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2017

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

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

2017
Open to Public Inspection

Employer identification number

we	essian Foundation for Christian Communication	45-030/661			
990	0 Part VI [.]				
11t	b. 990 is prepared by Treasurer, Karen Hendrickson, then reviewed by the Assistant Treasurer and the	he President			
19	9 The month-end financial reports as well as the meeting minutes are submitted to all board members. All financial statements and				
	other documents are available to anyone upon request.				
•					