

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation FORE-CHRIST INC		<b>A Employer identification number</b> 56-1988905	
Number and street (or P O box number if mail is not delivered to street address) 2618 NEW VILLAGE WAY		<b>B Telephone number (see instructions)</b> (910) 251-8543	
City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, NC 28405		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 22,988,945		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,369,950			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents	46,352	46,352	46,352	
	<b>b</b> Net rental income or (loss)	46,352			
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-5,609			
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	1,410,693	46,352	46,352		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages	468,751	0	0	429,546
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	12,900	0	0	12,900
	<b>c</b> Other professional fees (attach schedule)	3,018	0	0	3,018
	<b>17</b> Interest	386	0	0	386
	<b>18</b> Taxes (attach schedule) (see instructions)	25,259	0	0	25,259
	<b>19</b> Depreciation (attach schedule) and depletion	160,132	0	160,132	
	<b>20</b> Occupancy	56,390	0	0	56,390
	<b>21</b> Travel, conferences, and meetings	79,881	0	0	79,881
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	160,869	0	7,268	320,499
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	967,586	0	167,400	927,879
	<b>25</b> Contributions, gifts, grants paid	14,000			14,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	981,586	0	167,400	941,879	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	429,107				
<b>b Net investment income</b> (if negative, enter -0-)		46,352			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2		
	<b>2</b> Savings and temporary cash investments . . . . .	57,678	163,362	163,362
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 820,668 Less allowance for doubtful accounts ▶ _____ 0	838,192	820,668	820,668
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	32,947		
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 13,234,640 Less accumulated depreciation (attach schedule) ▶ _____ 5,845,026	6,957,932	7,389,614	7,389,614
<b>15</b> Other assets (describe ▶ _____)	14,618,368	14,615,301	14,615,301	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	22,505,119	22,988,945	22,988,945	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,302	48,914	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	63,296	79,403	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	73,598	128,317	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0		
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	22,431,521	22,860,628		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	22,431,521	22,860,628		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	22,505,119	22,988,945		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	22,431,521
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	429,107
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	22,860,628
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	22,860,628

**Part IV Capital Gains and Losses for Tax on Investment Income**

	<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
<b>1 a</b>	LOSS ON SALE OF ASSET	P	2010-01-01	2017-12-31
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

	<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			5,609	-5,609
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any
<b>a</b>			-5,609
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	-5,609
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2016	1,207,918	47,643	25.353525
2015	728,518	68,765	10.594314
2014	791,939	159,190	4.974804
2013	813,346	1,159	701.765315
2012	1,009,764	31,652	31.902060
<b>2</b> Total of line 1, column (d)			774.590018
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			154.918004
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			108,862
<b>5</b> Multiply line 4 by line 3			16,864,684
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			464
<b>7</b> Add lines 5 and 6			16,865,148
<b>8</b> Enter qualifying distributions from Part XII, line 4			1,469,050

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total amount owed is 30, and total overpaid is 957.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, tax returns, and asset reporting.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of MARSHA KELLEY Telephone no (910) 251-8543

Located at 2618 NEW VILLAGE WAY WILMINGTON NC ZIP+4 28405

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Includes instructions for exceptions and filing requirements for FinCEN Form 114.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-1c, 2a-2c, 3a-3b, 4a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .			<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			<input type="checkbox"/>
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>
				<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . **0**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
<b>1</b> CHRISTIAN OUTREACH MINISTRY (FC USA)	0
<b>2</b> CHRISTIAN OUTREACH AND MINISTRY CONDUCTED BY FOREIGN DISREGARDED ENTITIES THROUGH TELEVISORA L A PARA CRISTO SRL (FC CR)	1,030,807
<b>3</b> CHRISTIAN OUTREACH AND MINISTRY CONDUCTED THROUGH PRODUCTION OF RELIGIOUS MUSIC AND TELEVISION CONTENT (F/A FC USA)	0
<b>4</b> CHRISTIAN OUTREACH AND MINISTRY CONDUCTED THROUGH FCN NETWORKS LTD (FC AF)	311,369

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	110,520
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	110,520
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	110,520
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,658
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	108,862
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	5,443

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	941,879
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	527,171
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	1,469,050
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,469,050

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . 2002-02-01

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	0	0	3,438	0	3,438
<b>b</b> 85% of line 2a . . . . .	0	0	2,922	0	2,922
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	1,469,050	1,207,918	728,518	791,939	4,197,425
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	1,469,050	1,207,918	728,518	791,939	4,197,425
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	3,629	1,588	2,292	5,307	12,816
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
 DR DECAROL WILLIAMSON

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 DR DECAROL WILLIAMSON  
 2618 NEW VILLAGE WAY  
 WILMINGTON, NC 28405  
 (910) 251-8543

**b** The form in which applications should be submitted and information and materials they should include  
 WRITTEN APPLICATION

**c** Any submission deadlines  
 NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 NONE

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> GOSPEL FELLOWSHIP HOLINESS CHURCH 3121 ALEX TRASK DR CASTLE HAYNE, NC 28429	NONE	CHURCH	OPREATIONAL FUNDING AND SUPPORT	10,000
RICHARD AMY ABELE PO BOX 776 GRANDVIEW, MO 64030	NONE	N/A	ASSISTANCE	4,000
<b>Total . . . . .</b> ▶ <b>3a</b>				14,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
DR DECAROL WILLIAMSON 2618 NEW VILLAGE WAY WILMINGTON, NC 28405	PRESIDENT/DIRECTOR 20 00	0	0	0
JONATHAN WILLIAMSON 2618 NEW VILLAGE WAY WILMINGTON, NC 28405	SEC/TREAS/DIRECTOR 10 00	0	0	0
MEL TARI PO BOX 3355 DANA POINT, CA 92629	DIRECTOR 5 00	0	0	0
MINOR CORTES CONDOMINIOS TIERRA UNO LA AURORA DE HEREDIA CS	DIRECTOR 5 00	0	0	0
MARSHA KELLEY 2618 NEW VILLAGE WAY WILMINGTON, NC 28405	DIRECTOR 5 00	0	0	0

**TY 2017 Accounting Fees Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCTG/TAX PREP	12,900	0	0	12,900

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# TY 2017 Amortization Schedule

**Name:** FORE-CHRIST INC

**EIN:** 56-1988905

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
TRADEMARKS	2008-06-30	109,013	61,778	180 000000000000	7,268	0	7,268	69,046

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2017 Depreciation Schedule

Name: FORE-CHRIST INC

EIN: 56-1988905

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
PRODUCTION STUDIO	2008-01-01	2,716,571	626,904	SL	39 000000000000	69,656	0	69,656	
LAND	2004-06-11	194,840		L		0	0	0	
EQUIPMENT	2008-01-01	499,015	499,015	SL	5 000000000000	0	0	0	
LAPTOPS/SOFTWARE	2006-09-22	9,151	9,151	200DB	5 000000000000	0	0	0	
VIDEO CONF	2008-01-01	209,228	209,228	SL	5 000000000000	0	0	0	
TELEPHONE	2008-01-01	32,585	32,585	SL	5 000000000000	0	0	0	
NETWORK SERVER	2008-01-01	1,729	1,729	SL	5 000000000000	0	0	0	
CAMERA	2008-01-31	16,966	16,966	SL	5 000000000000	0	0	0	
COMPUTERS	2008-01-01	7,375	7,375	SL	5 000000000000	0	0	0	
FURNITURE & FIXTURES	2008-01-01	79,965	79,965	SL	7 000000000000	0	0	0	
MUSICAL INSTRUMENTS	2008-01-01	45,904	45,904	SL	5 000000000000	0	0	0	
MICROPHONES	2008-01-01	57,883	57,883	SL	5 000000000000	0	0	0	
SSL CONSOLE	2008-01-01	231,500	231,500	SL	5 000000000000	0	0	0	
LOW VOLT EQUIP	2008-01-01	21,344	21,344	SL	5 000000000000	0	0	0	
SOUND EQUIPMENT	2008-07-31	38,444	38,444	SL	5 000000000000	0	0	0	
FULLY DEPRECIATED	1996-12-17	28,640	28,640	SL	5 000000000000	0	0	0	
CAMERA EQUIPMENT	2009-04-22	11,184	11,184	SL	5 000000000000	0	0	0	
GENERATOR	2009-10-13	68,170	68,170	SL	7 000000000000	0	0	0	
COSTA RICA FIXED ASSETS	2009-12-31	6,020,978	3,429,389	SL	0 %	78,343	0	78,343	
DELL LAPTOP	2010-06-25	3,720	3,720	SL	5 000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
APPLE MAC COMPUTER	2010-10-14	2,772	2,772	SL	5 000000000000	0	0	0	
WIRELESS MONITOR	2010-10-29	2,918	2,918	SL	5 000000000000	0	0	0	
COMPUTER	2011-05-23	2,311	2,311	SL	5 000000000000	0	0	0	
COMPUTER	2011-09-30	3,368	3,368	SL	5 000000000000	0	0	0	
DEHUMIDIFER	2011-10-03	2,500	2,500	SL	5 000000000000	0	0	0	
RWANDAN FIXED ASSETS	2012-12-31	2,558,506	165,349	SL	0 %	8,046	0	8,046	
B&H VIDEO	2012-09-28	9,125	7,756	SL	5 000000000000	1,369	0	1,369	
360 EQUIPMENT FOR TOURS	2013-02-28	2,397	1,836	SL	5 000000000000	479	0	479	
LAPTOPS/SOFTWARE	2013-06-21	2,868	2,009	SL	5 000000000000	574	0	574	
JVC JVGCPX100	2013-05-27	999	717	SL	5 000000000000	200	0	200	
CANNON CA5D3 EOS 5D MARK III	2013-05-28	3,299	2,365	SL	5 000000000000	660	0	660	
APPLE LAPTOP	2013-03-19	3,114	2,336	SL	5 000000000000	623	0	623	
IPHONE	2014-03-03	908	515	SL	5 000000000000	182	0	182	
BUILDING	2010-12-31	220,350		NC	0 %	0	0	0	
LAND	2015-12-31	15,000		NC	0 %	0	0	0	

**TY 2017 General Explanation Attachment****Name:** FORE-CHRIST INC**EIN:** 56-1988905**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	NAME OF CONTROLLED ENTITY FCN NEETWORKS (RWANDA) LTD	FORM 990 PF, PAGE 5, PART VII-A, LINE 11	EMPLOYER ID NO 98-0694539ADDRESS AVENUE DE LA JUSTICE, PO BOX 6679, KILGALI, RWANDA NDA EXCESS BUSINESS HOLDING NO

**TY 2017 Land, Etc.  
Schedule**

**Name:** FORE-CHRIST INC

**EIN:** 56-1988905

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
PRODUCTION STUDIO	2,716,571	696,560	2,020,011	
LAND	194,840	0	194,840	
EQUIPMENT	499,015	499,015	0	
LAPTOPS/SOFTWARE	9,151	9,151	0	
VIDEO CONF	209,228	209,228	0	
TELEPHONE	32,585	32,585	0	
NETWORK SERVER	1,729	1,729	0	
CAMERA	16,966	16,966	0	
COMPUTERS	7,375	7,375	0	
FURNITURE & FIXTURES	79,965	79,965	0	
MUSICAL INSTRUMENTS	45,904	45,904	0	
MICROPHONES	57,883	57,883	0	
SSL CONSOLE	231,500	231,500	0	
LOW VOLT EQUIP	21,344	21,344	0	
TRADEMARKS	109,013	69,046	39,967	
SOUND EQUIPMENT	38,444	38,444	0	
FULLY DEPRECIATED	28,640	28,640	0	
CAMERA EQUIPMENT	11,184	11,184	0	
GENERATOR	68,170	68,170	0	
COSTA RICA FIXED ASSETS	6,020,978	3,507,732	2,513,246	
DELL LAPTOP	3,720	3,720	0	
APPLE MAC COMPUTER	2,772	2,772	0	
WIRELESS MONITOR	2,918	2,918	0	
COMPUTER	2,311	2,311	0	
COMPUTER	3,368	3,368	0	
DEHUMIDIFER	2,500	2,500	0	
RWANDAN FIXED ASSETS	2,558,506	173,395	2,385,111	
B&H VIDEO	9,125	9,125	0	
360 EQUIPMENT FOR TOURS	2,397	2,315	82	
LAPTOPS/SOFTWARE	2,868	2,583	285	

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
JVC JVGCPX100	999	917	82	
CANNON CA5D3 EOS 5D MARK III	3,299	3,025	274	
APPLE LAPTOP	3,114	2,959	155	
IPHONE	908	697	211	
BUILDING	220,350	0	220,350	
LAND	15,000	0	15,000	

**TY 2017 Other Assets Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM RELATED INVESTMENT	14,615,301	14,615,301	14,615,301
ADVANCES AND DEPOSITS	3,067	0	0

**TY 2017 Other Expenses Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	125,336	0	0	139,336
BROADCASTING EXPENSES	12,914	0	0	12,914
REPAIRS	131,059	0	0	131,059
INSURANCE	37,190	0	0	37,190
INTERNET FEES	675	0	0	0
STUDIO OPERATIONS	1,064	0	0	0
MARKETING	0	0	0	0
TRAINING	21,375	0	0	0
MISCELLANEOUS EXPENSE	416	0	0	0
LICENSE AND PERMITS	0	0	0	0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CURRENCY CONVERSIONS	-176,428	0	0	0
AMORTIZATION	7,268	0	7,268	0

**TY 2017 Other Liabilities Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
OTHER CURRENT LIABILITIES	63,296	79,403

**TY 2017 Other Professional Fees Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL	3,018	0	0	3,018

**TY 2017 Substantial Contributors  
Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905**Name****Address**

DR DECAROL WILLIAMSON

2618 NEW VILLAGE WAY  
WILMINGTON, NC 28405

**TY 2017 Taxes Schedule****Name:** FORE-CHRIST INC**EIN:** 56-1988905

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROPERTY AND OTHER	25,259	0	0	25,259

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

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**

**Name of the organization**  
FORE-CHRIST INC

**Employer identification number**  
56-1988905

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> FORE-CHRIST INC	<b>Employer identification number</b> 56-1988905
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DECAROL WILLIAMSON <hr/> 2618 NEW VILLAGE WAY <hr/> WILMINGTON, NC28405	\$ 1,368,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> FORE-CHRIST INC	<b>Employer identification number</b> 56-1988905
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<b>Part II</b> <b>Noncash Property</b> (See instructions) Use duplicate copies of Part II if additional space is needed
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

<b>Name of organization</b> FORE-CHRIST INC	<b>Employer identification number</b> 56-1988905
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____