# Form **990-PF**

C&E 927

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

2017

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

OMB No 1545-0052

For cal	endar year 2017 or tax year beginning	, 2017,	and ending		,	
	ION CANYON MINISTRIES			A	Employer identification num 77-0567845	nber
1330	CAPITAL BLVD , NV 89502			В	Telephone number (see inst (775) 322-4073	
	,			С	If exemption application is	pending, check here. ►
G Che	ck all that apply: Initial return	Initial return of a form	ner public charity	D	1 Foreign organizations, chec	k here.
	Address change	Name change		\	2 Foreign organizations meet here and attach computation	ing the 85% test, check
H Che	ck type of organization X Section 501 Section 4947(a)(1) nonexempt charitable to	(c)(3) exempt private for the control of the contro	oundation 0 V private foundation	E	If private foundation status	
	market value of all assets at end of year J Acc	ounting method X C			under section 507(b)(1)(A)	, check here
<b>▶</b> \$	881, 803. (Part I,	Other (specify) column (d) must be on	cash basis.)	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	<b>(b)</b> Net investmen income	nt ,	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<u></u>	Contributions, gifts, grants, etc., received (attach schedule)  Check I if the foundation is not required to attach Sch. B	105,399.				
71	3 Interest on savings and temporary cash investments					,
09	Dividends and interest from securities     Ga Gross rents		<del> </del>			
	b Net rental income or (loss)			_		
R E	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a					
V E N	7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain		<del></del>	_		
Ü	9 Income modifications					
_	10 a Gross sales less returns and allowances					
	b Less Cost of goods sold  C Gross profit or (loss) (attach schedule).					
	11 Other income (attach schedule)		1			
3	12 Total. Add lines 1 through 11	105,399.		0.	0.	
<u> </u>	13 Compensation of officers, directors, trustees, etc.	0.				
	14 Other employee salaries and wages					
ā	15 Pension plans, employee benefits			_		
<b>5</b> A	16a Legal fees (attach schedule)					
D M	<b>b</b> Accounting fees (attach sch)			$\mathbb{K}$	-("}-K, i- 1)	<u></u>
=	C Other professional fees (attach sch).				70	
- 0 1 P S	17 Interest 18 Taxes (attach schedule X see instrs). SEE STM 1		999	11/1	Y 2 1 2018 - C	
S E T	18 Taxes (attach schedule)(see instrs). SEE SIM I 19 Depreciation (attach	11.	E2-6	IVI	1 2 1 2010   C	<del> </del>
	schedule) and depletion			<del></del>	1-2 p-1 h 4 h 10 m	
1 N G	20 Occupancy .	12,500.	<u> </u>	)II(-	· 10 5 1 1 1 1 1	
_,_	21 Travel, conferences, and meetings	1,424.	· مور ،			
A E	22 Printing and publications 23 Other expenses (attach schedule)					ļ <del> </del>
Ė	SEE STATEMENT 2	12,477.				
N S F	24 Total operating and administrative			_		
Š	expenses Add lines 13 through 23 25 Contributions, gifts, grants paid. STMT 3	26,412.				1-1-0-
	25 Contributions, gifts, grants paid. SIMI 3  26 Total expenses and disbursements.	1,150.				1,150.
	Add lines 24 and 25	27,562.		0.	0.	1,150.
	27 Subtract line 26 from line 12:					
	a Excess of revenue over expenses and disbursements	77,837.				
	<b>b</b> Net investment income (if negative, enter -0-).			0.		
	C Adjusted net income (if negative, enter -0-)				0.	

Par	<i>#</i>	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
rai		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	3,571.	22,408.	22,408.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	}	Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
Ą		Less: allowance for doubtful accounts			
š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – US and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) STATEMENT 4	833,709.	859,395.	859,395.
	14	Land, buildings, and equipment basis ►			
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe )			
	<u> </u>	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	837,280.	881,803.	881,803.
Ļ	17	Accounts payable and accrued expenses			
Ā	1	Grants payable			
B	1	Deferred revenue			
Ļ	1	Loans from officers, directors, trustees, & other disqualified persons			
÷	21	Mortgages and other notes payable (attach schedule)			
į	22	Other liabilities (describe			
S S	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.	0.	
		and complete lines 24 through 26, and lines 30 and 31.			
N F E U		Unrestricted			
EU	25	Temporarily restricted			
A D	26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund.			
OE	29	Retained earnings, accumulated income, endowment, or other funds	837,280.	881,803.	
RS	4	Total net assets or fund balances (see instructions)	837,280.	881,803.	
	31	Total liabilities and net assets/fund balances (see instructions)	837,280.	881,803.	
Par	t III 7	Analysis of Changes in Net Assets or Fund Balance		001,003.	
1		net assets or fund balances at beginning of year — Part II, colurr		with	
•	end-c	f-year figure reported on prior year's return)	in (a), inte 50 (must agree	1	837,280.
2	Enter	amount from Part I, line 27a		2	77,837.
3	Other I	ncreases not included in line 2 (itemize)		3	
4		ines 1, 2, and 3		4	915,117.
5		ses not included in line 2 (itemize)  SEE STATEMENT		5	33,314.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	30 <b>6</b>	881,803.
BAA		TEE403031 08			Form <b>990-PF</b> (2017)

<u>. u.</u>	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How P — Pu D — Do					(d) Date sold (mo , day, yr )
1 a	N/A			D Donation	<del> </del>	
				<del></del>	<del>                                     </del>	
	·					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) n	
t						
	<del></del>				<del></del>	<del></del>
		ing gain in column (h) and owned b	y the foundation on 12/31/6	<u>.</u>		4)
		(i) Adjusted basis	(k) Excess of col (i)		(I) Gains (Col. gain minus col (k), bi	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		nan -0-) or Losses (fro	
t	)					
	:					
	•					
2	Capital gain net income or (net		enter in Part I, line 7 hter -0- in Part I, line 7	- 2		
3	Net short-term capital gain or (	loss) as defined in sections 1222(5	) and (6)			
	If gain, also enter in Part I, line in Part I, line	e 8, column (c). See instructions If	(loss), enter -0-	.   3		
Pai	t V Qualification Under	Section 4940(e) for Reduce	ed Tax on Net Investn	nent Income	•	
(For	optional use by domestic private	foundations subject to the section	4940(a) tax on net investm	ent income.)	N/A	<del></del>
If co	ction 4940(d)(2) applies, leave th	aic nort blank				
11 30	ction 4540(d)(z) applies, leave ti	iis part blank			_	_
		tion 4942 tax on the distributable a	, ,	ise period?	Yes	☐ No
If 'Ye		y under section 4940(e) Do not coi	<del></del>			
_1_	<del></del>	n each column for each year, see t		ng any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets	(d) Distribution (col (b) divided	
	2016					
	2015					
	2014					
	2013	<u> </u>				
	2012	· 	<u> </u>		<del></del>	
2	Total of line 1, column (d)			2		
		o E year base period admids the t	total on line Ohio E.O. and	<del></del>	<del>                                     </del>	
3	number of years the foundation	e 5-year base period — divide the t i has been in existence if less than	5 years	tne	ļ	
4	Enter the net value of nonchari	table-use assets for 2017 from Par	t X, line 5	4		
5	5 Multiply line 4 by line 3					
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions from	om Part XII, line 4		8		
	If line 8 is equal to or greater the Part VI instructions.	nan line 7, check the box in Part VI	, line 1b, and complete that	t part using a 1	% tax rate See	the

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If 'No,' attach explanation is the foundation claiming status as a private operating foundation within the meaning

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered. See instructions

By language in the governing instrument, or

with the state law remain in the governing instrument?

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If 'Yes,' complete Part XIV

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.

SEE STATEMENT 6

BAA

Form 990-PF (2017)

Х

X

X

6

7

8b X

Pai	t VII-A   Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
14	Website address N/A The health are in early of high approximation of the			- <b>-</b> -
14	The books are in care of ► ARMANDO J FLOCCHINI JR.  Located at ► 1330 CAPITAL BLVD. RENO NV  Telephone no. ► 775- ZIP + 4 ► 89502	<u>322-4</u>	<u>U /3</u> _	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N/¥	,	П
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
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?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country. ▶			
Pai	t 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.		Yes	No
7 8	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes  X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes  X No			
t	If any answer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here.			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?  Yes X No		1	
	If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 , 20		, [	
ŧ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		Į	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	N	/A
c	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	► 20 , 20 , 20 , 20		, [	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
ŀ	olf 'Yes,' did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			/3
_	determine if the foundation had excess business holdings in 2017.)	3 b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4 b		
BAA		Form <b>99</b>	)-PF (	<u>X</u> 2017)
		-		,

Form 990-PF (2017) MISSION CANYON MII Part VII-B Statements Regarding Activit		n 4720 May Be Red		)567845 d)	F	age <b>6</b>
5 a During the year, did the foundation pay or incu				<del>- 1 -</del>	Yes	No
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes	X No		
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955); or to carry	Yes	X No		
(3) Provide a grant to an individual for travel,	X No	-				
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? See instructions	Yes	X No				
(5) Provide for any purpose other than religious educational purposes, or for the prevention	X No					
<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> of described in Regulations section 53 4945 or in See instructions	the transactions fail to a current notice regard	qualify under the excep ling disaster assistance	tions ?		b N	/A
Organizations relying on a current notice regains	rding disaster assistanc	e, check here.	•		14	A
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure respons If 'Yes,' attach the statement required by Regu	sibility for the grant?	·	N/A Yes	No		
6 a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indi	rectly, to pay premiums	Yes	X No		
<b>b</b> Did the foundation, during the year, pay premilf 'Yes' to 6b, file Form 8870	ums, directly or indirect	tly, on a personal benef	it contract?	6	b	X
7a At any time during the tax year, was the found	ation a party to a prohi	bited tax shelter transac	ction? Yes	XNo		
<b>b</b> If 'Yes,' did the foundation receive any proceed				207 22	b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Mana	gers, Highly Pai	d Employe	es,	
1 List all officers, directors, trustees, and found	lation managers and th	eir compensation. See	instructions.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefi plans and deferre compensation	t (e) Expe	nse acc allowar	
ARMANDO J FLOCCHINI JR. 1330 CAPITAL BLVD. RENO, NV 89502	PRESIDENT 1.00	0.	0	•		0.
MARYLOU FLOCCHINI	SECRETARY	0.	0	-		0.
1330 CAPITAL BLVD. RENO, NV 89502	1.00					
JOHN FLOCCHINI	TREASURER	0.	0			0.
1330 CAPITAL BLVD. RENO, NV 89502	0.25					
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see in	structions). If none,	enter 'NONE		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefi plans and deferre compensation	t (e)Expe	nse acc allowar	ount, nces
NONE						
				<del></del>		
Total number of other employees paid over \$50,000	TEEA03061 0			F	MU-DE (	0

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1 a	
<b>b</b> Average of monthly cash balances	1 b	6,108.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	6,108.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	6,108.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	92.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,016.
6 Minimum investment return. Enter 5% of line 5	6	301.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations, check here ► ☐ and do not complete this part.)	ating found	dations
1 Minimum investment return from Part X, line 6	1	301.
2a Tax on investment income for 2017 from Part VI, line 5		
b Income tax for 2017. (This does not include the tax from Part VI)	7	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	301.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	301.
6 Deduction from distributable amount (see instructions).	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	301.
Part XII Qualifying Distributions (see instructions)		
<ol> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes</li> <li>Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26</li> </ol>	1 a	1,150.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the: <ul> <li>a Suitability test (prior IRS approval required)</li> </ul>	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,150.
5 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	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,150.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the foundati	on

BAA

Form **990-PF** (2017)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7				301.
2 Undistributed income, if any, as of the end of 2017.				301.
a Enter amount for 2016 only			297.	
<b>b</b> Total for prior years. 20 , 20 , 20		0.		
3 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				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part				
XII, line 4. ► \$1,150.				ļ
a Applied to 2016, but not more than line 2a			297.	
<b>b</b> Applied to undistributed income of prior years				
(Élection required — see instructions)		0.		
c Treated as distributions out of corpus			_	
(Election required - see instructions)	0.		<del></del>	
<b>d</b> Applied to 2017 distributable amount				301.
e Remaining amount distributed out of corpus	552.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a)				
6 Enter the net total of each column as				! !
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	552.			
<b>b</b> Prior years' undistributed income Subtract				
line 4b from line 2b  c Enter the amount of prior years' undistributed		0.		
income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed				ł 1
		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount — see instructions			ا م	
			0.	
f Undistributed income for 2017 Subtract lines		ļ		
4d and 5 from line 1. This amount must be distributed in 2018.				0.
7 Amounts treated as distributions out of				<del>`</del>
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required – see instructions)	0.			
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	552.			
10 Analysis of line 9				
a Excess from 2013				
<b>b</b> Excess from 2014				
c Excess from 2015				
d Excess from 2016		j		
<b>e</b> Excess from 2017 552.				

BAA

Form **990-PF** (2017)

Form 990-PF	(2017) MISSION CANYON MI				77-0567845	Page <b>10</b>
Part XIV	Private Operating Foundat	<u> </u>			_ <del>'</del>	N/A
is effect	undation has received a ruling or di tive for 2017, enter the date of the r	uling				
	box to indicate whether the foundation		ating foundation de		4942(j)(3) or	4942(j)(5)
	ne lesser of the adjusted net from Part I or the minimum	Tax year	<u> </u>	Prior 3 years		(e) Total
investm	ent return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
eacn ye <b>b</b> 85% of	ar listed	<del></del>	<del></del>			
	ng distributions from Part XII,				_/_	
line 4 fo	or each year listed					
for active	included in line 2c not used directly conduct of exempt activities				/	
for activ Subtrac	ng distributions made directly /e conduct of exempt activities t line 2d from line 2c		10			
3 Comple alternat	te 3a, b, or c for the ive test relied upon					
	alternative test – enter			, "		
( - /	ue of all assets		·	<u> </u>		
	ue of assets qualifying under tion 4942(j)(3)(B)(i)	···				
minimum	ent' alternative test — enter 2/3 of investment return shown in Part X, each year listed					
<b>c</b> 'Suppor	t' alternative test — enter					
inve divi on :	al support other than gross estment income (interest, dends, rents, payments securities loans (section (a)(5)), or royalties)					
more	oort from general public and 5 or e exempt organizations as provided oction 4942(j)(3)(B)(III)					
(3) Lar	gest amount of support from exempt organization					
	ss investment income					
Part XV	Supplementary Information assets at any time during th	(Complete this e year — see in:	part only if the structions.)	toundation had	\$5,000 or more	in
<b>a</b> List any close of	tion Regarding Foundation Manag managers of the foundation who had any tax year (but only if they have NDO J FLOCCHINI JR.	ave contributed moi	re than 2% of the t nan \$5,000) (See	otal contributions red section 507(d)(2))	ceived by the foundat	tion before the
<b>b</b> List any a partne NONE	managers of the foundation who overship or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corp % or greater intere	poration (or an equal est	y large portion of the	e ownership of
Check h	tion Regarding Contribution, Granuere $ ightharpoonup \overline{X}$ if the foundation only makes for funds. If the foundation makes , and d. See instructions	akes contributions	to preselected char	ritable organizations	and does not accept er conditions, compl	unsolicited ete items
<b>a</b> The nar	ne, address, and telephone number	or email address o	f the person to wh	om applications shoi	uld be addressed	
<b>b</b> The form	n in which applications should be s	ubmitted and inform	nation and materia	ls they should includ	e	
c Any sub	omission deadlines					
<b>d</b> Any res	trictions or limitations on awards, s	uch as by geograph	ical areas, charital	ole fields, kinds of in	stitutions, or other fa	ctors

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient		Foundation status of recipient	,	Amount		
	or substantial contributor	recipient				
Name and address (home or business)  a Paid during the year	or substantial contributor	recipient				
Total	<del>,</del>		► 3a			
<b>b</b> Approved for future payment						
Total			► 3b			

nter gross amounts unless otherwise indicated		d business income		by section 512, 513, or 514	(e)
•	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1 Program service revenue	<del> </del>		code	<del></del>	<del></del>
ab			++		
b	<del></del>	<del></del>	++	<del></del>	<del></del>
d					
e			++		
f			<del> </del>		
g Fees and contracts from government ager	ncies		++		
2 Membership dues and assessments			<del></del>		
3 Interest on savings and temporary cash investments	<del></del> -		<del>                                     </del>		
4 Dividends and interest from securities			1 1		
5 Net rental income or (loss) from real estat	te				
a Debt-financed property	<b> </b>	<del></del>	1 1	<del></del>	
<b>b</b> Not debt-financed property			++		
6 Net rental income or (loss) from personal property					
7 Other investment income			<del>                                     </del>		
8 Gain or (loss) from sales of assets other than inventor	<sub>ry</sub>		+ +		
9 Net income or (loss) from special events	·		+		
Gross profit or (loss) from sales of inventor	ory -		++		
1 Other revenue			++		
a					
b			+		
c			-		
	<del></del>		++		
d	l l				
0e			<del>                                     </del>		
e			1		
e Subtotal Add columns (b), (d), and (e)	(e)			13	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and				13	0
e Subtotal Add columns (b), (d), and (e)	calculations)	shment of Exem	pt Purpos	•	0
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and die worksheet in line 13 instructions to verify color XVI-B Relationship of Activities	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and die worksheet in line 13 instructions to verify color XVI-B Relationship of Activities	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Time No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities ine No.  Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities ine No.  Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities ine No.  Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities ine No.  Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  ine No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities ine No.  Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Time No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Time No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities  Time No. Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and dee worksheet in line 13 instructions to verify of the No.  Explain below how each activity for accomplishment of the foundation's	calculations )  s to the Accompli		<del></del>	ses	

# Form 990-PF (2017) MISSION CANYON MINISTRIES 77-0567845 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

								T	
describ	organization directly ed in section 501(c) to political organiza	of the Code (oth	ngage in any of the followin ner than section 501(c)(3) o	g with any of organizations	ther organization ) or in section 5	n 27,		Yes	No
-	,		a noncharitable exempt org	anization of				[ [	}
(1) Cas		,					1 a (1)		X
(2) Oth	er assets						1 a (2)		X
<b>b</b> Other tr	ransactions.								
(1) Sal	es of assets to a nor	ncharitable exer	npt organization				1 b (1)		X
<b>(2)</b> Pur	chases of assets from	m a noncharitat	ole exempt organization				1 b (2)		X
<b>(3)</b> Rer	ntal of facilities, equip	pment, or other	assets				1 b (3)		X
<b>(4)</b> Rei	mbursement arrange	ments					1 b (4)		<u>X</u>
	ins or loan guarantee					•	1 b (5)		<u>X</u>
			o or fundraising solicitation			:	1 b (6)		_X_
c Sharing	of facilities, equipm	ent, mailing list	s, other assets, or paid em	ployees		l	1 c		_X_
<b>d</b> If the are the goo any tran	nswer to any of the a ds, other assets, or s asaction or sharing a	above is 'Yes,' o services given b irrangement, sh	complete the following sche by the reporting foundation ow in column <b>(d)</b> the value	dule. Columi If the found of the goods	n <b>(b)</b> should alwa ation received le s, other assets, o	ays show the fair ma ss than fair market or services received	arket value value in	e of	
(a) Line no.	(b) Amount involved	<del> </del>	f noncharitable exempt organizatio		<del></del>	sfers, transactions, and s	haring arran	gements	
N/A	<del></del>			- <del> </del>	<u> </u>				
			<del> </del>						
			<del> </del>						
		ļ	<del></del>		<del></del>				
		ļ <i></i>	<del></del>						
		<del> </del>							
		<del></del>			<del></del>				
		<del> </del>				<del></del> -			
		<del> </del>							
		<del> </del>							
		<del> </del>	<del></del>						
			to divide an valota dita ana						
describe	ed in section 501(c) (	of the Code (oth	ted with, or related to, one ner than section 501(c)(3))	or more tax- or in section	exempt organiza 527?	ations	∏Yes	X	No
b If 'Yes,'	complete the follows	ng schedule						لتت	
(a	) Name of organizati	on	(b) Type of organiz	ation	(c	) Description of rela	tionship		
N/A									
						·			
		}			<u> </u>				
	<del></del>	l	<del></del>		<u> </u>				
correct	penalties of perjury, I declar , and complete Declaration	re that I have examı ı of préparer (other ti	ned this return, including accompan han taxpayer) is based on all inform	ying schedules a ation of which pr	nd statements, and to eparer has any knowl	othe best of my knowledge ledge	and belief, i	it is true.	•
Sign	10	7 / -					May the I	RS disci	JS\$
Here	(BKCa)	ellen	in 15-11	-/s/ P	PRESIDENT		preparer : See instri	shown b	elow?
Signa	ature of officer or trustee		Date		itle		X	Yes	\ No
	Print/Type preparer's nai	me	Preparer's signature	2	Date	Check If	PTIN		
Paid	THERESA SMIT	<u>rh</u>	JAMAN WIN	ZIUM	- 5/9/1	8 self-employed	P01423	3013	
Preparer	Firm's name	RAWFORD P	IMENTEL CORPORATI	ON			28109		
Use Only		2150 TRADE							
	_		CA 95131			Phone no (408)	942-6	<u>6888</u>	
BAA							Form <b>99</b> 0		2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization		Employer identification number
MISSION CANYON MINISTRIES		77-0567845
Organization type (check one)		<del></del>
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	tion
	4947(a)(1) nonexempt charitable trust no	ot treated as a private foundation
	527 political organization	·
Form 990-PF	$\overline{X}$ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trust	eated as a private foundation
	501(c)(3) taxable private foundation	
	<del>-</del>	
Check if your organization is covered by the	General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) of	organization can check boxes for both the Genera	l Rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, 990	EZ, or 990-PF that received, during the year, co	ntributions totaling \$5,000 or more (in money or
property) from any one contributor. Com	plete Parts I and II See instructions for determin	ling a contributor's total contributions.
Special Bules		
Special Rules	F01(-)(2) (by Fyy 000 - 000 F7 II - 1 II	22.1/20
└─ under sections 509(a)(1) and 170(b)(1)(/	501(c)(3) filing Form 990 or 990-EZ that met the A)(vi), that checked Schedule A (Form 990 or 990	)-FZ) Part II line 13 16a or 16b and that
received from any one contributor, during Form 990, Part VIII, line 1h; or (ii) Form	g the year, total contributions of the greater of (1 990-EZ, line 1 Complete Parts I and II	) \$5,000 or ( <b>2</b> ) 2% of the amount on (i)
For an organization described in section	501(c)(7), (8), or (10) filing Form 990 or 990-EZ ore than \$1,000 <i>exclusively</i> for religious, charitab	that received from any one contributor,
purposes, or for the prevention of cruelty	y to children or animals Complete Parts I, II, and	e, scientific, merary, or educational
_		
	501(c)(7), (8), or (10) filing Form 990 or 990-EZ	
	y for religious, charitable, etc , purposes, but no s e the total contributions that were received during	
	e any of the parts unless the <b>General Rule</b> applies	
	itable, etc., contributions totaling \$5,000 or more	
Caution An organization that isn't covered by	by the General Rule and/or the Special Rules doe	ent file Schedule R (Form 990, 990 F7, or
990-PF), but it <b>must</b> answer 'No' on Part IV,	by the General Rule and/or the Special Rules doe line 2, of its Form 990, or check the box on line	H of its Form 990-EZ or on its Form 990-PF,
	he filing requirements of Schedule B (Form 990,	<del></del>
BAA For Paperwork Reduction Act Notice, see the in	structions for Form 990, 990-EZ, or 990-PF	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

MISSIC	ON CANYON MINISTRIES	77-0	567845
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AJ_FLOCCHINI_JR 1330_CAPITAL_BLVD	\$100,000.	Person X Payroll  Noncash
	RENO, NV 89502		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
BAA	TEEA0702L 08/09/17	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2017)

1 of

Employer identification number

1 of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

1 to

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

of Part II

Name of organization

BAA

mpioyer identification numbe

MISSION CANYON MINISTRIES 77-0567845 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received

2017	FEDERAL STATEMENTS	PAGE 1
	MISSION CANYON MINISTRIES	77-0567845
STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES		
DEPARTMENT OF THE TREASURY	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTED  PER BOOKS INCOME NET INCOME  * 11.  TOTAL \$ 11. \$ 0. \$ (	
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
FILING FEE REPAIRS & MAINTENANCE OF CHA		
STATEMENT 3 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRA	NTS	
CASH GRANTS AND ALLOCATIONS CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DON AMOUNT GIVEN:	CHARITABLE GENERAL DIOCESE OF PHOENIX 400 E. MONROE ST. PHOENIX AZ 85004 NONE EE: 501(C)(3) PUBLIC CHARITY	\$ 500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEF'S ADDRESS:	CHARITABLE GENERAL STELLA MAR FILMS 317 RIVERFOCE BLVD STE 102	

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

317 RIVEREDGE BLVD, STE 102 COCOA FL 32922 NONE PUBLIC CHARITY

650.

TOTAL \$ 1,150.

$\sim$	^	4	-
Z	u		

### **FEDERAL STATEMENTS**

PAGE 2

**MISSION CANYON MINISTRIES** 

77-0567845

**STATEMENT 4** FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

OTHER INTEGRACIO	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS INVESTMENT IN OASIS ORGANIC FARM LLC	MKT VAL	\$ 859,395.	\$ 859,395.
	TOTAL	\$ 859,395.	\$ 859,395.

STATEMENT 5 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

OASIS ORGANIC FARM LOSS

33,314. 33,314. TOTAL \$

STATEMENT 6 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR \_\_\_\_ ADDRESS OF SUBSTANTIAL CONTRIBUTOR

ARMANDO J FLOCCHINI JR 1330 CAPITAL BLVD

RENO, NV 89502

1330 CAPITAL BLVD RENO, NV 89502 ARMAND AGRA, INC.

997 EAST DANA DR PRESCOTT VALLEY, AZ 86314 ST GERMAN SCHOOL

1330 CAPITAL BLVD RENO, NV 89502 LENA FLOCCHINI