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29493060 26802 0 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 2017 inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasur ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 12/31,20 17 01/01, 2017, and ending For the 2017 calendar year, or tax year beginning D Employer Identification number C Name of organization THE MENDENHALL MINISTRIES INC Check if applicable 64 0651749 Doing business as Address change E Telephone number Number and street (or P.O. box if mall is not delivered to street address) Room/sulte Name change 8473421 Initiai return P O BOX 368 309 CENTER STREET City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 266681 Amended return MENDENHALL MS 39114 H(e) is this a group return for subordinates? Yes X No F Name and address of principal officer ARTIS FLETCHER Application pending 409 DIXIE AVE MENDENHALL MS 39114 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) **∑** 501(c)(3) Tax-exempt status: 501(c) (TMM, ORG H(c) Group exemption number ▶ Website: ▶ Form of organization: X Corporation Trust L Year of formation. 1983 M State of legal domicile. MS Association ☐ Other ▶ Part I Summary Briefly describe the organization's mission or most significant activities: TO MEET THE SPIRITUAL AND Activíties & Governance PHYSICAL NEEDS OF THE RURAL COMMUNITY Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 12 Total number of volunteers (estimate if necessary) 6 100 Total unrelated business revenue from Part VIII. colls和行的用户的图像 7a 0 Net unrelated business taxable income from Form 990 片帘 图 50 - 13 0 Prior Year **Current Year** FEB 07 2020 Contributions and grants (Part VIII, line 1h) . 212264 8 229500 9 Program service revenue (Part VIII, line 2g) 0 Investment Income (Part VIII, column (A), lines 3, 4, and 70) EN. UTAH 0 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 771 37181 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 213035 266681 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 0 O 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 112615 102956 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 71547 17 60167 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 184162 163123 18 19 Revenue less expenses. Subtract line 18 from line 12 28873 103558 **Beginning of Current Year** End of Year

Part II Signature Block

Total assets (Part X, line 16)

Total liabilities (Part X, line 26) .

Net assets or fund balances. Subtract line 21 from line 20

20

21

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| ļ ì | | | | |
|-------------|---|------------------------|------------|-------------------------------------|
| Sign | Signature of officer | | NA | Date |
| Here | ROSEMARY BETHEA, FINA | NCE DIRECTOR | t between | 1128/20 |
| [] | Type or print name and title | | 1 | |
| Paid | Print/Type preparer's name | Preparer's signature | Date | Check X If PTIN |
| Preparer | ALICE RICHARD | | | Check X if self-employed P0-0577059 |
| Use Only | Firm's name ► GLORY TAX SERV | ICE LLC | | Firm's EIN ➤ 05-0604834 |
| USE Offing | Firm's address JACKSON MS 39204 | Phone no. 601 4876657 | | |
| May the IRS | discuss this return with the preparer | shown above? (see inst | tructions) | Yes 🔀 No |
| For Paperwo | rk Reduction Act Notice, see the separa | te instructions. | | Form 990 (2017) |



403558

470802

-67244

413035

534609

-121574

) (Revenue \$ 0

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$ 0

183158

(Expenses \$ 0

| | 10 (2017) | <u> </u> | f | age 3 |
|--------|---|----------|-----|----------|
| Part | V ` Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | x |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 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 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | X |
| , | 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 | | х |
| | 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 | | x |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | | x x |
| 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 | | х |
| 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 | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| b | Did the organization maintain an office, employees, or agents outside of the United States? | 148 | | x x |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | _ | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| • | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| | If "Yes," complete Schedule G, Part III | 19 | 990 | X |

| Part | Checklist of Required Schedules (continued) | | | |
|-----------|---|------------|-----|---------|
| 20,- | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | Yes | No X |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| 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 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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 | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Х |
| 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 | | х |
| ₹ 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 | | x |
| 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 | | х |
| 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 | | х |
| 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): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | x |
| C | 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 | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | Ī | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | x |
| 33 | Dld the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | х |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | x |
| 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 | | х |
| 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 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 20 | | x |

| | | | A44 . 10A | FRIST | Tax Compliance |
|--------|----------------|-------------|------------|-----------|--------------------------|
| Part V | · COMPANA MA | n Waaaraina | THEORIDS | | I AV C'AMMIIANCA |
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| | ~ 10 -01110110 | | | | |

| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | | <u>. X</u> |
|----------|---|-----------|--|------------|
| | | ESCOVERA! | Yes | No |
| 1a | | | | |
| 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 | **** ******************************** | X |
| 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 1 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | SER 25.54 | X |
| ~ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 200 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | (Section of the leading) | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | х |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 1 | | l |
| | account)? | 4a | | Х |
| b | if "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <u> </u> |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | X |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 1. 1 | ľ | X |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? | 6а | | |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | l | Х |
| 7 | Organizations that may receive deductible contributions under section 170(c). | QD | | |
| a | 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 | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | x |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | J | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| , е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| ſ | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | e la section d | X |
| 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 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| 8 | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u>x</u> |
| ь 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 | | | |
| | Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or pald to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 138 | 15 DE 1 | X |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| | 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 | | | |
| • | | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| <u>D</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | 990 | (DO17) |
| | | rom | 330 (| (/ J USA |

Page 6

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | s in Schedule O. S | See ins | truct | ions. |
|-------------------|--|-------------------------------|-------------------|-------------|-------------|
| Sect | Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management | · · · · · · · · · | • • | | <u>×</u> |
| | On A. Covering Body and Management | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a 8 | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | х |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 95 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? | on's assets? elect or appoint | 4 5 6 | | X X X |
| b | Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body? | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions un the year by the following: | dertaken during | | | |
| 8 | The governing body? | | 8a 8b | X | |
| , b '9 | Each committee with authority to act on behalf of the governing body? | ot be reached at | OD | Х | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule C | | 9 | | X |
| secu | on B. Policies (This Section B requests information about policies not required by the | internal never | u o Ci | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | | 10a | x | Х |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body befor | e filing the form? | 11a | x | |
| b 12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | 12b | _ | х |
| C | Did the organization regularly and consistently monitor and enforce compliance with the production of the describe in Schedule O how this was done. | | 12c | | х_ |
| 13 14 15 | Did the organization have a written whistleblower policy? | | 13 | | X |
| a b 16a | The organization's CEO, Executive Director, or top management official | | 15a 15b | | X |
| | with a taxable entity during the year? | | 16a | | X |
| ' b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? | o safeguard the | 16b | | X |
| | on C. Disclosure | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► MS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as available for public inspection. Indicate how you made these available. Check all that apply. | nd 990-T (Section | n 501(d | c)(3)s | only) |
| 19 | ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year. | nts, conflict of Int | | | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization BILLY CRAFT 309 CENTER STREET MENDENHALL MS 39114 0368 601847 | n's books and re | cords: | > | |

| D | 7 |
|---|---|
| | |

| Part VI | 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 no | r any relate | d org | aniz | atic | n c | ompe | nsa | ited any currer | t officer, directo | r, or trustee. |
|---|--|-----------------------------------|-----------------------|--|----------------|--|---|--|--|-------------------------------|
| (A) Name and Title | (B) Average hours per week (list any | box, | unie: er an | Pos neck ss pe d a d | rson lirect | e than o is bott or/trus | n an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Former Highest compensated employee Key employee Officer | | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | |
| (1) ARTIS FLETCHER | 0 | Į I | | | | | | | | |
| PRESIDENT (2) | 0 | | | | | | _ | 0 | 0 | 0 |
| (3) | | | | | | | - | | | |
| (4) | | | | | | | - | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | i | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Pai | t VII Section A. Officers, Directors, Trus | tees, Key E | mplo | yee: | | | lighe | st C | ompensated E | mployees (co | ntinued) |
|---|--|---|-----------------------------|------|--|--|------------------------------|------------------|--|--|---------------------------------|
| | ` (A) Name and title | (B) Average | (do not check more than one | | | | (E) Reportable | (F) Estimated | | | |
| • | | hours per week (list any hours for related organizations below dotted line) | office or directo | | | | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1098-MIS) | om amount of other compensation |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | - | | | | | <u> </u> | | |
| (20) | | | | | | | | | | | |
| (21) | | | , | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | <u> </u> | | |
| (24) | | | | | | | | | | | |
| (25) | *************************************** | | | | | | | | | | |
| 1b c | Sub-total | VII, Section | n A | | | | | > | 0 | | 0 0 0 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | | | |) wł | | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete S | flcer, direct | | | | | | mpl | loyee, or high | est compensa | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | • | | | | - | | • | ation or individ | dual substitution in the laub |
| Section | on B. Independent Contractors | | | | | | | | | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | | | |
| | (A) Name and business addr | ·ess | | | | | | | (B) Description of se | ervices | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor | | | | | | | the | ose listed abo | ve) who | |

Form 990 (2017) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (D)
Revenue
excluded from tax
under sections
512-514 (C) Unrelated business revenue (A) exempt function revenue Federated campaigns . and Other Similar Amounts 1a 1b Membership dues . . 0 Fundraising events . 1c 0 Related organizations . . . 1d 0 Government grants (contributions) 0 10 All other contributions, gifts, grants, and similar amounts not included above 11 229500 Noncash contributions included in lines 1a-1f: \$ 0 Total. Add lines 1a-1f . 229500 **Business Code** Program Service Revenue 0 All other program service revenue. O O 0 n Total. Add lines 2a-2f . 0 Investment income (including dividends, interest, 3 and other similar amounts) ▶ 0 0 0 0 4 Income from investment of tax-exempt bond proceeds ▶ 0 0 0 0 Royalties . 5 0 0 0 n (i) Real (ii) Personal 0 68 **Gross rents** Less: rental expenses 0 0 Rental income or (loss) 0 0 d Net rental income or (loss) (i) Securities (ii) Other 78 Gross amount from sales of assets other than Inventory 0 0 Less: cost or other basis and sales expenses . Gain or (loss) . 0 0 Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 0 Less: direct expenses 0 Net Income or (loss) from fundraising events n Gross Income from gaming activities. See Part IV, line 19 Less: direct expenses 0 Net income or (loss) from gaming activities . Gross sales of inventory, less 10a returns and allowances Less: cost of goods sold . . . O Net income or (loss) from sales of inventory . 0 0 0 Miscellaneous Revenue **Business Code** 11a 532000 37181 0 0 0 0 0 0 0 0 0 0 0 0 0 C 0 0 0 0 0 đ All other revenue

37181

266681

Total. Add lines 11a-11d .

Total revenue. See instructions.

8

0

0

Form 990 (2017)

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must con | | | | |
|----------------------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | ot include amounts reported on lines 6b, 7b, b, 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 | 0 | 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 pald to or for members | 0 | 0 | 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 | 0 | 0 |
| 7 | | 41500 | 0 | 0 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 41300 | 0 | 0 | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes | 0 | 0 | 0 | 0 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | | 0 | 0 | 0 |
| C | Accounting | 0 | 0 | 0 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column | • | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | 0 |
| 12 | Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 | Office expenses | 0 | 0 | 0 | 0 |
| 14 | Information technology | 0 | 0 | 00 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 0 | 0 | 0 | 00 |
| 17 | Travel | 0 | 0 | 0 | 0 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | _ 0 |
| 19 | Conferences, conventions, and meetings . | 0 | 0 | 0 | 0 |
| 20 | Interest | | 0 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 0 | 0 | 0 | 0 |
| 23 | Insurance | 0 | C | 0 | 0 |
| 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 | | 0 | 0 | 0 | 0 |
| b | | 0 | 0 | 0 | 0 |
| C | | 0 | 0 | 0 | 0 |
| d | | 0 | Q | 0 | 0 |
| е | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 41500 | 0 | 0 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 0 | 0 | 0 | 0 Form 990 (2017) |
| | | | | | rom 350 (2017) |

| F | art X | Balance Sheet | | | |
|-----------------------------|-------|--|--------------------------|-----|--------------------|
| _ | | Check if Schedule O contains a response or note to any line in this F | Part X | | |
| | | • | (A) Beginning of year |] | (B) End of year |
| | 1 | Cash-non-interest-bearing | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 0 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | 1 | Complete Part II of Schedule L | 0 | 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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ξ | | organizations (see instructions). Complete Part II of Schedule L | | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | 0 | 7 | 0_ |
| Ř | 8 | Inventories for sale or use | 0 | 8 | 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 10a 0 | | | |
| | b | Less: accumulated depreciation 10b 0 | 00 | 10c | 0 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 00_ |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 0 | 16 | X 0 |
| | 17 | Accounts payable and accrued expenses | 0 | 17 | , 0 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0 | 21 | 0 |
| jes | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | | | |
| Ē | ŀ | disqualified persons, Complete Part II of Schedule L | 0 | 22 | 0 |
| Liabilities | 00 | · | 0 | 23 | 0 |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 0 0 | 24 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | U |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | d | | |
| Se l | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ue i | 27 | Unrestricted net assets | 0 | 27 | 0 |
| Z | 28 | Temporarily restricted net assets | 0 | 28 | 0 |
| 귳 | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| ٦ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| 7. | | complete lines 30 through 34. | | | |
| ş | 30 | Capital stock or trust principal, or current funds | 0 | 30 | 0 |
| Şe | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | 0 |
| ¥ | 32 | Retained earnings, endowment, accumulated income, or other funds | 0 | 32 | 0 |
| Net Assets or Fund Balances | 33 | Total net assets or fund balances | 0 | 33 | 0 |
| | | | | _ | |

Total liabilities and net assets/fund balances .

If the organization changed either its oversight process or selection process during the tax year, explain in

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.

Schedule O.

Form 990 (2017)

3а

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 0651749 THE MENDENHALL MINISTRIES INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331,8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (IN EIN (vii) Amount of listed in your governing support (see (described on lines 1-10 other support (see document? above (see instructions)) instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

0

0

を 1. 1 を 1. 1 を 1. 1 と 1. 1

Page 2

| Par | II Support Schedule for Organiza | ations Descr | lbed in Sect | ions 170(b)(1 |)(A)(iv) and 1 | 70(b)(1)(A)(v | i) | | |
|---|---|-------------------------|-----------------|-----------------|------------------|-----------------|----------------|--|--|
| (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under | | | | | | | | | |
| | Part III. If the organization falls to qualify under the tests listed below, please complete Part III.) | | | | | | | | |
| | ion A. Public Support | (-) 0010 | (h) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | |
| -y '- | ndar year (or fiscal year beginning in) Fig. Gifts, grants, contributions, and | (a) 2013 | (b) 2014 | (6) 2013 | (u) 2010 | (6) 2017 | (I) Iotai | | |
| 1. | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | | 0 | 0 | 0 | ø | 0 | | |
| 2 | Tax revenues levied for the | | | | | | | | |
| _ | organization's benefit and either pald | | ļ | | | | | | |
| | to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to the |] | | | | | | | |
| | organization without charge | 0 | 0 | 0 | | 0 | 0 | | |
| 4 | Total. Add lines 1 through 3 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 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) | | | | | | 0 | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 0 | | |
| Sect | ion B. Total Support | | | / · | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014/ | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | |
| 7 | Amounts from line 4 | 0 | | 0 | 0 | 0 | 0 | | |
| 8 | Gross income from interest, dividends, | | | | | | | | |
| | payments received on securities loans, | | | | | | | | |
| | rents, royalties, and income from similar sources | | | | 0 | ٥ | | | |
| | | <u> </u> | 0 | 0 | 0 | 0 | 0 | | |
| 9 | Net income from unrelated business activities, whether or not the business | | | | | | | | |
| | is regularly carried on | / o | o | 0 | o | o | 0 | | |
| 10 | Other Income. Do not include gain or | | | | | | | | |
| | loss from the sale of capital assets | | • | | | | | | |
| | (Explain in Part VI.) | 0 | 0_ | 0 | 0 | 0 | 0 | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 0 | | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | 0 | | |
| 13 | First five years. If the Form 990 is for the | - | | | | | | | |
| Cook | organization, check this box and stop her | | | · · · · · | · · · · · | · · · · · · | <u>· · - L</u> | | |
| <u> 3ecu</u> | on C. Computation of Public Suppor Public support percentage for 2017 (line 6 | | | 1 column (fl) | | 14 | 0 % | | |
| 15 | Public support percentage from 2016 Sch | | | | | 15 | 0 % | | |
| 16a | 331/3% support test—2017. If the organi | | | | | | | | |
| | box and stop here. The organization qual | | | | | | ▶ 🗆 | | |
| b | 331/3% support test-2016. If the organiz | zation did not | check a box o | n line 13 or 16 | a, and line 15 | is 33¹/3% or m | ore, check | | |
| | this box and stop here. The organization | qualifies as a p | oublicly suppo | rted organizati | on | | > 🗀 | | |
| 17a | 10%-facts-and-circumstances test - 20 |)17. If the orga | inization did n | ot check a box | c on line 13, 16 | 6a, or 16b, and | line 14 is | | |
| | 10% or more, and if the organization me | | | | | | | | |
| | Part VI how the organization meets the " | facts-and-circ | | • | zation qualifies | as a publicly | | | |
| | organization | | | | | | ▶ 🛘 | | |
| þ | 10%-facts-and-circumstances test-20 | 16. If the orga | anization did n | ot check a box | x on line 13, 1 | 6a, 16b, or 17 | a, and line | | |
| | 15/is 10% or more, and if the organization makes the transfer of the transfer | tion meets the | e "tacts-and-c | rcumstances" | test, check t | nis dox and s | a publich | | |
| | supported organization | icars me .igci | s-and-circums | | | on qualines as | a publiciy | | |
| 18/ | Private foundation. If the organization did | d not check a l | | | or 17b. check | this box and | See | | |
| 7 | Instructions | | | | | | | | |

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.)

| Secti | on A. Public Support | | | | | | | |
|--|--|---|--|--|--|---|---|--|
| Calen | dar 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.") | 154292 | 150996 | 149382 | 165983 | 229500 | 850153 | |
| 2 | Gross receipts from admissions, merchandise | | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | | |
| | organization's tax-exempt purpose | o | o | 0 | 0 | 0 | 0 | |
| 3 | Gross receipts from activities that are not an | | | | | | | |
| • | unrelated trade or business under section 513 | 0 | o | o | o l | o | 0 | |
| 4 | Tax revenues levied for the | | | | | | <u></u> - | |
| • | organization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | o | 0 | 0 | o | 0 | 0 | |
| 5 | The value of services or facilities | <u>-</u> | | | | | | |
| • | fumished by a governmental unit to the | | J | | j |] | | |
| | organization without charge | o | 0 | o | 0 | 0 | 0 | |
| 6 | Total. Add lines 1 through 5 | 154292 | 150996 | 149382 | 165983 | 229500 | 850153 | |
| | Amounts included on lines 1, 2, and 3 | 134232 | 130330 | 113302 | 103303 | 223300 | 030133 | |
| , a | received from disqualified persons . | o | ol | 0 | o | ٥١ | 0 | |
| L | • | | | - | | | <u>_</u> | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | 1 | l | | |
| | or 1% of the amount on line 13 for the year | 0 | . 0 | 0 | 0 | 0 | 0 | |
| _ | Add lines 7a and 7b | 0 | 0 | 0 | Ö | 0 | 0 | |
| 8 | Public support. (Subtract line 7c from | | | | | | | |
| | line 6.) | | | | | | 850153 | |
| Section | on B. Total Support | The second second | Committee of the second | Carlos Constant of the Constan | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| 9 | Amounts from line 6 | 154292 | 150996 | 149382 | 165983 | 229500 | 850153 | |
| 10a | Gross Income from Interest, dividends, | | | | | | | |
| 100 | payments received on securities loans, rents, | | | ľ | | İ | | |
| | royalties, and income from similar sources . | 43943 | 48753 | 47798 | 33448 | 63248 | 237190 | |
| b | Unrelated business taxable income (less | | | | | | | |
| | section 511 taxes) from businesses | | | | ļ | | | |
| | acquired after June 30, 1975 | ol | 0 | 0 | o l | o l | 0 | |
| _ | Add lines 10a and 10b | 43943 | 48753 | 47798 | 33448 | 63248 | 237190 | |
| 11 | Net income from unrelated business | 13313 | 10,33 | | | - 05210 | | |
| 11 | activities not included in line 10b, whether | | ĺ | | İ | | | |
| | or not the business is regularly carried on | 0 | 0 | ٥١ | 0 | 0 | 0 | |
| 12 | Other income. Do not include gain or | - | | - - - | ` | | | |
| 16 | loss from the sale of capital assets | i | ŀ | ł | ł | | | |
| | (Explain in Part VI.) | ٥١ | 0 | اه | 0 | 0 | 0 | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | | |
| | and 12.) | 198235 | 199749 | 197180 | 199431 | 292748 | 1087343 | |
| 14 | First five years. If the Form 990 is for the | | | | | | | |
| | organization, check this box and stop he | - | | | _ | | • | |
| Section | on C. Computation of Public Suppor | t Percentage | } | | | | | |
| 15 | Public support percentage for 2017 (line 8 | , column (f) div | ided by line 13 | 3, column (f)) | | 15 | 78 % | |
| 16 | Public current percentage from 2016 Set | iedule A, Part I | II, line 15 | . <u> </u> | <u> </u> | 16 | 0 % | |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | | | | | | | | |
| JEULIC | | come Percen | tago | | | | | |
| 17 | on D. Computation of Investment Included Investment income percentage for 2017 (Investment Investment Income percentage for 2017 (Investment Investment Investme | ine 10c, colum | n (f) divided by | | | 17 | 21.81 % | |
| | Investment income percentage for 2017 (Investment income percentage from 2016) | ine 10c, colum Schedule A, P | n (f) divided by Part III, line 17 | | | 18 | 0 % | |
| 17 | Investment income percentage for 2017 (Investment income percentage from 2016 Investment income percentage from 2016 3312% support tests—2017. If the organi | ine 10c, colum Schedule A, P zatlon did not | n (f) divided by Part III, line 17 check the box | on line 14, an | d line 15 is m | 18 ore than 331/39/ | 0 % 6, and line | |
| 17 18 | Investment income percentage for 2017 (Investment income percentage from 2016 Investment income percentage from 2016 3312% support tests—2017. If the organi 17 is not more than 3312%, check this box | ine 10c, colum Schedule A, P zation did not and stop here. | n (f) divided by Part III, line 17 check the box The organizatio | on line 14, an n qualifies as a | d line 15 is mo | 18 ore than 331/29 orted organization | 0 % 6, and line on . ► □ | |
| 17 18 | Investment income percentage for 2017 (Investment income percentage from 2016 331%% support tests—2017. If the organi 17 is not more than 331%%, check this box 331%% support tests—2016. If the organize | ine 10c, colum Schedule A, P zatlon did not and stop here. ation did not ch | n (f) divided by Part III, line 17 check the box The organization neck a box on li | on line 14, an on qualifies as a fine 14 or line 19 | d line 15 is mo publicly suppo 9a, and line 16 | ore than 33129 rted organization is more than 3 | 0 % 6, and line on . ► □ | |
| 17 18 19a | Investment income percentage for 2017 (Investment income percentage from 2016 Investment income percentage from 2016 3312% support tests—2017. If the organi 17 is not more than 3312%, check this box | ine 10c, colum Schedule A, P zatlon did not and stop here. ation did not ch | n (f) divided by Part III, line 17 check the box The organization neck a box on li | on line 14, an on qualifies as a fine 14 or line 19 | d line 15 is mo publicly suppo 9a, and line 16 | ore than 33129 rted organization is more than 3 | 0 % 6, and line on . ► □ | |

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 |
|---|
|---|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| Part IV Supporting Organization | ons (continued) | | | |
|--|--|------------|-------------|-------|
| AA Haall Committee | - 164 | Υ | es | No |
| • | a gift or contribution from any of the following persons? tly controls, either alone or together with persons described in (b) and (c) | | | |
| A person who directly or indirectly below, the governing body of a second control of the control o | | 11a | | |
| b A family member of a person de | | 11b | _ | |
| · · · · · · · · · · · · · · · · · · · | on described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Section B. Type I Supporting Org | anizations | | | |
| | | Y | es | No |
| 1 Did the directors, trustees, or me | embership of one or more supported organizations have the power to it a majority of the organization's directors or trustees at all times during the | | | |
| tax vear? If "No." describe in Pa | nt VI how the supported organization(s) effectively operated, supervised, or | | | |
| controlled the organization's act | witles. If the organization had more than one supported organization, | | | |
| | oint and/or remove directors or trustees were allocated among the supported | | | |
| organizations and what condition | ns or restrictions, if any, applied to such powers during the tax year. | 1 | ALCO ALCO A | |
| | the benefit of any supported organization other than the supported | | | |
| | pervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| supervised, or controlled the sup | arried out the purposes of the supported organization(s) that operated, | | | |
| Section C. Type II Supporting Org | · | 2 | | |
| Coulon C. Type it cupporting Org | 30.112.0110110 | TY | es | No |
| 1 Were a majority of the organizati | ion's directors or trustees during the tax year also a majority of the directors | | | |
| or trustees of each of the organiz | zation's supported organization(s)? If "No," describe in Part VI how control | | | |
| | g organization was vested in the same persons that controlled or managed | | | |
| the supported organization(s). | | 1 [| | |
| Section D. All Type III Supporting | Organizations | | es | Ma |
| Did the organization provide to each | ch of its supported organizations, by the last day of the fifth month of the | | 88 | NO |
| | n notice describing the type and amount of support provided during the prior tax | | | |
| | at was most recently filed as of the date of notification, and (iii) copies of the | | | |
| • • | nts in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | ficers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | ne governing body of a supported organization? If "No," explain in Part VI how se and continuous working relationship with the supported organization(s). | 2 | | |
| - | scribed in (2), did the organization's supported organizations have a | | | |
| | ion's investment policies and in directing the use of the organization's | | | |
| | ing the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| supported organizations played i | | 3 | | |
| Section E. Type III Functionally In | tegrated Supporting Organizations | | | |
| 1 Check the box next to the method | d that the organization used to satisfy the Integral Part Test during the year (see i | nstructi | ons) |). |
| a The organization satisfied the | Activities Test. Complete line 2 below. | | | |
| - , | t 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 instr | uctic | ons). |
| 2 Activities Test. Answer (a) and (| b) below. | | 88 | No |
| | zation's activities during the tax year directly further the exempt purposes of | | | |
| | which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | and explain how these activities directly furthered their exempt purposes, sive to those supported organizations, and how the organization determined | | | |
| that these activities constituted s | | 2a | | |
| | constitute activities that, but for the organization's involvement, one or more | La | 3 | |
| | organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| reasons for the organization's po- | sition that its supported organization(s) would have engaged in these | | | |
| activities but for the organization | 's involvement. | 2b | | |
| 3 Parent of Supported Organization | | *** | | |
| | | | 学学 | 303 |
| A | wer to regularly appoint or elect a majority of the officers, directors, or | | | |
| • • | | 3a | | |

| 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-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non | gan | <u>izations</u> | |
|--|---------------|--|--|
| Check here if the organization satisfied the integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | g tru niza | ist on Nov. 20, 1970 (expla tions must complete Secti | in in Part VI). See ons A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | <u> </u> |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross Income (see instructions) | 3 | | <u> </u> |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | <u> </u> | |
| 6 Portion of operating expenses paid or incurred for production or | | | İ |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | l | 1 |
| 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) |
| 1 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 | 16 | | |
| 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 | | 24 |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 7 |
| 4 Enter greater of line 2 or line 3. | 4 | | The state of the s |
| 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-functionall | y in | tegrated Type III supportin | g organization (see |

Page 7

| Par | Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organ | izations (continued) | |
|----------|--|-----------------------------|--|---|
| Sec | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity | empt purposes of suppo | orted | |
| 3 | | poses of supported orga | anizations | |
| 4 | | | | |
| 5 | |) | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See Instructions. | the organization is res | sponsive | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| s | section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 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 | | | |
| a | | | | |
| b | From 2013 | | | |
| C | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see Instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3l from 3f. | | | |
| 4 | Distributions for 2017 from | | | |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result | | • | |
| | greater than zero, explain in Part VI. See Instructions. | | | |
| 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 | | | |
| C | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| е | Excess from 2017 | | | |
| | | | Schedule / | A (Form 990 or 990-EZ) 2017 |

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

64 0651749 THE MENDENHALL MINISTRIES INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 0 1 Aggregate value of contributions to (during year) 2 0 Aggregate value of grants from (during year) . n 0 Aggregate value at end of year 0 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 0 Number of conservation easements on a certified historic structure included in (a) 0 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0 Number of states where property subject to conservation easement is located ▶ 0 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year F Schedule D (Form 990) 2017 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12: Net unrealized gains (losses) on investments а 0 0 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete If the organization answered "Yes" on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

| Page | 2 |
|------|---|
|------|---|

| Par | t III Organizations Malntaining | Collections of | Art, His | storical ' | Treasures | s, or O | ther Similar | Asset | 3 (conti | nued) |
|--------|---|---------------------|---------------|----------------|------------------------|------------|----------------------------|----------|---------------------------------------|-------------|
| 3. | Using the organization's acquisition, collection items (check all that apply) | | ther reco | ords, che | ck any of the | he follo | wing that are | a signif | icant us | e of its |
| a | ☐ Public exhibition | | d | ☐ Loan | or exchan | ge prog | rams | | | |
| b | ☐ Scholarly research | | e | ☐ Othe | r | | | | | |
| C | ☐ Preservation for future generation | 9 | | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | and exp | lain how t | hey furthe | r the or | ganization's ex | cempt p | urpose | in Part |
| 5 - | During the year, did the organization assets to be sold to raise funds rather | r than to be maint | | | | | | |] Yes | □ No |
| Par | t IV Escrow and Custodial Arra | | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | • | | it on Fo | mn: |
| 18 | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | Yes | □ No |
| b | If "Yes," explain the arrangement in P | art XIII and compl | lete the f | ollowing t | able: | | | | _ | |
| | | | | | | <u> </u> | | Amou | <u>m</u> | |
| ¢ | Beginning balance | | | | | 10 | | | | 0 |
| d | Additions during the year | | | | | 10 | | | | 0 |
| e | Distributions during the year | | | | | 16 | | | | 0 |
| f | Ending balance | | | | | | | | | 0 |
| 28 | Did the organization include an amou | | | | | | | | | □ No |
| b | If "Yes," explain the arrangement in P | art XIII. Check her | e if the e | xplanatio | n has been | provid | ed on Part XIII | <u> </u> | | |
| Par | t V Endowment Funds. | <u>-</u> | | | | | | | | |
| | Complete If the organization | answered "Yes | " on Fo | m 990, I | Part IV, lin | e 10. | | | | |
| | | (a) Current year | (b) Pr | or year | (c) Two year | rs back | (d) Three years b | ack (e) | Four year | s back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | _ | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | - · | | | | | | _ | · · · · · · · · · · · · · · · · · · · | |
| e | Other expenditures for facilities and | | | | <u> </u> | | - | | | |
| _ | programs | | | | } | | | _ | | |
| f | Administrative expenses | | | | <u> </u> | | | | | |
| g | End of year balance | | L | | L | | | | | |
| 2 | Provide the estimated percentage of t | he current year er | nd baland | ce (line 1g | i, column (a | a)) held a | as: | | | |
| a | Board designated or quasi-endowmen | nt ▶ <u>0</u> | % | | | | | | | |
| b | Permanent endowment | 0 % | | | | | | | | |
| C | Temporarily restricted endowment ▶ | 0 % | | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 1 | 00%. | | | | | | | |
| 3a | Are there endowment funds not in the | e possession of th | ne organi | zation the | at are held | and ad | ministered for | the | | |
| | organization by: | • | | | | | | | Yes | No No |
| | (i) unrelated organizations | | | | | | | . 3 | a(i) | _ |
| | (ii) related organizations | | | | | | | _ | a(ii) | + |
| b | If "Yes" on line 3a(ii), are the related or | | Lac requi | red on Sc | .hadula R2 | • • | | | 3b | + |
| 4 | Describe in Part XIII the intended uses | | | | | • • | | . г | ,,, | |
| Part | | | | JAVIII CITE TO | ando. | | | | | |
| Part | | | " on Ear | 000 t | Dart IV IIn | . 11. | Saa Earm 00 | O Dom | V line | 10 |
| | Complete if the organization | | | | | | | _ | | |
| | Description of property | (a) Cost or of | | | r other basis ther) | | Accumulated epreclation | (d) | Book vali | |
| 1a | Land | · <u>L</u> | 0 | | 0 | | | | | 0 |
| b | Buildings | | 0 | <u> </u> | 0 | L | 0 | L | | 0 |
| c | Leasehold improvements | | 0 | | 0 | | 0 | | | 0 |
| đ | Equipment | | 0 | | 0 | | 0 | | | 0 |
| e | Other , , | | 0 | <u> </u> | 0 | | 0 | | | 0 |
| | Add lines 1a through 1e. (Column (d) n | nust equal Form 9 | | X. column | | Oc.) . | | | | 0 |
| | | | | , | | | | | | <u> </u> |

| Part VIÍ | Investments—Other Securitie | | urm 000 Bort IV I | ing 11h Con Form | o 990 Part V line 12 |
|----------------|--|---------------------------|--|-----------------------|--|
| | Complete if the organization and | | | | |
| | (a) Description of security or catego (including name of security) | ry | (b) Book value | | thod of valuation: d-of-year market value |
| (1) Financia | derivatives | | 0 | | |
| (2) Closely-I | neld equity interests | | 0 | | |
| (3) Other | | | | | |
| | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | <u> </u> | <u> </u> | |
| (G) | | | <u> </u> | | · |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | 0 | | |
| Part VIII | Investments—Program Relate | | | | |
| | Complete if the organization ans | swered "Yes" on Fo | <u>rm 990, Part IV, li</u> | ne 11c. See Forn | n 990, Part X, line 13. |
| | (a) Description of Investment | | (b) Book value | | thod of valuation: i-of-year market value |
| (1) | | | | | |
| (2) | | | <u> </u> | <u> </u> | |
| _(3) | | | | | |
| (4) | | | | | |
| (5) | ······································ | | | | |
| (6) | | | | <u> </u> | |
| (7) | | | | | |
| _(8) | | | | <u> </u> | |
| (9) | | | | | |
| |) must equal Form 990, Part X, col. (B) line 13.) ▶ | | 0 | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization and | | rm 990, Part IV, III | ne 11d. See Form | |
| | | (a) Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | ļ |
| (3) | | | | | |
| (4) | | | | | |
| | | | | | |
| (6) | | | | | <u> </u> |
| _(7) | | | | | <u> </u> |
| _(8) | | | | | |
| (9) | 45 - 000 G 1V | | | | |
| Part X | nn (b) must equal Form 990, Part X, on Other Liabilities. Complete if the organization and line 25. | | rm 990, Part IV, III | ne 11e or 11f. Sec | 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | | |
| (1) Federal in | | | 0 | | |
| (2) | | | | | |
| (3) | | <u> </u> | | | |
| (4) | | <u> </u> | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | PR 1 | |
| (8) | | | | | |
| (9) | | <u> </u> | | | |
| | must equal Form 990, Part X, col. (B) line 25.) | | 0 | | |
| | uncertain tax positions. In Part XIII, prov | ide the text of the feets | THE WAY SOME CONTRACTOR AND THE PROPERTY OF TH | n'e financial stateme | inte that reporte the |
| | uncertain tax positions. In Part XIII, prov Ilability for uncertain tax positions under | | | | |

| Part | | Return. |
|--------------|--|-------------|
| - | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 4 1 |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 0 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a | Net unrealized gains (losses) on investments | |
| b | Donated services and use of facilities | |
| 0 | | |
| đ | | 2e 0 |
| Э | Add lines 2e through 2d | 3 0 |
| 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 | |
| a | | |
| b | Chor (bosonibe in the country). | 4c 0 |
| С 5 | Add lines 4a and 4b | 5 0 |
| Part | | |
| Part | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | r neturn. |
| 1 | Total expenses and losses per audited financial statements | 1 0 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a | | |
| b | Donated services and use of facilities | |
| C | Other losses | |
| d | Other (Describe in Part XIII.) | |
| e | Add lines 2a through 2d | 2e 0 |
| 3 | Subtract line 2e from line 1 | 3 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | <u> </u> |
| - | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 | |
| b | Other (Describe in Part XIII.) | |
| | | 4c 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 0 |
| | Supplemental Information. | <u> </u> |
| 2; Pan | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info | ormation. |
| | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

THE MENDENHALL MINISTRIES INC

Inspection **Employer identification number**

64 0651749

| Part | Questions Regarding Compensation | | | | |
|------|--|--|------------|---|----------------|
| _ | | | Grand S | Yes | No |
| 1a | | ovided any of the following to or for a person listed on Form rovide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | | |
| | ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | | |
| | ☐ Discretionary spending account | ☐ Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | | |
| b | or reimbursement or provision of all of the exp | ne organization follow a written policy regarding payment penses described above? If "No," complete Part III to | | | |
| | explain | | 1b | 2.30 | Х |
| _ | | | 經驗 | | |
| 2 | directors, trustees, and officers, including the CEC | r to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the Items checked on line | | | |
| | 1a? | | 2 | 12/22/20 | X |
| _ | | | | | |
| 3 | | anization used to establish the compensation of the | | | |
| | | at apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the | · | | | |
| | | Written employment contract | | | |
| | | Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| 4 | | Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | | |
| a | Receive a severance payment or change-of-control | · · | 4a | | <u>x</u> _ |
| b | Participate in, or receive payment from, a suppleme | · | 4b | | X_ |
| C | Participate in, or receive payment from, an equity-based | | 4c | ======================================= | X |
| | If "Yes" to any of lines 4a-c, list the persons and pro | ovide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) or | ganizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, | line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of: | | | | |
| а | The organization? | | 5a | | X |
| b | Any related organization? | | 5b | | x |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of: | line 1a, did the organization pay or accrue any | | | |
| a | The organization? | | 6a | a succession , | X |
| b | Any related organization? | | 6b | | x |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | | A, line 1a, did the organization provide any nonfixed | · 美國國 | | |
| | • • | describe in Part III | 7 | | <u> </u> |
| | | paid or accrued pursuant to a contract that was subject egulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | | 8 |] | X |
| | | | | | |
| | | ow the rebuttable presumption procedure described in | PE-AL-SEAR | | collect to and |
| | | | 9 | | X |

Schedule J (Form 990) 2017

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Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that Individual.

| Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. | | isted individual mu | st equal the total amo | ount of Form 990, Pa | rt VII, Section A, line 1 | a, applicable colum | n (D) and (E) amount | s for that individual. |
|--|----------|---------------------------------------|-------------------------------------|---|--------------------------------|--|---|---|
| | | (b) Breakdown or | W-Z and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nortaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (f) Base compensation | (ii) Bonus & incentive compensation | (iii) Other | other deferred compensation | benefits | (B)(I)-(D) | in column (B) reported as deferred on prior |
| | | | L | compensation | | | | Form 990 |
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| | | | | | | | S | Schedule J (Form 990) 2017 |

SCHEDULE O (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.

20**17**Open to Public

OMB No. 1545-0047

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

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

Open to Public Inspection

| Name of the organization , | Employer Identification number |
|---|--|
| THE MENDENHALL MINISTRIES INC | 640651749 |
| Form 990 - Part V Line 3b Description | |
| WE CAN'T FIND ANY PAPERWORK TO SHOW THAT BILLY FILED A 990T. HE | HAD A STROKE AND CAN'T |
| REMEMBER ANYTHING. WE HAVE A NEW PERSON IN THE POSITION TRYING | TO CORRECT EVERYTHING. |
| | |
| Form 990 - Part VI Line 1a Description | |
| THE GOVERNING BODY IS ALSO THE EXECUTIVE BOARD AND THEY VOTE ON | ALL DECISIONS OF THE |
| CORPORATION. | |
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