

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or 1ax year beginning JUL 1, 2016 and ending JUN 30, 2017
8 Check if applicable: C Name of organization: MIRACLE HILL MINISTRIES INC.
D Employer identification number: 57-0425826
Address: Doina business as
E Telephone number: (864) 268-4357
D Name:
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
F Gross receipts: 27,814 823.
D Initial: PO BOX 2546
City or town, state or province, country, and ZIP or foreign postal code
G(a) Is this a group return for subordinates? D Yes [x] No
D Final: GREENVILLE SC 29602
H(b) Are all subordinates included? D Yes D No
O Amended:
F Name and address of principal officer: WAYNE COPELAND
SAME AS C ABOVE
H(c) Group exemption number
I Tax-exempt status: [x] 501(c)(3) D 5011(c)1 D 4947(a)(1) or D 527
J Website: WWW.MIRACLEHILL.ORG
K Form of organization: [x] Corporation D Trust D Association D Other
L Year of formation: 1955 M State of legal domicile: SC

Part II Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Financial data... 8-19 Revenue and expenses... 20-22 Assets and liabilities.

Part III Signature Block

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.

Signature of officer: Wayne Copeland CFO, Date: 10/02/2017
Print/Type preparer's name: DAVID A SMITH, Preparer's signature, Date: 9-29-17, Check if self-employed, PTIN: P00045703
Preparer Firm's name: MARTIN SMITH & COMPANY CPAS PA, Firm's EIN: 26-0793942
Firm's address: 1212 HAYWOOD ROAD, BLDG 100 GREENVILLE SC 29615-2200, Phoneno. 864. 232.1040

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes D No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [XJ

Briefly describe the organization's mission:

TO PROVIDE SHELTER, FOOD, SPIRITUAL COUNSELING AND HOPE TO HOMELESS INDIVIDUALS AND FAMILIES IN THE UPSTATE OF SC VICTIMIZED BY POVERTY, ADDICTION, BROKEN HOMES OR OTHER PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Dves [XJ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Dves [XJ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses\$ 6,160,373 including grants of\$ 145,647.) (Revenue\$ 7,310,951.)
THRIFT OPERATIONS - A PROGRAM WHICH OPERATES THRIFT STORES TO SUPPORT OTHER PROGRAMS OF THE MINISTRIES AND WHICH PROVIDES SHELTERED EMPLOYMENT TO TRAIN AND EQUIP MISSION CLIENTS TO RETURN TO THE JOB MARKET.

4b (code: ) (Expenses\$ 1,885,025 including grants of\$ 95,868.) (Revenue\$ 1,432,466.)
MIRACLE HILL'S CHILDREN'S HOME PROVIDES A SAFE ENVIRONMENT TO CARE FOR CHILDREN OF DYSFUNCTIONAL HOMES WHILE SEEKING TO REUNITE THESE FAMILIES. 117 CHILDREN WERE ADMITTED THIS YEAR AND 52 WERE REUNITED WITH THEIR FAMILIES. THE HOME PROVIDED CARE TO AN AVERAGE OF 46 CHILDREN EACH MONTH.

4c (code: ) (Expenses\$ 1,037,960 including grants of\$ 30,318.) (Revenue\$ 579,160.)
MIRACLE HILL'S FOSTER CARE IS A PROGRAM WHICH PROVIDES CARE FOR CHILDREN AND TEENS FROM FOUR UPSTATE SOUTH CAROLINA COUNTIES WHO ARE IN NEED OF A LOVING FAMILY ENVIRONMENT.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,024,744 including grants of\$ 234,125.) (Revenue \$ 1,028,473.)

4e Total program service expenses \$ 14,108,102.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and Ba? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 20a through 38 and a final note for Form 990 filers.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and numerical input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed S\_C\_G\_A\_N\_C 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request D Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

LAURA HUGHEY - (864) 268-4357

490 S PLEASANTBURG DR, GREENVILLE, SC 29607

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

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

**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.

**D** Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former			
(1) BRUCE DODDS DIRECTOR	0.50	X					0.	0.	0.	
(2) JON CHILTON DIRECTOR	0.50	X					0.	0.	0.	
(3) BRUCE GRAY DIRECTOR	0.50	X					0.	0.	0.	
(4) MIKE DOWLING DIRECTOR	0.50	X					0.	0.	0.	
(5) DAVID HOLMES DIRECTOR	0.50	X					0.	0.	0.	
(6) C.E. LAWTON DIRECTOR	0.50	X					0.	0.	0.	
(7) SALLY LOVE DIRECTOR	0.50	X					0.	0.	0.	
(8) KIM MILLER DIRECTOR	0.50	X					0.	0.	0.	
(9) LINDA ROBERTSON DIRECTOR	0.50	X					0.	0.	0.	
(10) MIKE MILLER DIRECTOR	0.50	X					0.	0.	0.	
(11) CHARYL SCHROEDER DIRECTOR	0.50	X					0.	0.	0.	
(12) ALISON SHUBERT DIRECTOR	0.50	X					0.	0.	0.	
(13) CARLO WHITE DIRECTOR	0.50	X					0.	0.	0.	
(14) BEN WORLEY DIRECTOR	0.50	X					0.	0.	0.	
(15) BRYCE NORTON PRES/CEO	40.00		X				155,199.	0.	14,294.	
(16) LARRY BATEMAN COO	40.00		X				101,924.	0.	11,505.	
(17) WAYNE COPELAND CFO/TREAS	40.00		X				93,585.	0.	4,837.	



**Part VII Section A. Officers Directors Trustees Key Emoloovees and HiC1hest Comoensated Emoloovees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization 0/V-2/1099-M ISC)	(E) Reportable compensation from related organizations 0/V-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated	Officer and director/trustee			
(18) BILL SLOCUM VP OF ADULT MINISTRIES	40.00		X				66,352.	0.	0.	
(19) FRANKIE POWELL VP OF DEVELOPMENT	40.00		X				47,083.	0.	7,990.	
(20) GIL GERRETSEN MARKETING DIRECTOR	40.00		X				46,053.	0.	0.	
(21) RYAN DUERK VP OF ADULT MINISTRIES AT YE	40.00		X				46,313.	0.	8,997.	
(22) BETH WILLIAMS VP OF CHILDRENS MINISTRIES	40.00		X				63,026.	0.	8,323.	
(23) CLIFFORD ANDERSEN VP OF THRIFT OPERATIONS	40.00		X				62,727.	0.	0.	
(24) ANNETTE LEHMAN CORPORATE SECRETARY	40.00		X				38,883.	0.	4,558.	
(25) TIM SMITH DIRECTOR OF HR	40.00		X				8,177.	0.	0.	
<b>1b Sub-total</b>							729,322.	0.	60,504.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							729,322.	0.	60,504.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization .... 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes" complete Schedule J for such person</i> .....		X

**Section 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 address	(B) Description of services	(C) Compensation
GREGORY ELECTRIC PO DRAWER 1419 COLUMBIA, SC 29202	SOLAR PROJECTS	305,051.
INGLES MARKETS PO BOX 6676. ASHEVILLE, NC 28816	BUILDING RENT	207,027.
BLACKBAUD PO BOX 930256. ATLANTA, GA 31193	SOFTWARE	206,696.
GREENVILLE GROCERY, 6931 ARLINGTON RD., SUITE 510 BETHESDA MD 20814	BUILDING RENT	181,620.
WESTSIDE SHOPPING CENTER PO BOX 2998 SPARTANBURG SC 29304	BUILDING RENT	148,811.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 5

Part VIII Statement of Revenue

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

Table with 4 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under section 512-14. Rows include: 1a-1f Federated campaigns, membership dues, fundraising events, related organizations, government grants, other contributions, noncash contributions; 2a-2f Business Code (ROOM AND BOARD FEES, MISCELLANEOUS RECEIPTS, etc.); 3 Investment income; 4 Income from investment of tax-exempt bond proceeds; 5 Royalties; 6a-6d Gross rents, less rental expenses; 7a-7d Gross amount from sales of assets other than inventory; 8a-8c Gross income from fundraising events; 9a-9c Gross income from gaming activities; 10a-10c Gross sales of inventory, less returns and allowances; 11a-11d Miscellaneous Revenue; 12 Total revenue.

**Part IX - statement of Functional Expenses**

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

Check if Schedule 0 contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 9b, and 11b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	505,958.	505,958.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	731,089.	231,487.	285,175.	214,427.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,260,289.	7,208,593.	841,851.	209,845.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	195,888.	131,842.	53,323.	10,723.
9 Other employee benefits	956,365.	783,535.	135,396.	37,434.
10 Payroll taxes	625,918.	503,971.	89,986.	31,961.
11 Fees for services (non-employees):				
a Management	273,106.	174,587.	90,413.	8,106.
b Legal	225.		225.	
c Accounting	14,680.		14,680.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12 Advertising and promotion	177,535.	140,607.	10,084.	26,844.
13 Office expenses	706,486.	520,598.	156,906.	28,982.
14 Information technology	255,923.	136,447.	78,823.	40,653.
19 Royalties				
16 Occupancy	2,062,322.	1,988,125.	65,788.	8,409.
17 Travel	383,474.	338,168.	36,665.	8,641.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	228,931.	60,846.	168,085.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,432,899.	1,175,617.	216,871.	40,411.
23 Insurance	116,608.	102,636.	9,772.	4,200.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a <b>OTHER FUNDRAISING EXPENSES</b>	<b>135,389.</b>			<b>135,389.</b>
b <b>OTHER EXPENDITURES</b>	<b>120,951.</b>	<b>55,615.</b>	<b>64,028.</b>	<b>1,308.</b>
c <b>TRAINING</b>	<b>85,945.</b>	<b>39,277.</b>	<b>36,957.</b>	<b>9,711.</b>
d <b>DUES AND SUBSCRIPTIONS</b>	<b>22,066.</b>	<b>10,193.</b>	<b>9,069.</b>	<b>2,804.</b>
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,292,047.	14,108,102.	2,364,097.	819,848.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here... <b>D</b> if following SOP 98-21 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 0

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing .....	1 965 335.	1 747 225.
2	Savings and temporary cash investments .....	<b>2</b>	
3	Pledges and grants receivable, net .....	<b>3</b>	
4	Accounts receivable, net .....	532,049.	178 589.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	<b>5</b>	
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 organizations (see instr). Complete Part II of Sch L .....	<b>6</b>	
7	Notes and loans receivable, net .....	<b>7</b>	
8	Inventories for sale or use .....	1,041 129.	1,006,150.
9	Prepaid expenses and deferred charges .....	15,480.	64,506,
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 34,165,625,</b>	
b	Less: accumulated depreciation .....	<b>10b 14 348,500,</b>	18,204,871. <b>10c 19,817,125.</b>
11	Investments - publicly traded securities .....	<b>11</b>	
12	Investments - other securities. See Part IV, line 11 .....	6 879 228.	7,709 901.
13	Investments - program-related, See Part IV, line 11 .....	<b>13</b>	
14	Intangible assets .....	<b>14</b>	
15	Other assets. See Part IV, line 11 .....	1,766,668.	8 000.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	30 404 760.	30 531 496.
17	Accounts payable and accrued expenses .....	345,158.	401 049.
18	Grants payable .....	<b>18</b>	
19	Deferred revenue .....	<b>19</b>	
20	Tax- exempt bond liabilities .....	<b>20</b>	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .....	<b>21</b>	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	<b>22</b>	
23	Secured mortgages and notes payable to unrelated third parties .....	7,805 521.	7 214,006.
24	Unsecured notes and loans payable to unrelated third parties .....	<b>24</b>	
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 .....	630 448,	590,590.
26	<b>Total liabilities.</b> Add lines 17 through 25 .....	8 781 127.	8 205 645.
<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets .....	14 615 471.	15,276,255.
28	Temporarily restricted net assets .....	2,217,906.	1 637 337.
29	Permanently restricted net assets .....	4,790,256.	5 412,259.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds .....	<b>30</b>	
31	Paid-in or capital surplus, or land, building, or equipment fund .....	<b>31</b>	
32	Retained earnings, endowment, accumulated income, or other funds .....	<b>32</b>	
33	<b>Total net assets or fund balances</b> .....	21,623,633.	22,325,851.
34	<b>Total liabilities and net assets/fund balances</b> .....	30 404 760.	30,531,496.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI..... **00**

Total revenue (must equal Part VIII, column (A), line 12)		17,649,694.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,292,047.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	357,647.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,623,633.
<b>5</b> Net unrealized gains (losses) on investments	<b>5</b>	360,013.
<b>6</b> Donatee; services and use of facilities	<b>6</b>	
<b>7</b> Investment expenses	<b>7</b>	
<b>8</b> Prior period adjustments	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-15,442.</b>
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		

**Part XIII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <b>00</b> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? ..... , If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>2_a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <b>00</b> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>	<input checked="" type="checkbox"/>



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part 111.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6 667 804.	7 459 746	9 234 227.	8 793 145.	9 946 383	42 101 305
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	6 667 804.	7 459 746.	9 234 227.	8 793 145.	9 946 383.	42 101 305.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						42 101 305

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	6 667 804.	7 459 746.	9 234 227.	8 793 145.	9 946 383	42 101 305.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	137,814.	325 310.	855 017.	394,724.	526,398.	2 239 263.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	911.	1 230.				2,141.
<b>11 Total support.</b> Add lines 7 through 10						44 342 709.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 1 26,903,775.	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....  **D**

**Section C: Computation of Public Support Percentage**

**14** Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....  $\frac{42,101,305}{44,342,709} = 94.72\%$

**15** Public support percentage from 2015 Schedule A, Part II, line 14 ..... **15** :  $\frac{95,500}{100,000} = 95.5\%$

**16a** 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  **[xJ]**

**b 33 1/3% support test- 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  **D**

**17a 10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....  **D**

**b 10% -facts-and-circumstances test- 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....  **D**

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  **D**

(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 11.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)...	/al 2012	/bl 2013	(cl 2014	(dl 2015	/el 2016	/fl Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)...	(al 2012	(bl 2013	(cl 2014	(dl 2015	(el 2016	(fl Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... **D**

**Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... **f--15=+-----'--%**  
**16** Public support percentage from 2015 Schedule A, Part III, line 15 ..... **16** %

**Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... **f--17=+-----'--%**  
**18** Investment income percentage from 2015 Schedule A, Part III, line 17 ..... **18** %

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... **D**  
**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... **D**

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... **D**



**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. Supported Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 (i) 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 <b>Part VI</b> 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 <b>Part VI</b> 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," 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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.)		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Old substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through F.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of Prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for Production of income /see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> /subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instruction for short tax year or assets held for Part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> /add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors /explain in detail in <b>Part VII</b> :		
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	<b>Minimum Asset Amount</b> /add line 7 to line 6	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for Prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction /see instructions)	6	

7 **D** Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non Functionally Integrated 509(a)(3) Support Organizations** (continued.)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organization; 1, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VII. See instructions)			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive. Provide details in Part VI. See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	<b>Total</b> of lines 3a through e			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 3a and 3b from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			



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

OMB No. 1545-0047

**2016**

Name of the organization

MIRACLE HILL MINISTRIES, INC.

Employer identification number

57-0425826

Organization type(check< one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part 11, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line 1 of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULED

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MIRACLE HILL MINISTRIES INC.

Employer identification number

57-0425826

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and Aggregate value at end of year.

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? 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 an impermissible private benefit?

Part II 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). Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 95), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part III Organizations Maintain Collections of Art, Historical Treasures or Other Similar Assets continued

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? D Yes D No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? D Yes D No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? D Yes 0No

b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII D

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 21.86%
b Permanent endowment 64.30%
c Temporarily restricted endowment 13.84%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 19,817,125.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11 b, See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) EQUITIES	5 105 534.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	1,046 547.	END-OF-YEAR MARKET VALUE
(C) BONDS	1,557 820.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990 Part X col. (8) line 12.)	7 709.901.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11 c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990 Part X col. (8) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITY	590,590.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.J)	590,590.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X::J]

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	25,326,225.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	360,013.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,331,962.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	7,691,975.
<b>3</b>	Subtract line e from line 1	<b>3</b>	17,634,250.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	15,444.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	15,444.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part I line 12.)	<b>5</b>	17,649,694.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	24,624,008.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,331,961.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	7,331,961.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	17,292,047.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I line 18.)	<b>5</b>	17,292,047.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V LINE 4:

DONOR-RESTRICTED AMOUNTS ARE DESIGNATED FOR ENDOWMENT, ANNUITIES, AND CAPITAL PROJECTS.

PART X LINE 2:

MIRACLE HILL MINISTRIES IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE MINISTRIES HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF FASB ASC. THIS GUIDANCE ADDRESSES THE ACCOUNTING UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE

**Part XIII Supplemental Information** *continued*

TAKEN IN A TAX RETURN. IT ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. AS A RESULT OF THE IMPLEMENTATION OF THIS GUIDANCE, THE MINISTRIES HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AND DISCLOSURE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED IN EXPENSES FOR AUDITED FINANCIAL STATEMENTS	7,182,433.
COST OF FUNDRAISING EVENTS NETTED AGAINST GROSS RECEIPTS FOR 990 PURPOSES	149,528.
ROUNDING	1.
TOTAL TO SCHEDULED, PART XI, LINE 2D	7,331,962.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF ANNUITIES	15,444.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED IN EXPENSES FOR AUDITED FINANCIAL STATEMENTS	7,182,433.
COST OF FUNDRAISING EVENTS NETTED AGAINST GROSS RECEIPTS FOR 990 PURPOSES	149,528.
TOTAL TO SCHEDULED, PART XII, LINE 2D	7,331,961.



**Part II. Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	BANQUETS (event type)	YCLING CHALLENGE (event type)	2 (total number)	(add col. (a) thro1,1gh col. (c))
<b>1</b> Gross receipts .....	189,680.	85,724.	283,026.	558,430.
<b>2</b> Less: Contributions .....	84,058.	42,862.	283,026.	409,946.
<b>3</b> Gross income (line 1 minus line 2) .....	105,622.	42,862.		148,484.
<b>4</b> Cash prizes .....	0.			
<b>5</b> Noncash prizes .....				
<b>6</b> Rent/facility costs .....	105,622.			105,622.
<b>7</b> Food and beverages .....				
<b>8</b> Entertainment .....				
<b>9</b> Other direct expenses .....		32,014.	11,892.	43,906.
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				149,528.
<b>11</b> Net income summary. Subtract line 10 from line 3 column (d) .....				-1,044.

**Part 1111 Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>1</b> Gross revenue .....				
<b>2</b> Cash prizes .....				
<b>3</b> Noncash prizes .....				
<b>4</b> Rent/facility costs .....				
<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<b>D</b> Yes <b>D</b> No	%	<b>D</b> Yes <b>D</b> No	%
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1 column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? **D** Yes **D** No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **D** Yes **D** No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?..... **D** Yes **D** No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ..... **D** Yes **D** No
- 13 Indicate the percentage of gaming activity conducted in:
  - a The organization's facility ..... %
  - b An outside facility ..... %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **D** Yes **D** No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

**D** Director/officer

**D** Employee

**D** Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **D** Yes **D** No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**MIRACLE HILL MINISTRIES INC.**

Employer identification number  
**57-0425826**

**Part I | General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... **00ves 0No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (If applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

**3** Enter total number of other organizations listed in the line 1 table .....



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" - on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	4	7 200.	0.		
TRANSPORATION, CLIENT CARE/REHABILITATION, MEDICAL COSTS	3217	498 458.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part 111, column (b); and any other additional information.

PART I, LINE 2:

A SCHOLARSHIP COMMITTEE MEETS TWICE YEARLY TO EVALUATE NEEDS & ELIGIBILITY AND FUNDS AVAILABLE. SCHOLARSHIP FUNDS ARE SENT DIRECTLY TO THE COLLEGE OR UNIVERSITY. RECORDS ARE REVIEWED REGULARLY BY THE CONTROLLER.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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.

**2016**

Open to public inspection

Department of the Treasury  
Internal Revenue Service

Information about Schedule J/Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

MIRACLE HILL MINISTRIES INC.

57-0425826

**Part I / Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1 a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel      <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions      <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments      <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account      <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p><input type="checkbox"/> Compensation committee      <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant      <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations      <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a X 4b X 4c	X
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5 a 5 b	X
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6 a 6 b	X
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-B(c)?</p>	9	





SCHEDULE M  
(Form 9f)O

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- .... Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- .... Attach to Form 990.
- .... Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**PROPERTY HILL MINISTRIES INC.**

57-0425826

**Part I** | Types of

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990 Part VIII line 1a	(d) Method of determining noncash contribution amounts
1 Art-Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		6,778,683.	THRIFT-SHOP VALUE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( )				
26 Other .... ( )				
27 Other .... ( )				
28 Other .... ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... | 291

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.  
Information about Schedule O Form 990 or 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization MIRACLE HILL MINISTRIES INC. Employer identification number 57-0425826

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEARING THE GOSPEL OF JESUS CHRIST AND BECOMING PRODUCTIVE MEMBERS OF  
SOCIETY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SHEPHERD'S GATE - A PROGRAM FOR HOMELESS WOMEN AND CHILDREN WHICH  
PROVIDES EMERGENCY HOUSING, MEALS AND CLOTHING, PERSONAL COUNSELING, A  
PERSONAL GROWTH PROGRAM, GED TRAINING, AND GOSPEL SERVICES.

EXPENSES \$ 5,024,744. INCLUDING GRANTS OF \$ 234,125. REVENUE \$ 58,712.

BOYS SHELTER - A PROGRAM WHICH PROVIDES EMERGENCY SHELTER FOR YOUNG  
MEN, AGES 11-18, WHO HAVE BEEN REMOVED FROM THEIR HOMES BECAUSE OF  
ABUSE, NEGLECT OR ABANDONMENT.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 619,415.

RESCUE MISSION (CHEROKEE COUNTY) - A PROGRAM FOR HOMELESS MEN, WOMEN,  
AND FAMILIES IN CHEROKEE COUNTY WHICH PROVIDES EMERGENCY HOUSING, MEALS  
AND CLOTHING, PERSONAL COUNSELING, GOSPEL SERVICES AND GED TRAINING.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,590.

RESCUE MISSION (SPARTANBURG) - A PROGRAM FOR HOMELESS MEN, WOMEN AND  
FAMILIES IN SPARTANBURG COUNTY WHICH PROVIDES EMERGENCY HOUSING, MEALS  
AND CLOTHING, PERSONAL COUNSELING, GOSPEL SERVICES AND GED TRAINING.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,057.

RENEWAL - A 6 MONTH PROGRAM FOR WOMEN IN NEED OF A STRUCTURED,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

MIRACLE HILL MINISTRIES INC.

Employer identification number

57-0425826

LONG-TERM APPROACH TO DEALING WITH ADDICTION AND OTHER LIFE-DOMINATING PROBLEMS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,335.

OVERCOMERS - THIS PROGRAM PROVIDES A SEVEN-MONTH RESIDENTIAL PROGRAM FOR MEN IN NEED OF A MORE STRUCTURED, LONGER-TERM APPROACH TO DEALING WITH LIFE-DOMINATING ADDICTIONS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,925.

HOMES FOR LIFE - A PROGRAM PROVIDING SHELTER AND SUPPORT TO HOMELESS YOUNG MEN AGES 17-21.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 278,439.

FORM 990, PART VI, SECTION A, LINE 2:

REID LEHMAN AND ANNETTE LEHMAN ARE COUSINS

FORM 990, PART VI, SECTION B, LINE 11B:

THE CONTROLLER AND THE CFO REVIEW THE 990. THE CEO, COO AND MEMBERS OF THE FINANCE COMMITTEE OF THE BOARD HAVE AN OPPORTUNITY TO REVIEW THE 990 AND MAKE COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS, EXECUTIVE STAFF AND DEPARTMENT HEADS FILL OUT A QUESTIONNAIRE EACH YEAR THAT ASKS A SERIES OF QUESTIONS ABOUT POTENTIAL CONFLICTS OF INTEREST WITH REGARD TO THEMSELVES OR ANY OTHER BOARD MEMBER OF STAFF MEMBER. THE EXECUTIVE AND DEPARTMENT HEAD QUESTIONNAIRES ARE REVIEWED BY THE CFO AND THEN SENT TO THE CHAIRMAN OF THE BOARD. THE CHAIRMAN REVIEWS ALL QUESTIONNAIRES FROM BOTH STAFF AND BOARD MEMBERS AND



Name of the organization

MIRACLE HILL MINISTRIES INC.

Employer identification number

57-0425826

REPORTS TO THE FULL BOARD WHETHER ANY QUESTIONNAIRES REFLECT AN EVENT THAT DOES NOT CONFORM TO BOARD POLICY FOR CONFLICT OF INTEREST (BOARD POLICY 4.6.2). THE CFO REVIEWS THE QUESTIONNAIRES TO DETERMINE IF THERE ARE ANY SITUATIONS THAT SHOULD BE DISCLOSED IN THE FOOTNOTES OF THE FINANCIAL STATEMENTS. IN ADDITION, THE ANNUAL REVIEW AND FIELD AUDITS OF THE ECFA (EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY) REVIEWS ANY INSTANCES OF POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ENTIRE BOARD, CONSISTING ENTIRELY OF INDEPENDENT DIRECTORS, REVIEWS THE PERFORMANCE OF THE CEO AGAINST SPECIFIC STANDARDS AT EACH OF THE SIX BOARD MEETINGS EACH YEAR. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE SALARY AND PERFORMANCE OF THE CEO EACH YEAR USING THE SIX PERFORMANCE REVIEWS OF THE BOARD AND INDUSTRY SALARY DATA THAT INCLUDES, BUT IS NOT LIMITED TO: A.) SALARIES OF OTHER CEOS IN SIMILAR ORGANIZATIONS BASED ON DATA FROM THE ECFA (EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY) WHICH USUALLY HAS 80-100 COMPARABLE DATA POINTS, B.) SALARIES OF SIMILAR NON-PROFIT CEOS FROM THE LOCAL AREA BASED ON IRS FORM 990 DATA, AND C.) SALARY DATA FROM THE ANNUAL SALARY SURVEY (APPROXIMATELY 150 CHRISTIAN FAITH-BASED ORGANIZATIONS) OF THE CHRISTIAN LEADERSHIP ALLIANCE. THE COMMITTEE REVIEWS ITS PROCESS WITH AND RECOMMENDS TO THE ENTIRE BOARD, WHO THEN DISCUSSES AND DETERMINES A SALARY FOR THE CEO FOR THE NEXT FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE FOR INSPECTION AT ITS CORPORATE OFFICES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization	Employer identification number
MIRACLE HILL MINISTRIES INC.	57-0425826

CHANGE IN VALUE OF ANNUITIES	-15,444.
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ROUNDING	2.
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TOTAL TO FORM 990, PART XI, LINE 9	-15,442.
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FORM 990 PART XII LINE 2C

A COMMITTEE OF THE ORGANIZATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.