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

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number GOD'S WORD TO THE NATIONS Check if applicable: MISSION SOCIETY, INC. Address change 34-1405849 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 904-716-3436 Initial return 1532 KINGSLEY AVENUE, SUITE 115 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ORANGE PARK G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending REV D. MICHAEL HACKBARDT 1532 KINGSEY AVE, STE 115 H(b) Are all subordinates included? If "No." attach a list. (see instructions) ORANGE PARK 32073 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status: WWW.GODSWORD.ORG Website: H(c) Group exemption number X Association Year of formation: 1991 Form of organization: Corporation Trust M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTION AND DISTRIBUTION OF GOD'S WORD BIBLES AND BOOKLETS. Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V. line 2a) 5 ()6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 430 8 Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2g) 51 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 862 8 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 290. 667 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 833 97 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 656 113 16a Professional fundraising fees (Part IX, column (A), line 11e) 515,882 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 413, 582 .805 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 312,294 565.792 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -143.04819 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 445,088 446,082 20 Total assets (Part X. line 16) 209,468 65,789 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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. Sign Signature of officer MICHAEL HACKBARDT EXECUTIVE DIRECTOR Here REV D. Type or print name and title PTIN Print/Type preparer's name Date Preparer's signature Paid CPA self-employed P00052822 TRACY S. CRIPE 06/14/18 Preparer MATHEWS & CRIPE, 26-01757 Firm's EIN ▶ Firm's name Use Only 3430 KORI RD STE 904-886-8952 JACKSONVILLE, FL

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

16117 God's Word to the Nations 34-1405849

FYE: 12/31/2017

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

God's Word to the Nations 1532 Kingsley Avenue, Suite 115 Orange Park, FL 32073

- [X] Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year December 31, 2017 is being filed electronically with the IRS by the services of Mathews & Cripe, LLC.
- [X] Your return was accepted by the IRS on 06/13/18 and the Submission Identification Number assigned to your return is 50014920181640015803.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

#### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.

rom:	990 (2017	) GOD'S WORD TO	THE NATIO	<u> </u>	4-1405849	Page <b>2</b>
Pa	rt III	Statement of Program Check if Schedule O c		nplishments se or note to any line in t	his Part III	
1	Briefly de	scribe the organization's mis				
				GOD'S WORD BIBI	LES AND BOOKLETS.	
				. <u> </u>		
2	prior Forn	n 990 or 990-EZ?		vices during the year which we	ere not listed on the	Yes X No
		lescribe these new services				
3	Did the or services?		, or make significant	changes in how it conducts, a	ny program	Yes X No
	If "Yes," o	lescribe these changes on S	chedule O.	,		
4	expenses		c)(4) organizations ar	e required to report the amour	st program services, as measured by nt of grants and allocations to others,	
42	(Code:	) (Evnences \$	879 138	including grants of \$	) (Revenue \$	
		E AND DISTRIBU	TE GOD'S W	ORD BIBLES AND	BOOKLETS.	
	(Codo:	\ (Evnences \$		including graphs of \$	) (Payonuo \$	
40	(Code:	) (Expenses \$		including grants or \$	) (Revenue \$	
4c	(Code:				) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$		)
4c	(Code:					)
4c	(Code:					)
4c 4	(Code:					)
4c	(Code:					
4c	(Code:					
4c	(Code:					)
4c	(Code:					)
4c	(Code:					
4c	(Code:					
4c	(Code:					
4c	(Code:					
					) (Revenue \$	)
4d	Other pro (Expense	) (Expenses \$		including grants of \$  of \$		

Form **8868** 

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form **8868** (Rev. 1-2017)

filing of this	form, visit www.irs.gov/efile, click on Charities & Non-F	Profits, and c	lick on e-file for Charities and No	n-Profits.		
Automati	c 6-Month Extension of Time. Only submit	t original (	no copies needed).			
	ons required to file an income tax return other than Form 7004 to request an extension of time to file income					
				filer's identifyi		
Type or	Name of exempt organization or other filer, see ins		E	mployer identifica	ation number (	EIN) or
print	GOD'S WORD TO THE NATION	S		4 1 40 5 0 4	0	
	MISSION SOCIETY, INC.			4-140584		
	Number, street, and room or suite no. If a P.O. box	•		ocial security nur	nber (SSN)	
File by the	1532 KINGSLEY AVENUE, SU					
due date for	City, town or post office, state, and ZIP code. For	a foreign add	fress, see instructions.			
filing your return. See						
instructions.	ORANGE PARK FI	32073	3			
Enter the Re	eturn Code for the return that this application is for (file	a separate a	application for each return)			01
Application		Return	Application			Return
Is For	)II	Code	Is For			Code
	or Form 000 F7	01	Form 990-T (corporation)			07
	or Form 990-EZ	02	Form 1041-A			08
Form 990-		03	Form 4720 (other than individu	(al)		09
	0 (individual)		Form 5227	iai)		10
Form 990-		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05				12
Form 990-	-T (trust other than above)	06	Form 8870			1 12
	REV D. MICHAEL HACKB		1.5			
	1532 KINGSLEY AVE.,	SUITE I	15		FL 3	2073
• The book	s are in the care of ▶ ORANGE PARK				<u>E.F.</u>	.2073
<b>-</b>	• 001 716 3136	5 N				
	ne No. ▶ 904-716-3436	Fax No				▶ □
	ganization does not have an office or place of business					
	for a Group Return, enter the organization's four digit			If this is		
	e group, check this box		check this box	nd attach		
	e names and EINs of all members the extension is for		to file the control of the file			
	est an automatic 6-month extension of time until $11/\sqrt{100}$			return		
for the	e organization named above. The extension is for the o	organizations	return for:			
ightharpoons	calendar year 2017 or					
▶ _	tax year beginning , and ending					
2 If the	tax year entered in line 1 is for less than 12 months, cl	heck reason:	Initial return Final	return		
	Change in accounting period					
3a If this	application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, en	ter the tentative tax, less			
	onrefundable credits. See instructions.			3a	\$	
b If this	application is for Forms 990-PF, 990-T, 4720, or 6069	), enter any r	efundable credits and			
	ated tax payments made. Include any prior year overp			3b	\$	
	ice due. Subtract line 3b from line 3a. Include your pa					
using	EFTPS (Electronic Federal Tax Payment System). Se	e instruction	S	3c	\$	
Caution: If	you are going to make an electronic funds withdrawal	(direct debit)	with this Form 8868, see Form 8	453-EO and For	m 8879-EO fo	r payment

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

16117 God's Word to the Nations

34-1405849

FYE: 12/31/2017

4/7/2018 12:34 PM

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

God's Word to the Nations 1532 Kingsley Avenue, Suite 115 Orange Park, FL 32073

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year December 31, 2017 is being filed electronically with the IRS by the services of Mathews & Cripe, LLC.
- [X] Your extension was accepted by the IRS on 04/07/18 and the Submission Identification Number assigned to your return is 50014920180970034819.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

## 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)? If "Yes,"		v	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	Х	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			$\vdash^{\Delta}$
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-   -		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		1
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		21
٠	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		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	·   -		- 2 \$
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<del> </del>	
•	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			111
	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,			
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		T	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	<u></u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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? If "Yes," complete Schedule G, Part I (see instructions)	17	X	<b>_</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		}	
	If "Yes," complete Schedule G, Part III	19		X

#### Checklist of Required Schedules (continued) Part IV

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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_		X
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		X
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_		X
<b>24</b> a	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	<b>24</b> a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	}		
	to defease any tax-exempt bonds?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
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		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		X
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			
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			$\top$
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	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,			
34		34		X
250	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			T
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\top$	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		X
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	ĺ
	19: Note. All Form 990 file is are required to complete Schedule O.	1 00		-

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 \	<i>!</i>				<u> </u>
					Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial				}
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts			
	(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 transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?	y		7c		
d	, , , , , , , , , , , , , , , , , , , ,	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e	<u> </u>	
f				7f	-	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by th	ie			
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	140-				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	440	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
40-	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		2	12a	200000000000000000000000000000000000000	*********
12a		12b	Í	120		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a		-
а	Note. See the instructions for additional information the organization must report on Schedule O.					
h	- control of the cont					
b	the organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	100	1	14a		Х
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		14b		1
-	ii ise, iise it iiise a i siiii ize te repett tilees pajiilette. Ii ito, provide ali explanation ili conteda					

Page 6 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 Section A. Governing 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. Enter the number of voting members included in line 1a, above, who are independent 1b 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 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? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b 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.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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? b 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 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 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 16a with a taxable entity during the year? b 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 List the states with which a copy of this Form 990 is required to be filed CT, FL, HI, MA, MN, MS, NH, SC, TN, VA, WV, WI 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. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 REV D. MICHAEL HACKBARDT 1532 KINGSEY AVE, STE 115 904-716-3436 32073 ORANGE PARK

Part VII	(	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	l l	ndependent Contractors							

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

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 org	anization nor an	y rela	ated	orga	niza	tion c	om	pensated any current office	r, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or director de militaria de militar					an e)	(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
	organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er			and related organizations
(1) REV D. MICHAEL I	ACKBARD' 40.00 0.00	X						60,000	0	C
(2) BERNICE BUNKOWS	KE 0.00									
OIRECTOR  (3) DR. EUGENE BUNKO	0.00 WSKE 0.00	X						0	0	C
PRESIDENT/BD CONSULT (4)	0.00	X						0	0	C
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
	I	1	1	1	1	1		I	I .	I

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	rt VII Section A. Officers							es, a	nd Highest Compensated		raye
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe	rson	than dis both	n an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1099-MISC)	organization and related organizations
											,
				_							
1b	Sub-total  Total from continuation she	ete to Part VII.	Sact	ion /				•	60,000		
d 	Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	icluding but not l	imite	ed to		e lis	ted a	abov	60,000 e) who received more than	\$100,000 of	IVIN-
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	<i>complete Sche</i> e and is the sum	dule of re	J for	<i>suc</i> able	h ind	<i>dividu</i> ipens	<i>ial</i> satio	on and other compensation	from the	3 X 4 X
5	Did any person listed on line 1 for services rendered to the or tion B. Independent Contractor	rganization? If "\								rindividual	5 X
1	Complete this table for your five compensation from the organic	ve highest comp ization. Report c	ensa omp	ated ensa	inde	oend for t	lent o	conti	dar year ending with or with	nin the organization's tax ye	ear.
	Name and	business address							Descrip	(B) tion of services	(C) Compensation
_											
2	Total number of independent received more than \$100,000	contractors (incli of compensation	uding n fro	g but m the	not e org	limit aniz	ed to	tho •	se listed above) who	0	5 <b>990</b> (204

		Check	if Schedule C	O contair	ns a response	or note to any line	in this Part VIII		
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated can	npaigns	1a					
irar		Membership d		1b					
E, G		Fundraising ev		1c					
ar A		Related organ		1d					
E,e		Government grants		1e					
Sir		All other contribution		16					
le të		and similar amounts		1f	1,242,375				
	~		ا -ns included in lines 1a		1,242,313				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add line		ш. Ф		1,242,375			
		Total: Add line	23 Ta-11		Busn. Code	1,242,313			
/eni	2a				Busin. Gode				
Re	b	* ***********							
ice	С	* * * * * * * * * * * * * * * * * * * *							
Serv	d							-	
E	е								
Program Service Revenue	f	All other progr	am service rever	nue					
P.		Total. Add line							
	3	Investment inc	come (including o	dividends,	interest,				
-		and other simi	lar amounts)			51	51		
	4	Income from in	nvestment of tax	-exempt b	ond proceeds >				
	5	Royalties				182,402	182,402		
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	С	Rental inc. or (loss)							
		Net rental inco	me or (loss)						
	ra	Gross amount from sales of assets	(i) Securities		(ii) Other				
		other than inventory							
ĺ	b	<b>b</b> Less: cost or other							
		basis & sales exps.							
		Gain or (loss)							
	d	Net gain or (lo	ss)	<u></u>					
او	8a		om fundraising ever	nts					
eu n		(not including \$							
è			reported on line 1c)	.					
Other Revenue		See Part IV, line		. a					
th.		Less: direct ex		b					
			(loss) from fund	_	ents	***************************************			
	9a		om gaming activitie	S.					
		See Part IV, line		a					
		Less: direct ex		. b					
			(loss) from gam	ing activiti	es				
	10a		f inventory, less		1 45 466				
		returns and all		a	145,466				
		Less: cost of g		b	147,550	_0_004	_0_004		
	С		(loss) from sale	s or invent	Busn. Code	-2,084	-2,084		
	11a	IAII20	oonanooda Nevende		Basil. Code				
	b	*							
	C	•							
	d	All other reven	nue						
	_	Total. Add line			<b>•</b>				
	12		e. See instruction	ns		1,422,744	180,369	0	0

#### Part IX **Statement of Functional Expenses**

	on 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All ot		mplete column (A).	
	Check if Schedule O contains a response				X
	ot include amounts reported on lines 6b, b, 9b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	60,000		60,000	
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	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	57,500		57,500	
9	Other employee benefits				
10	Payroll taxes	4,597		4,597	
11	Fees for services (non-employees):				
а	Management	05 000	24.000	21 000	01 760
b	Legal	87 <b>,</b> 787	34,030	31,989	21,768
С	Accounting		<del></del>		
d	Lobbying	20 112			30,113
e	Professional fundraising services. See Part IV, line 17	30,113			30,113
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.)	1,484	1,484		
12 13	Advertising and promotion Office expenses	5,297	5,297		
14	Information technology	1,604	1,604		
15		17.001	1/001		
16	Royalties Occupancy	31,335	31,335		
17	Travel	7,264	7,264		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,290	6,290		
23	Insurance	9,702	9 <b>,</b> 702		
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.)	420 200	221 045	2,878	193,565
a	PRINTING & PROD	428,388 277,115	231,945 167,738		
b	POSTAGE	204,824	123,980		
C	FRONT-END PREMIUM	115,782	97,441	1,209	
d	MAIL LIST MGMT	236,710	161,028		
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1,565,792	879,138		
25 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      X   if	1,303,732	077,130	110/112	313/332
	following SOP 98-2 (ASC 958-720)				5 990 0047

	rt X	Check if Schedule O contains a response or r	note to any line in	this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			260,394	_ 1	192,645
	2	Covings and townsores, each investments				2	
	3	Pledges and grants receivable, net			,	3	
	4	Accounts receivable, net			5,055	4	36,393
	5	Loans and other receivables from current and former	er officers, direct	ors,			
		trustees, key employees, and highest compensated	employees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified	persons (as defi	ned under section			
İ		4958(f)(1)), persons described in section 4958(c)(3)	(B), and contribu	iting employers and			
		sponsoring organizations of section 501(c)(9) volunt	ary employees' l	beneficiary			
Ş.		organizations (see instructions). Complete Part II of	Schedule L			6	
Assets	7	Notes and loans receivable, net		7			
Ž	8	Incombanies for only access			74,814	8	114,320
- 1	9	Prepaid expenses and deferred charges			72,846	9	70,656
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	59,351			
	b	Less: accumulated depreciation	10b	46,777	14,473	10c	12,574
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			_13		
-   -	14	· · · · · · · · · · · · · · · · · · ·			14		
-   -	15	Other coasts Can Dart IV line 44		18,500		18,500	
	16	Total assets. Add lines 1 through 15 (must equal lin		446,082		445,088	
	17	Accounts payable and accrued expenses		65,789	17	209,468	
·	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete Part	D	000000000000000000000000000000000000000	21		
Se	22	Loans and other payables to current and former offi	cers, directors,				
≣		trustees, key employees, highest compensated employees	oloyees, and				
Liabilities		disqualified persons. Complete Part II of Schedule I				22	
7   :	23	Secured mortgages and notes payable to unrelated				23	
- [:	24	Unsecured notes and loans payable to unrelated this				24	
- [:	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17-	-24). Complete F	Part X			
					CE 700	25	200 469
- 1	26	Total liabilities. Add lines 17 through 25			65 <b>,</b> 789	26	209,468
S		Organizations that follow SFAS 117 (ASC 958), o		X and			
၁၁		complete lines 27 through 29, and lines 33 and 3	34.		200 202	27	235 620
alai	27				380,293		235,620
B	28					28	
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	058) shook be	re ▶ and		25	
or F		complete lines 30 through 34.	ээо), спеск пе	anu anu			
ts	30	Capital stock or trust principal, or current funds				30	*
SSE	31	Paid-in or capital surplus, or land, building, or equip	ment fund			31	
t A	32	Retained earnings, endowment, accumulated incon		s		32	
	33				380,293		235,620
	99	Total hat assets of fully palations			446,082		445,088

orm	990 (2017) GOD'S WORD TO THE NATIONS 34-1405849			Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		122,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		565 <u>,</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		143,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		380,	293
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_ 6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,	625
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		235 <u>,</u>	620
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			0000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	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?		36	1	X
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.		31		
				orm <b>99</b>	0 (2017)

### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. GOD'S WORD TO THE NATIONS

Employer identification number 34-1405849

		· ·	MISSION SOCI	ETY, INC.			34-140	5849		
Pa	rt I	Reas		Status (All organizations	must co	mplete				
The o	orgai			e it is: (For lines 1 through 12, c						
1		A church, cor	nvention of churches, or asse	ociation of churches described i	n section	170(b)(1	)(A)(i).			
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical res	search organization operated	in conjunction with a hospital c	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter the ho	ospital's name,		
		city, and state	e:							
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	overnmental unit described in			
		,	b)(1)(A)(iv). (Complete Part	,						
6	7.7			overnmental unit described in se						
7	X		on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public			
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II.)					
9	نـــا	-	•	cribed in section 170(b)(1)(A)(i. f agriculture (see instructions).	, ,			je		
10		receipts from support from	activities related to its exem gross investment income ar	) more than 33 1/3% of its support functions—subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2).	exception come (les	ns, and (2 ss section	) no more than 33 1/3% of its 511 tax) from businesses	ss		
11		An organizati	on organized and operated of	exclusively to test for public safe	ety. See <b>s</b>	ection 50	9(a)(4).			
12		_	-	exclusively for the benefit of, to						
				ations described in section 509				•		
	а	Type I. A	supporting organization ope	nat describes the type of supporterated, supervised, or controlled	by its su	pported o	rganization(s), typically by givir			
		supportin	g organization. You must c	ver to regularly appoint or elect a complete Part IV, Sections A ar	nd B.					
	b	control or	management of the suppor	pervised or controlled in connecting organization vested in the s				ed		
			ion(s). You must complete	•	l :	-4:	and franchismally interpreted wi	46		
	С.	its suppo	rted organization(s) (see ins	upporting organization operated tructions). You must complete	Part IV,	Sections	A, D, and E.			
	d	that is no	t functionally integrated. The	I. A supporting organization ope e organization generally must sa	itisfy a dis	stribution i	requirement and an attentivene			
	_			nust complete Part IV, Sectior eived a written determination fro						
	е			n-functionally integrated support			a Type I, Type II, Type III			
	f	Enter the nur	nber of supported organizati	ons						
	g	Provide the fo	ollowing information about th	e supported organization(s).						
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of		
	org	anization		(described on lines 1-10 above (see instructions))	1 '	r governing ment?	support (see instructions)	other support (see instructions)		
				abovo (oco manadiono))	Yes	No	indiagnoney	,		
(A)				-						
` '										
(B)										
(C)										
(D)										
(E)										
						000000000000000000000000000000000000000				

Schedule A (Form 990 or 990-EZ) 2017 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 III.)

Sec	tion A. Public Support	<u> </u>		noted below, p		<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	897,779	1,633,941	1,405,424	1,214,430	1,242,375	6,393,949
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	897,779	1,633,941	1,405,424	1,214,430	1,242,375	6,393,949
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)						
6	Public support. Subtract line 5 from line 4.						6,393,949
	tion B. Total Support	1 1 2010	(1) 0044		4 13 00 40	4 ) 00/-	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	897,779	1,633,941	1,405,424	1,214,430	1,242,375	6,393,949
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,393,949
12	Gross receipts from related activities, etc.	,				12	327,919
13	First five years. If the Form 990 is for the	-	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	. —
<u> </u>	organization, check this box and stop her						<b>&gt;</b>
	tion C. Computation of Public St						
14	Public support percentage for 2017 (line 6	• •	•	ın (f))		14	100.00%
15	Public support percentage from 2016 Sch					15	100.00%
16 <b>a</b>	33 1/3% support test—2017. If the organ				33 1/3% or more, c	neck this	<b>▶</b> [X]
h	box and stop here. The organization qual 33 1/3% support test—2016. If the organ				E in 22 1/20/ or my	oro, obook	
b	this box and <b>stop here</b> . The organization				3 IS 33 1/3 /0 OF THE	ore, crieck	▶ □
17a	10%-facts-and-circumstances test—20°		, ,,		Sa or 16h and line	. 1 <i>1</i> 1 ie	
17a	10% or more, and if the organization mee	=					
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The org	ganization qualifies			<b>&gt;</b> [
b	10%-facts-and-circumstances test—20°	16. If the organizati			Sa. 16b. or 17a. an	d line	
_	15 is 10% or more, and if the organization	3		,			
	Explain in Part VI how the organization me				•		
	supported organization						<b>▶</b> □
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	. —
	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.

Sec	tion A. Public Support	quality under t	ne tests listed	below, please o	complete Part I	1.)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(4) 2310	(5) 2014	(0) 2013	(u) 2010	(6) 2017	(i) Iotai
'	fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				!		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the	Le organization's firs	<u>l</u> st. second, third, fo	urth, or fifth tax ve	I ar as a section 50	1(c)(3)	
	organization, check this box and stop her					******	
Sec	tion C. Computation of Public Si						
15	Public support percentage for 2017 (line 8	3, column (f) divide	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2016 Sch					1 1	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2017 (i	line 10c, column (f	f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2016					10	%
19a	33 1/3% support tests—2017. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2016. If the orga		-				_
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	=	_				▶ □

34-1405849

#### 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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 **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.)

į	. V.	N.
	Yes	No
1		
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3a		
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5c		
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8 9a		
8 9a		
8 9a		
9a		
9a 9b		
9a 9b 9c		

Par	t IV Supporting Organizations (continued)			
		nnxooo	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		l
Secti	on B. Type I Supporting Organizations			
		£00000000000	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.	1		
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</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sacti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		<u> </u>
36611	on c. Type if 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		163	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations	1	I	
			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion 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)	).		
а	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.	47		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
	A.4' Was Task Assessment (a) and (b) hadron		Yes	No
	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	***************************************	162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	\$00000000000000000000000000000000000000	1
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.

Schedu	le A (Form 990 or 990-EZ) 2017 GOD'S WORD TO THE NATIONS		34-14058	349 Page <b>6</b>
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			е
	instructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	ection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
inst	tructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	e 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		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Туре І	II supporting organization (s	ee

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Pan		upporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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 which the organization	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	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			
С	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)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	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			
С	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form	n 990 or 990-EZ) 2017	GOD'S	WORD TO	THE	NATIONS		34-1405849	Page 8
Part VI	Supplemental IIII, line 12; Part I'B, lines 1 and 2;	nformation. P V, Section A, li Part IV, Section /, line 1; Part \	rovide the e ines 1, 2, 3b on C, line 1; V, Section B	xplanation, 3c, 4b, Part IV, 5 , line 1e;	ons required 4c, 5a, 6, 9a Section D, lii Part V, Sec	a, 9b, 9c, 11a, 1 nes 2 and 3; Pa tion D, lines 5, 6	0; Part II, line 17a or 1b, and 11c; Part IV, rt IV, Section E, lines 5, and 8; and Part V, S	17b; Part Section 1c, 2a, 2b,
•					,			
<b>.</b>								
							,,.,	
				, , . ,				

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

2017
Open to Public Inspection

Employer identification number Name of the organization GOD'S WORD TO THE NATIONS MISSION SOCIETY, INC. 34-1405849 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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 b 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 2 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 Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining	Collections of	Art, Historical T	reasures,	or Other Sin	ilar As	sets (c	ontinu	ed)
3	Using the organization's acquisition, accessic collection items (check all that apply):						,		
а	Public exhibition	d 🗌 L	oan or exchange pro	grams					
b	Scholarly research	е 🗌 (	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	organization'	s exempt purpos	e in Part			
	XIII.								
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes	No
Pa	rt IV Escrow and Custodial Arra				•				110
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990, Pa	art IV, line 9	9, or reported	an amo	ount on	Form	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other asse	ts not				
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							F	Amount	
С						1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance  Did the organization include an amount on Fo					1f			
	If "Yes," explain the arrangement in Part XIII.							Yes	No
	rt V Endowment Funds.	Official field if the ex	pianation has been p	novided on F	ait XIII				
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea		hree years	back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses			ļ					
g	End of year balance								
2	Provide the estimated percentage of the curre Board designated or guasi-endowment	•	(line 1g, column (a))	held as:					
	Permanent endowment > %	%							
	Temporarily restricted endowment	%							
·	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	•	ion that are held and	administered	d for the				
	organization by:								res No
	(i) unrelated organizations				,			3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	rt VI Land, Buildings, and Equi		F 000 D		44- 0 5	- 000 1	D-4 V	lin = 40	
	Complete if the organization								
	Description of property	(a) Cost or other ba (investment)	asis (b) Cost or (oth		(c) Accumula depreciatio		'	( <b>d)</b> Book va	nue
10	Land	(soundid)	(01)		p. 555dife		8		
	Buildings						81		
	Leasehold improvements								
	Equipment			6,907		5,907			
	Other			52,444		870	)	1	2,574
Tota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1						2,574

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on		ine 11b 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 of			
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.	<u> </u>	
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X	Other Liabilities.	= 000 = 1011	14. 0 F 000 B-+ V
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
	line 25.	T	
1	(a) Description of liability	(b) Book value	$\dashv$
	income taxes		_
(2)			$\dashv$
(3)			
_(4)			-
(5)			-
(6)			-
(7)			_
(8)			_
(9)			_
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		
A 1 1 1 1114 C-	the first term of the first term of the first term of the first		to the control of the terminate the street remarks the

<sup>2.</sup> 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

۲a	rt XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		•	
1	Total revenue, gains, and other support per audited financial statements	330, T alt TV, IIIIC 12a.	1	1,422,744
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,422,744
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			1,422,744
Pa	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form		enses per Return.	
1	Total expenses and losses per audited financial statements	<del></del>	1	1,567,417
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	1 0		
d	Other (Describe in Part XIII.)		1,625	
	Add lines 2a through 2d		2e	1,625
3	Subtract line 2e from line 1		3	1,565,792
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	1 565 700
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	4c 5	1,565,792
5 <b>Pa</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.		5	1,565,792
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line	1,565,792
<b>5</b> <b>Pa</b> Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	
<b>5</b> <b>Pa</b> Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	IR
Pa Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC	4; Part IV, lines 1b and 2b; F provide any additional infor	Part V, line 4; Part X, line mation.	

Schedule D (F	orm 990) 2017	GOD'S	WORD TO '	THE NATION	1S	34-1405849	Page <b>5</b>
Part XIII	Suppleme	ntal Informa	ation (continue	THE NATION ed)			
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

GOD'S WORD TO THE NATIONS Name of the organization Employer identification number MISSION SOCIETY, INC. 34-1405849 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions col. (i) FUNDRAISING STRATEGIES, INC. Yes No 1 1420 SPRING HILL ROAD, STE 490 MCLEAN VA 22102 FR COUNCII 1,413,090 77,774 1,335,316 2 3 10 77,774 1,335,316 1,413,090 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ARKANSAS, CONNECTICUT, FLORIDA, MASSACHUSETTS, MINNESOTA, MISSISSIPPI, NEW HAMPSHIRE, NORTH DAKOTA, TENNESSEE, VIRGINIA, WEST VIRGINIA, WISCONSIN

34-1405849 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) . Part III 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. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017

scne	dule G (Form 990 or 990-EZ) 2017 GOD'S WORD TO THE NATIONS	34-1405849	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
2	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?		Yes No
13	Indicate the percentage of gaming activity conducted in:	·	
а	The organization's facility	13a	%
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 ▶		
l5a	Does the organization have a contract with a third party from whom the organization receives gaming	ſ	
<b>L</b>	revenue?		Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	i the	
С	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
C	Thes, enter hame and address of the tillid party.		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes 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 ▶ \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, col		and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addit	ional information.	
	See instructions.		

### 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.

OMB No. 1545-0047 2017

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

Employer identification number

Name of the organization GOD'S WORD TO THE NATIONS MISSION SOCIETY, INC. 34-1405849 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ANY QUESTIONS THAT RESULT FROM THE REVIEW ARE ANSWERED PRIOR TO THE TAX RETURN FILING. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE FOR REVIEW BY THE PUBLIC UPON WRITTEN REQUEST. FORM 990, PART IX, LINE 24E - OTHER EXPENSES DESCRIPTION PROGRAM SERVICE MGT & GENERAL DATA PROCESSING 42,968 AGENCY FEE 584 \$ 47,077 \$ BACK-END MARKETING 20,573 \$ 255 BANK CHGS 10,826 \$ FULFILLMENT 11,173 \$ 139 \$ CONTRACT LABOR 9,044 \$ DUES & REGISTRATION

Employer identification number	Schedule O (Form 990 or 990-EZ) (2 Name of the organization	2017)			Employer ident	Page 2
\$ 5,105 \$ 63 \$ 3,265  TOTAL  \$ 161,028 \$ 8,980 \$ 66,702  FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,625					l l	
TOTAL  \$ 161,028  \$ 8,980  \$ 66,702  FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION BOOK / TAX DEPRECIATION DIFFERENCE  \$ -1,625			<u> </u>	62	-	
\$ 161,028 \$ 8,980 \$ 66,702  FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,625	٠	5,105	Ş	63	Ş	3,265
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,625	TOTAL					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,625	\$	161,028	\$	8,980	\$	66,702
BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,625						
BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,625						
	FORM 990, PART XI	I, LINE 9 - OTH	ER CHANGES	IN NET ASSE	TS EXPLANA	rion
PAGE 1 OF 1	BOOK / TAX DEPREC	CIATION DIFFERE	NCE		\$	-1,625
PAGE 1 OF 1						
PAGE 1 OF 1						
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# **Depreciation and Amortization**

## (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)GOD'S WORD TO THE NATIONS

MISSION SOCIETY, INC

Identifying number 34-1405849

	11100101	· DOOTHII	T110 •				エュし	70047
	ess or activity to which this form relates	T.O.I.						
00000000	NDIRECT DEPRECIAT			450				
	Irt I Election To Expension  Note: If you have a	-	-		omploto [	Port I		
1	Maximum amount (see instruction		, complete Fait v b	elole you c	<u>omplete r</u>	art i.	1	510,000
2	Total cost of section 179 property		e instructions)				2	310,000
3	Threshold cost of section 179 property			ctione)			3	2,030,000
4	Reduction in limitation. Subtract lin		,				4	2,030,000
5	Dollar limitation for tax year. Subtract lin		The state of the s	ing separately s	ee instruction		5	
6	(a) Description			ost (business use		(c) Elected cos		
<u> </u>		<del></del>	(4)			(0) 2.00000		
								-
7	Listed property. Enter the amount	from line 29			7			1
8	Total elected cost of section 179 p		s in column (c) lines 6 s	and 7			8	
9	Tentative deduction. Enter the sm	•	* * * * * * * * * * * * * * * * * * * *				9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter	·		zero) or line	5 (see instri	ictions)	11	
12	Section 179 expense deduction. A				J (366 III3tiit		12	
13	Carryover of disallowed deduction				13		14	
	: Don't use Part II or Part III below t				13			
********	ert II Special Depreciati			tion (Don't	include li	sted nrone	rtv.) (S	See instructions )
14	Special depreciation allowance for					sted prope	1 (9.)	Jee mandellons.)
•	during the tax year (see instruction		mer than listed property	piacea iii sei	VICC		14	
15	Property subject to section 168(f)(						15	
16	Other depreciation (including ACR						16	2,998
	irt III MACRS Depreciat	· · · · · · · · · · · · · · · · · · ·	e listed property ) (	See instruct	ions )		10	2,000
	mAONO Depreciat	ion (Don't meidd	Section A	Jee manuci	10113.)			
17	MACRS deductions for assets pla	ced in service in tax v		017			17	2,829
18		•				NE	1 17	2,023
	If you are electing to group any assets placed Section B—A		vice During 2017 Tax \			epreciation	System	1
		(b) Month and year	(c) Basis for depreciation	(d) Recovery			-,	<u> </u>
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convent	tion (f) Me	thod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/	'L	
h	Residential rental			27.5 yrs.	MM	Si	L	
	property			27.5 yrs.	MM	Si	L .	
i	Nonresidential real			39 yrs.	MM	S	L	
	property				MM	S/		
	Section C—As	sets Placed in Serv	ce During 2017 Tax Ye	ar Using the	Alternative	Depreciation	n Syste	
20a	Class life		6,01	6 7.0	HY	S	/L	463
b	12-year			12 yrs.		S	/L	
С	40-year			40 yrs.	MM	S	/L	
Pa	art IV Summary (See ins	tructions.)						
21	Listed property. Enter amount from	n line 28					21	
22	Total. Add amounts from line 12,	lines 14 through 17, I	ines 19 and 20 in colum	n (g), and line	21. Enter			
	here and on the appropriate lines	of your return. Partne	rships and S corporation	ns—see instru	ctions		22	6,290
23	For assets shown above and place	ed in service during t	ne current year, enter th	е				
	nortion of the basis attributable to	section 2634 costs			23			

16117 God's Word to the Nations

34-1405849

# **Federal Statements**

6/14/2018 8:02 AM

FYE: 12/31/2017

**Taxable Interest on Investments** 

Description
Unrelated Exclusion Postal Acquired after US
Amount Business Code Code 6/30/75 Obs (\$ or %)

INTEREST INCOME
\$ 51

TOTAL

\$ 51

16117 God's Word to the Nations

34-1405849

FYE: 12/31/2017

# **Federal Statements**

# Form 990, Part IX, Line 24e - All Other Expenses

Description	 Total xpenses	 Program Service	agement & General	 Fund Raising
DATA PROCESSING AGENCY FEE	\$ 70,986 47,661	\$ 42,968 47,077	\$ 533 584	\$ 27,485
BACK-END MARKETING	33,988	20,573	255	13,160
BANK CHGS	24,987	10,826	7,236	6,925
MISC	23,152	14,262	170	8,720
FULFILLMENT	18,459	11,173	139	7,147
CONTRACT LABOR	9,044	9,044		
DUES & REGISTRATION	 8,433	 5,105	 63	 3,265
TOTAL	\$ 236,710	\$ 161,028	\$ 8,980	\$ 66,702

6/14/2018 8:02 AM

# 16117 God's Word to the Nations 34-1405849

FYE: 12/31/2017

# **Federal Statements**

# Schedule A, Part II, Line 1(e)

	Description		Amount
CHARITABLE GIFTS FUNDRAISING INCOME		\$	9,081 1,233,294
TOTAL		\$_	1,242,375

# Schedule A, Part II, Line 12 - Current year

Description	Amount
INTEREST INCOME	\$ 51
ROYALTIES	182,402
BIBLE SALES	145,466
TOTAL	\$ 327,919