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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

AF	or the	2012 calendar year, or tax year beginning ar	d ending		
	heck if pplicable			D Employer identific	cation number
	Addres change	REAL PRESENCE RADIO		]	
	Name change	Doing Business As		45-04	458973
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin-	P.O. BOX 13703		701-	795-2111
<u> </u>	Amend return	City, town, or post office, state, and ZIP code		G Gross receipts \$	972176.
L	Application pending			H(a) Is this a group re	
	,	F Name and address of principal officer:		for affiliates?	Yes X No
		mpt status. ■ 501(c)(3) ■ 501(c)( ) (insert no.) ■ 4947(a)(	1) or 527	H(b) Are all affiliates incl	luded? <b>Yes</b> No list (see instructions)
		mpt status. (△) 50 (c)(5)	1) 01 [] 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: ND
		Summary	[ =	<u> </u>	0.0.00
Se		Briefly describe the organization's mission or most significant activities REL	IGIOUS	EDUCATION V	IA RADIO
Activities & Governance		BROADCASTING.  Check this box   if the organization discontinued its operations or disp	anad of more	than 25% of its not as	ooto
Veri	i	Number of voting members of the governing body (Part VI, line 1a)	osea oi mor	3	
Ĝ		Number of noting members of the governing body (Fart VI, line 12)  Number of independent voting members of the governing body (Part VI, line 1b	۸	4	5 5 5
<b>ජ</b> ගු	I	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	5
iţie		Total number of volunteers (estimate if necessary)		6	30
Çį	ı	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8 (	Contributions and grants (Part VIII, line 1h)		428986.	699305.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	4080.	9532.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>_</b>	64115.	117072.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	) <del> </del>	497181.	<u>825909.</u>
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	140325	102068
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	" -	140325.	192068.
Jen		Professional fundraising fees (Part IX, column (A), line 11e)  [Total fundraising expenses (Part IX, column (D), line 25)	585.		0.
亞	1	Other expenses (Part IX, column (A), lines 11a-11d-14f-24e)	<del>505.</del>	330722.	381700.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)-line 25)		471047.	573768.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)-line 25) Revenue less expenses. Subtract line 18 from line 12		26134.	252141.
Assets or Balances			Be Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		844922.	1200930.
₹	21	fotal liabilities (Part X, line 26)	166	188401.	308867.
`캳		Net assets or fund balances Subtract line 21 from line 20	1 <u>%</u>	656521.	892063.
—ا ۱	art II	Signature Block	<del> </del> -		<del></del>
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanyin <del>g sched</del> , and complete. Declaration of prepare <del>r (o</del> ther than officer) is based on all information of	eles-and staten	ients, and to the dest of my	y knowledge and belief, it is
	, correc	, and complete. Declaration of preparer future trianjoincer is based on an information of	willen prepare	r nas any knowieuge.	
Sigi	,	Signature of officer		Date	
	l l	Edward E Schmitz		B.14.	2013
Her —— Paid		Type or print name and title			
2 2		Print/Type preparer's name Preparer's signature,	_	Date Check	PTIN
Paid	1		odicia	8-5-13 of self-employe	
§ Prep	parer	Firm's name STROMSODT CPA, LTD.		Firm's EIN	45-4234064
② <b>Use</b>	Only	Firm's address 2855 10TH AVE N, SUITE 600		s. <b>5</b>	04 550 6050
	, +b - 17	GRAND FORKS, ND 58203		Phone no. 7	01-772-6050 X Yes No
		S discuss this return with the preparer shown above? (see instructions)  LHA For Paperwork Reduction Act Notice, see the separate instruc-	tione	<i>at</i> -	Form <b>990</b> (2012)
2320	01 12-10	Fig. Din Tor Faperwork neduction Act Notice, see the separate instruc	, civii3.	Q11	7   10111 330 (2012)
				110-	/_       h

orm		589/3	Page 2
Par	rt III Statement of Program Service Accomplishments		<del></del> 1
_	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission	a amenia	
	TO PROVIDE TO THE PUBLIC RELIGIOUS EDUCATION VIA RADIO BROADO	ASTING	<u> </u>
			<del></del>
	Did the supporting analysis to a support of the sup		
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?		A NO
_	If "Yes," describe these new services on Schedule O.  Did the experience consequence or make significant changes in how it conducts, any program services?	Ves	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	LES!	A NO
	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total		
	revenue, if any, for each program service reported.	. охроново, а	
4a	(Code) (Expenses \$		<u> </u>
40	TO PROVIDE TO THE PUBLIC RELIGIOUS EDUCATION VIA RADIO BROADO	ASTING	
	TO THOUTED TO THE PODE OF THE POST TOTAL VILLED TO SHOLD OF		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
	/ L. Assessor		
			•
4c	(Code) (Expenses \$		)
			· · · · · ·
		<u> </u>	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 423734.		
		Form 99	<b>90</b> (2012)

Form 990 (2012) REAL PRESENCE RADIO
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," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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 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? If "Yes," 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 custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
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		Х
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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	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	40		v
_	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40L		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
	Did the organization maintain an onice, employees, or agents outside or the orinted states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ırd	<u> </u>	Λ
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			_==_
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
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	х	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Eorm	990	2012

Form 990 (2012) REAL PRESENCE RADIO
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		-	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<u> </u>
	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			İ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		[	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	2012

orm		<u>5-045897</u>	3 P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamir	ng		
	(gambling) winnings to prize winners?	<u>1c</u>	X	<u> </u>
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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		_X
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	<u>3</u> b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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 the organization	solicit		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			į
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	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	quired? 7g	ļ	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	า 1098-C?   <u>7h</u>		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during t	the year? 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	· · · · · · · · · · · · · · · · · · ·			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	-	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Ц	1
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	4	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	146		1

Form 990 (2012) REAL PRESENCE RADIO 45-0458973 Page
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 to any question in this Part VI			X				
Sect	tion 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	<u>5</u>						
	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.							
b	Enter the number of voting members included in line 1a, above, who are independent	5		l				
2								
	officer, director, trustee, or key employee?	2		Х				
3								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		X				
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?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a	ļ	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	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	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7					
	ın Schedule O how this was done	12c	X	77				
13	Did the organization have a written whistleblower policy?	13	37	X				
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	x					
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b	_^	х				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		•					
iva	taxable entity during the year?	16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	-					
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	1.5-						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) avaılal	ole					
_	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)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fina	ncial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	zation.	<b>-</b>					
	LISA DURKIN - 701-795-0122							
	216 BELMONT ROAD, GRAND FORKS, ND 58201							

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				Kara Employees and Historia October and Adams	

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

Check if Schedule O contains a response to any question 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.

X Check this box if neither the organization r	or any related	orga	anıza	tion	cor	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	ído	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)			is bot	han	compensation	compensation	amount of
	week				10010	1		from the	from related	other
	(list any hours for	Individual trustee or director						organization	organizations (W-2/1099-MISC)	compensation from the
	related	50	stee			nsate		(W-2/1099-MISC)	(** 2 :000 :00)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		,		and related
	below	Ngra	盟	   <del> </del>	Key employee	lovee	iệi.			organizations
	line)	횰	Inst	Officer	ş	물등	퉏			
(1) CHUCK HUBER	1.00	]				1				
DIRECTOR		X						0.	0.	0.
(2) STEVE W LOEGERING	7.00	ر ا	İ							
PRESIDENT		<u> X</u>		X				0.	0.	0.
(3) EDWARD SCHMITZ	4.00	م ا								
BOARD CHAIRMAN/ VP		X	<u> </u>	X		<u> </u>		0.	0.	0.
(4) ROBERT DOSCH	1.00	1.		1						
TREASURER		×	_	X				0.	0.	0.
(5) JACK KENNELLY	1.00	ر ا								
SECRETARY		X		X				0.	0.	0.
								:		
	ļ	1	<u> </u>	_		<u> </u>	<u> </u>			
		ł								
		ļ	├	<b> </b> -	-	<b> </b>	-			_
		<del> </del>	-							
			<u> </u>							
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		-	-		┢	-	-			
		_			L		_			
		1								
		-	<u> </u>	-	-	-	-			
		1								

Section A. Officers, Directors, Tru	<u>ıstees, Key Em</u>	ploy	<u>ees</u>	, and	a Hi	gne	st C	ompensated Employe	es (continuea)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an			than		Reportable	Reportable			tımate	
	hours per week					ıs bot or/trus		compensation	compensation from related			ount o	)T
	(list any	į						the	organizations			pensa	tion
	hours for	or dire	, s			ated		organization	(W-2/1099-MISC	)		om the	
	related organizations	rustee	trust		80	Dens		(W-2/1099-MISC)			_	anızatı i relate	
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	oyee o	==					nizatio	
	line)	횰	#SE	Officer	Key e	Highest compensated employee	Former			$\perp$			
		4											
		<del> </del>	ļ			-	ļ	<u>.</u>					
		1											
						l				$\neg$			
		1		<u> </u>	<u> </u>		ļ.,						
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		-			-	├				$\dashv$			
		1											
· · · · · · · · · · · · · · · · · · ·		1	-		-	├				_			
1b Sub-total						<b>&gt;</b>		0.	<del>                                     </del>	0.			0
c Total from continuation sheets to Part	VII, Section A							0.		0.			0
d Total (add lines 1b and 1c)					<u> </u>	<u> </u>		0.	·	0.			0
2 Total number of individuals (including but compensation from the organization	not limited to ti	nose	IISTE	ed a	DOV	e) WI	no r	eceived more than \$100	0,000 of reportable				(
Compensation from the organization											$\overline{}$	Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	Γ		İ	
line 1a? If "Yes," complete Schedule J for	r such individual	'						•		Ļ	3		X
4 For any individual listed on line 1a, is the	-		-					•	the organization				
and related organizations greater than \$1			-							-	4		<u> </u>
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co							elat	ed organization or indiv	idual for services	ľ	5	İ	Х
Section B. Independent Contractors	implete ocheda	IC 0 I	013	ucii	рега	<u> </u>					<u> </u>		
Complete this table for your five highest of	compensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensa	ition f	rom	
the organization Report compensation for	or the calendar y	/ear	endı	ng v	vith	or w	<u>rthir</u>	n the organization's tax	year.			_	
(A) Name and busines	se addrese	37/	~>++	_			ŀ	( <b>B</b> ) Description of s	senuces	C,	(C	;) nsatioi	_
Name and busines	33 4441033	N	INC	<u> </u>					Services		, iibei	isation	<del>'</del>
								·					
							$\dashv$					<del></del>	
							$\dashv$						
		_						. <u></u>					
2 Total number of independent contractors		not li	mıte	d to		_	sted	above) who received n	nore than				
\$100,000 of compensation from the orga	nization >					<u>)                                    </u>		<del></del>	<u>.</u>			200 2	

Form 990 (2012) REAL PRESENCE RADIO
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
ع ق		Fundraising events	1c					
		Related organizations	1d	-				
%. E		Government grants (contribut	<del></del>					
Sign		All other contributions, gifts, gran	· —					
돌힐	•	similar amounts not included above	·	699305.				
발하	~	Noncash contributions included in lines		24037.				
동물	_	Total. Add lines 1a-1f	1a-11 \$	<u> </u>	699305.			
<u> </u>		Total. Add lines 1a-11.		Business Code	0,7,3,0,3,			
_	2 -			Dusiness Code				
Š	2 a							<del>                                     </del>
E &	b			-				-
E S	C						<del></del>	
Re	d							
Program Service Revenue	e	A.I. A.I.						
_		All other program service reve	nue .					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and	2211			2211
	_	other similar amounts)			3311.			3311.
	4	Income from investment of ta	x-exempt bond p	roceeds				<del>                                     </del>
	5	Royalties .						
			(i) Real	(ii) Personal				
]	6 a		6275.				•	
		Less: rental expenses	0.					
		Rental income or (loss)	6275.	L				
		Net rental income or (loss)		<u> </u>	6275.	6275.		ļ
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
i		assets other than inventory	128826.	1500.				
	b	Less. cost or other basis		_				
İ		and sales expenses	124105.					
	_	Gain or (loss)	4721.	1500.				
	_	• • •		<b>&gt;</b>	6221.		<del></del>	6221.
une	8 a	Gross income from fundraising	g events (not					
e l		including \$	of					
Other Reve		contributions reported on line	1c). See					
e		Part IV, line 18		130875.				
동		Less: direct expenses		22162.				
	C	Net income or (loss) from fund	Iraising events	. ▶	108713.			108713.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
l		and allowances	а	712.				
	b	Less: cost of goods sold	b	0.				,
Į	c	Net income or (loss) from sale	s of inventory	<b>•</b>	712.	712.		
		Miscellaneous Revenu	<u>e</u>	Business Code				
ſ	11 a	MISC INCOME		900099	1372.	1372.		
	b							
	С							
	d	All other revenue						
l	е	Total. Add lines 11a-11d		. ▶	1372.			
	12	Total revenue. See instructions.		<b>&gt;</b>	825909.	8359.	0	118245.
23200	9				<del></del>			000 (00 (0)

#### Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respor	nse to any question in th	is Part IX	<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77121.		77121.	
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	92720.	92720.		
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	3035.	781.	2254.	
9	Other employee benefits	6934.	5200.	1734.	
10	Payroll taxes	12258.	6822.	5436.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	3650.		3650.	
С	Accounting	8925.		8925.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	63185.	63185.		
12	Advertising and promotion	24552.	24552.		
13	Office expenses	15607.	4749.	10858.	•
14	Information technology	18076.	18076.		
15	Royalties				
16	Occupancy	95542.	95542.		
17	Travel	25699.	18639.	7060.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		5500		
20	Interest	5592.	5592.		
21	Payments to affiliates	C 4 0 1 4	C 4 0 1 4		
22	Depreciation, depletion, and amortization	64914.	64914.	411.	
23	Insurance	6459.	6048.	4TT•	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING COSTS	32585.			32585.
b	ANNUAL FEES	6667.	6667.		
C	BANK, CREDIT CARD, PAYP	5500.	5500.		
d	VOLUNTEER APPREC.	2496.	2496.		
е	All other expenses	2251.	2251.		
25	Total functional expenses. Add lines 1 through 24e	573768.	423734.	117449.	32585.
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 If following SOP 98-2 (ASC 958-720)				
02204	0 10-10-10				Form <b>990</b> (2012)

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X End of year Beginning of year 54516. 85126. Cash - non-interest-bearing .... 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 543183. basis. Complete Part VI of Schedule D 10a 473014. 142643. 400540. 10b 10c **b** Less: accumulated depreciation 90335. 86262. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 229630. 623429. 14 14 Intangible assets .. .... 1500. 1500. Other assets. See Part IV, line 11 15 15 844922. 1200930. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 Deferred revenue . . . . 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 185758. 155301. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 150000. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2643. 3566. 25 Schedule D 308867. 188401. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 656521. 892063. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 656521 892063. 33 33 Total net assets or fund balances 844922 Total liabilities and net assets/fund balances 1200930.

orm	990 (2012) REAL PRESENCE RADIO	45-045	8973	Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 259</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>68.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		521	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	<u> 565</u>	<u>21.</u>
5	Net unrealized gains (losses) on investments	5			<u>68.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		166	67.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	89	920	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed 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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both		1 1		
	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	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in So	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uired audit			

Form **990** (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service **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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Yes

11g(i)

11g(ii)

11g(iii)

**Employer identification number** 

45-0458973 REAL PRESENCE RADIO Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b \_\_\_ Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated \_ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
								ļ		
	-									
Total						l				

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

h

Pa	Support Schedule for (Complete only if you checked fails to qualify under the tests	d the box on line t	5, 7, or 8 of Part I o	or if the organization			
Sec	ction A. Public Support		· · ·				
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(5) 2555	(e) co : c	(5) = 3 · · ·	(6) == 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Tax revenues levied for the organ- ization'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						
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						
Se	ction B. Total Support	·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	2 <b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					•	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					į	
	or loss from the sale of capital					:	
	assets (Explain in Part IV.)		1				
	Total support. Add lines 7 through 10		1	<u> </u>		40	L
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	_	's tirst, secona, thi	ra, τουπη, or τιπη τ	ax year as a sect	ion 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ		ercentage				
	Public support percentage for 2012 (		<del>_</del>	cotumn (fl)		14	9/
	Public support percentage from 2011			ωιαιτίτ ( <i>i))</i> .		15	9/
	a 33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or		
100	stop here. The organization qualifies				14 13 00 17070 01	more, check t	I IIS DOX as Id
	33 1/3% support test - 2011. If the		•	• •	d line 15 is 33 1/3	% or more ch	eck this box
	and stop here. The organization qual					,,,, or more, or	<b>▶</b>
174	a 10% -facts-and-circumstances tes		-		 e 13. 16a. or 16h	and line 14 is	10% or more
.,,	and if the organization meets the "fac		-				
	meets the "facts-and-circumstances"						<b>▶</b>
Ŀ	10% -facts-and-circumstances tes					r 17a, and line	15 is 10% or
_	more, and if the organization meets the						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990 EZ) 2012 REAL PRESENCE RADIO

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	450695.	273742.	445993.	428986.	699305.	2298721.
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	487.	513.	1305.	909.	712.	3926.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	451182.	274255.	447298.	429895.	700017.	2302647.
7:	a Amounts included on lines 1, 2, and	:					
	3 received from disqualified persons	250474.	40227.	39897.	45000.	40499.	416097.
ı	O 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						0.
	Add lines 7a and 7b	250474.	40227.	39897.	45000.	40499.	416097.
_8	Public support (Subtract line 7c from line 6)						1886550.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	451182.	274255.	447298.	429895.	700017.	2302647.
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-779.	-2777.	3106.	6480.	15807.	21837.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b	-779.	-2777.	3106.	6480.	15807.	21837.
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 IV.)	172.	705.		2465.	1372.	4714.
13	Total support. (Add lines 9, 10c, 11, and 12)	450575.	272183.	450404.	438840.	717196.	2329198.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	ation,
Se	check this box and stop here ction C. Computation of Publi	ic Support Per	centage				<u> </u>
15	Public support percentage for 2012 (	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	<u>81.00 %</u>
16	Public support percentage from 2011					16	<u>76.04 %</u>
<u>Se</u>	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20			e 13, column (f))		17	.94 %
18	· · · · · · · · · · · · · · · · · · ·					18	.44 %
	a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualr	fies as a publicly s	upported organiza	ation	. <b>▶</b> 🗓
ı	5 33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che					-	₹
20	Private foundation. If the organization	n ald not check a l	JOX ON IIII 14, 198	1, OF 190, CHECK IN			0 or 990 EZ) 2012

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Name of the organization

REAL PRESENCE RADIO

Employer identification number 45 - 0458973

Par	I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ends
,	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization sproperty, subject to the organization of the organization inform all grantees, donors, and donor a	•	<del></del>
0	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit? .	or donor advisor, or for any other purpose confe	Yes No
Par		panization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization	<del></del>	,
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified I	
	Preservation of open space	1 Teservation of a certified i	istorio structuro
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
2	day of the tax year.	ned conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
0	Number of conservation easements on a certified historic str	ructure included in (a)	2c
٦	Number of conservation easements included in (c) acquired		
u	listed in the National Register	and of 17700, and not on a motorio director	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the orga	
Ŭ	year >		and the second s
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		<del></del>
_	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>\$</b>

		ESENCE RAD						<u>-0458973</u>	
Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, c	or Other	Similar A	ssets(continue	;d)
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following tha	it are a sig	nificant use o	of its collection it	.ems
	(check all that apply):								
а	Public exhibition	d		Loan or excl	hange progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizati	on's exem	pt purpose ir	Part XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, hi	stoncal trea	sures, or oth	er sımılar a	assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the	organizatio	n answered	"Yes" to F	orm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for	contribution	s or other as	sets not in	ncluded		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	table:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	on has been	provided in	Part XIII			
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year	(b) F	rior year	(c) Two year	rs back (c	) Three years	back (e) Four ye	ars 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 .								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	ı)) held as <sup>.</sup>				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administe	ered for the	e organization	n	
	by:							Υ.	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI   Land, Buildings, and Equipm	nent. See Form 990	, Part X	, line 10.				- <del></del>	
	Description of property	(a) Cost or o			or other		umulated	(d) Book v	alue
		basis (investr	nent)	basis	(other)	depr	eciation		
	Land				41708.			4:	<u>1708.</u>
	Buildings							<del> </del>	
	Leasehold improvements			_	8808.		3156		5652.
	Equipment			4	92667.		<u> 139487</u> .	353	<u>3180.</u>
	Other							<del> </del>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))		<u> </u>	400	<u>0540.</u>

Schedule D (Form 990) 2012

che	dule D (Form 990) 2012 REAL PRESENCE RADIO		45-04589	73 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	. 2b	_	
C	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	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b		4b		
С	Add lines 4a and 4b	`	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			line 4, Part

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

2012

Open To Public Inspection

Internal Revenue Service

Name of the organization **Employer identification number** 45-0458973 REAL PRESENCE RADIO Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten 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 (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 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.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events BANQUET/ NONE (add col. (a) through MISC EVENTS col (c)) (event type) (event type) (total number) Revenue 130875. 130875. Gross receipts 2 Less: Contributions 130875. 130875. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 22162. 22162. Other direct expenses 22162) 10 Direct expense summary. Add lines 4 through 9 in column (d) 108713 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990·EZ, Ine 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? Yes b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_ Yes b if "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2012 REAL PRESENCE RADIO

45-0458973 Page 2

Schedule G (Form 99)	0 or 990-EZ) 2012 REAL PRESENCE RADIO	45-0458973 Page 3
11 Does the organiz	zation operate gaming activities with nonmembers?	Yes No
	on a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
_	aritable gaming?	Yes No
	centage of gaming activity operated in:	
	's facility	13a %
h An outside facilit	y	13b %
	and address of the person who prepares the organization's gaming/special events books and record	
14 Litter the name a	and address of the person who prepares the organization's gaming-special events cooks and record	13
Name 🕨		
Address ►		·
15a Does the organiz	zation have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b if "Yes." enter th	e amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization	unt
	ue retained by the third party >\$	
_	ame and address of the third party:	
<b>C</b> 11 100, onto 110	and address of the time party.	
Name 🕨		
Address		
Address 🚩		
16 Gaming manage	r information:	
Name >		
Gaming manage	er compensation > \$	
Description of se	ervices provided	
Director/o	officer Employee Independent contractor	
Director/C	onicer Employee independent contractor	
17 Mandatory distri	butions:	
a is the organization	on required under state law to make charitable distributions from the gaming proceeds to	
retain the state of	gaming license?	Yes No
<b>b</b> Enter the amoun	nt of distributions required under state law to be distributed to other exempt organizations or spent i	n the
organization's ov	wn exempt activities during the tax year 🕨 \$	
Part IV Supple	mental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	mns (iii) and (v), and Part III,
lines 9,	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	ormation (see instructions)
232083 01-07-13	Schedule (	G (Form 990 or 990-EZ) 2012

232083 01-07-13

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-F7, Part V, line 38a or 40b.

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

Schedule L (Form 990 or 990-EZ) 2012

	_R	EAL PR	ES	ENCE RAD	IO				45	-04	589	73		
Part I Excess	Benef	fit Transa	acti	ons (section 50	)1(c)(3	3) and s	section 501(c)(4) orga	anızatıons only).						
Complete	ıf the o	rganization	ansv	vered "Yes" on f	orm	990. Pa	art IV, line 25a or 25b	, or Form 990-EZ, f	Part V,	line 40	Эb			
4				lelationship bety			ified					(d)	Corre	cted?
(a) Name of disqualified person		erson	• •	person and or	ganız	ation	(c	) Description of trai	isactio	חמ		1		No
					<u> </u>									
														_
<del></del>				<u> </u>			<u> </u>						"	
2 Enter the amount of	of tay in	ocurred by t	he o	rganization man	aners	or disc	ualified persons dur	and the year under						
section 4958	J, 100			. gaa	<b>-9</b> 0.0		,uuu po.ooo uu.	go ,ou, uco.		<b>S</b>				
3 Enter the amount of	of tay d	fany on lin	e2:	 above reimburs	ed hy	the or	nanization			\$				
5 Litter the amount of	or tax, ii	i arry, orrani	· -, ·	above, remibure	cu 5,	1110 01	gariization			Ψ				
Part II Loans to	o and	/or From	Int	erested Pers	sons	<u> </u>								
							, Part V, line 38a or F	Form 990 Part IV lu	na 26.	or if th	ae orar	nızatı	on	
•		-		, Part X, line 5, 6			, rat v, ine soa or r	Onn 550, rativ, ii	16 20,	01 11 11	ie orga	ıı ıızatı	011	
(a) Name of	III arrioc	(b) Relation	ship			oan to or	(a) Original	(O Dalaman dua	100	\ In	<b>(h)</b> Ap	proved	/i> \A/	rıtten
interested persor	l	with	of loan		fro	m the	(e) Original principal amount	(f) Balance due	(g) In default?		by board or agr		(1/ **	ment?
•		organizatı	011			From			Yes	1	Yes			г
MARILYN & GE	יטפטי	** **		PURCHASE	_	FIOIII	240000.	155301.	165	No X	X	No	Yes X	No
MAKILIN & GE	DAO			PORCHASE			240000.	155501.	<del> </del>	_ A				-
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								155201						<u>.                                    </u>
<u>Total .</u>   Part III   Grants o	or A or	nintanaa	Dor	nefiting Inter	ooto	d Da	<b>▶</b> \$	155301.	i					
				•										
		_	ansv	vered "Yes" on I	-orm	990, Pa		<del></del>						
(a) Name of interes	ested p	erson	(	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistar				) Purp assista		f
				the organiza		ıu	400.014.700	455,514			•	400.01	21100	
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2012 REAL PRESENCE RADIO 45-0458973 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (a) Name of interested person (b) Relationship between interested (c) Amount de scription of person and the organization transaction transaction revenues? Yes No Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: MARILYN & GEORGE LOEGERING (C) PURPOSE OF LOAN: PURCHASE OF MOORHEAD STATION

#### 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 **2012**Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

REAL PRESENCE RADIO	45-0458973
FORM 990, PART VI, SECTION B, LINE 11: DOCUMENT IS REVIEW	
BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C: DISCUSSIONS HELD	AT BOARD
MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR D	ETERMINING
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DONE WITH A YE	ARLY REVIEW BY THE
BOARD.	
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE	KEPT AT THE
ORGANIZATION'S OFFICE AND ARE AVAILABLE UPON REQUEST OF T	HE PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER:	
PROGRAM SERVICE EXPENSES	63185.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63185.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	63185.

## 4562

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

## Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172 2012

Attachment Sequence No 179

Business or activity to which this form relates Identifying number REAL PRESENCE RADIO FORM 990 PAGE 10 45-0458973 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 500000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2000000 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 2787 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) 27937. 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 21611. 5 YRS MO SL-MO 2786. 5-year property b 7-year property 10-year property d 127205. 15 YRS MO SL-MO 2154 15-year property e 20-year property 25 yrs. S/L 25-year property 27 5 yrs MM S/L Residential rental property h MM 27.5 yrs. S/L 1 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L b 12-year MM 40 yrs. S/L 40-year Part IV | Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 35664. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part VI Amortization (a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins dunn	ig your 2012 tax year:		·		
DICKINSON LICENSE	101612	249715.	178	240.0	2081.
43 Amortization of costs that began before	e your 2012 tax year			43	27169.
44 Total. Add amounts in column (f). See	the instructions for whe	ere to report		44	29250.

### Form **8868**

Department of the Treasury Internal Revenue Service

(Rev. January 2013)

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

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		l	▶ [X]
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form).		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electroni	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6	6 months for a cor	poration
required 1	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fil	e Form 8	868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	Associated With C	Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	n the elec	ctronic filing of this	s form,
visit www	v.rs gov/efile and click on e-file for Charities & Nonprofits	S.				
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		
Part I onl	y				. 1	<b>▶</b> □
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nur	nber (EIN) or
print					45 04500	
File by the	REAL PRESENCE RADIO				45-04589	
due date for				Social se	curity number (SS	;N)
filing your return See	C/O STROMSODT CPA LTD - 28!		•			
instructions	City, town or post office, state, and ZIP code. For a form	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	is For			Code
	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A		*	08
	20 (individual)	03	Form 4720			09
Form 990		04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
	LISA DURKIN					
• The b	ooks are in the care of > 216 BELMONT ROX	AD - (	GRAND FORKS, ND 58	201		
	hone No. ► 701-795-0122		FAX No. ▶			
	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ 🔲
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole group	, check this
	. If it is for part of the group, check this box	-				
	equest an automatic 3-month (6 months for a corporation				<u> </u>	
			tion return for the organization name		The extension	
ıs f	or the organization's return for:					
<b>&gt;</b>	X calendar year 2012 or					
	tax year beginning	, an	d ending		·	
0 16+	he tay year entered in line 1 is far less than 12 months.	book rose	on: Initial return I	Final retur	·n	
2  f t	he tax year entered in line 1 is for less than 12 months, on the control of the c	neck reas	on miliar return	iliai retui		
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			
<u>est</u>	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
	lance due. Subtract line 3b from line 3a Include your pa	-				
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and Fo	rm 8879	EO for payment in	structions