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## Form 990

For the 2013 calendar year, or tax year beginning

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

Check if applicable

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

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

, 2013, and ending

OMB No 1545-0047 2013

Open to Public Inspection

D Employer Identification Number

Institute for Cultural Communicators, In 26-0721544 Address change c/o MacIntosh; 22300 McCauley Road Telephone number Name change Shaker Heights, OH 44122 216-375-1422 Initial return Terminated X G Gross receipts \$ 490,502. Amended return F Name and address of principal officer Teresa M. Moon H(a) Is this a group return for subordinates?  $|X|_{No}$ Application pending Dr. Yes H(b) Are all subordinates included? If 'No,' attach a list (see instructions) Yes Same As C Above (insert no.) 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) ( Website: ► H(c) Group exemption number iccinc.org Trust Other -X Corporation 2007 M State of legal domicile Form of organization L Year of formation Association Part I Summary Briefly describe the organization's mission or most significant activities The mission of the Institute for <u>Cultural Communicators is to equip Christians to shape the future through</u> Activities & Governance authentic leadership and cultural communication Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 7 b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 80,969 97,014. Program service revenue (Part VIII, line 2g) 250,844 354,632. Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c=2c, 10c and 13e) 10 -878. 11 21,925 26,584. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 353,738 477,352 Grants and similar amounts paid (Part IX, column (A), Tines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,158. 34,813. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 330,844. 17 313,164. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 347,977. 350,002. Revenue less expenses Subtract line 18 from line 12 3,736. 129,375. **End of Year Beginning of Current Year** Total assets (Part X, line 16). 234,064. 20 58,012. 21 Total liabilities (Part X, line 26) 3,916.50,593 Net assets or fund balances Subtract line 21 from line 20 54,096. 183,471 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Teresa M. Moon President Type or print name and title Date Print/Type preparer's name Preparer's signature Check Non-Paid Preparer self-employed Paid Preparer Firm's name Use Only Firm's address Firm's EIN P Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2013) 9

TEFA0113I 11/08/13

	990 (2013) Institute for (		In	26-0	72154	4	P	age <b>2</b>
Par		ervice Accomplishments a response or note to any line in thi	s Part III					X
	Briefly describe the organization's mi		s Fait iii	<u> </u>				
•	The mission of the Inst		municators is to	equin Ch	rietia	ane	to	
	shape the future through					2115		
	Probe cue tracare curoad	adenenes						
			<del> </del>					
2	Did the organization undertake any signi	ficant program services during the yea	r which were not listed on th	e prior				
	Form 990 or 990-EZ?					Yes	X	No
	If 'Yes,' describe these new services	on Schedule O.					_	
3	Did the organization cease conducting If 'Yes,' describe these changes on S		w it conducts, any progran	n services?		Yes	X	No
4	Describe the organization's program section 501(c)(3) and 501(c)(4) organization	service accomplishments for each o	fits three largest program	services, as	measure	l by e	xpen	ses
	Section 501(c)(3) and 501(c)(4) organization others, the total expenses, and reven	ations and section 4947(a)(1) trusts are	e required to report the amou e reported	int of grants a	nd allocat	ions to	)	
	outers, the total experiess, and rever	ac, it ally, for each program control	Toportod					
<b>4</b> a	(Code) (Expenses \$	344,512. including grants	of \$	) (Revenue	\$			)
	<u>See_Schedule_O</u>							
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4 b	(Code) (Expenses \$	including grants	of \$	) (Revenue	\$			)
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4 c	(Code ) (Expenses \$	including grants	of \$	) (Revenue	\$			
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	Other program services (Describe in	Schedule () )						
	(Expenses \$	including grants of \$	) (Revenue	Ś			)	
	Total program service expenses ►	344,512.	, (. 12.3/140	· · · · · · · · · · · · · · · · · · ·				

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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		Х
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			i
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d	:	X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> </u>
	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
-	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	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	a Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		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		Х
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		х
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		х
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
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	l	L

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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	24a		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	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		Х
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 so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thercof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	

Check if Schedule O contains a response or note to any line in this Part V			Г
Check it Scriedule O Contains a response of flote to any line in this Fart V	Т	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4	163	-110
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	<del>-</del>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	~		
(gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return	<u> </u>		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b	-	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ►	44		
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
•			
<b>6 a</b> 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?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	_	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
4 Delay and the second	7f		X
<b>q</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	_,		
Form 1098-C?	7 h		
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 the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			ļ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			V
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		Щ.

Form 990 (2013) Institute for Cultural Communicators, In 26-0721544 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a 1 a Enter the number of voting members of the governing body at the end of the tax year 5 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 1 b 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х 8Ь X **b** Each committee with authority to act on behalf of the governing body? 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes 10 a X 10 a 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O X 12 c X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official See Schedule O Х 15 a **b** Other officers of key employees of the organization 15<sub>b</sub> Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH VA TN MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

Form <b>990</b> (2013) Institute for Cultural Communicators, In	26-0721544	Page <b>7</b>
Part VII   Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employe	es, and
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 Compens	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir	na 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

Check this box if neither the organization is	T	T T	J	(0				<u> </u>		
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n is boti	n an I	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dr. Teresa M. Moon	_ 70 _									
President	0	Х		Х				32,145.	0.	25,066.
(2) Lisa Kays Vice President	<u>25</u>	х		Х				0.	0.	0.
	0	ļ "						5		0
Board Member	5	Х				_		0.	0.	0.
	3	х						2,668.	0.	0.
(5) Dr. Scott Wilcher	0		Н					2,000.	0.1	
Board Member	10	х						0.	0.	0.
<u>(6)</u>										
<u></u>										
<u>(9)</u>						•				
(10)										
(11)										
(12)		•								
(13)		•								
(14)										

Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

Name and business address

Description of services

(C)

Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization's tax year

(B)

Compensation

Compensation

. ai	Check if Schedule O contains a response or note to any	line in this Part VI	IL		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S 5	1 a Federated campaigns 1 a				
<b>Z S</b>	b Membership dues 1 b				
왕왕	c Fundraising events 1 c				
등목	d Related organizations 1 d				
S S	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 97,014.				:
	g Noncash contributions included in lines 1a-1f \$				
<u>ठ ₹</u>	h Total. Add lines 1a-1f  Business Code	97,014.			
3		272 002	272 002		
2	2a Conferences	273,882. 59,870.	273,882. 59,870.		-
핑	b Chapter Dues c Team Member Payments	20,880.	20,880.		
Ē	c Team Member Payments	20,000.	20,000.	·	
SE SE	<u> </u>				
Ž	f All other program service revenue	-			
2	g Total. Add lines 2a-2f	354,632.			
-	3 Investment income (including dividends, interest and	334,032.			
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	<b>b</b> Less rental expenses				
į	c Rental income or (loss)				
l	d Nct rental income or (loss)				
i	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 2,013.				
	b Less cost or other basis				
	and sales expenses 2,891. c Gain or (loss) -878				
	c Gain or (loss) -878. d Net gain or (loss)	070	070		
-		-878.	-878.		
삘	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c)				
뿚	See Part IV, line 18				
OTHER REVENUE	<b>b</b> Less direct expenses <b>b</b>				
<u> </u>	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19		·		
	<b>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a 36,843.				
	<b>b</b> Less cost of goods sold <b>b</b> 10,259.				
	c Net income or (loss) from sales of inventory	26,584.	26,584.		
	Miscellaneous Revenue Business Code				
	11a		<del></del>		
	b				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	A77 252	300 330	0.	0.
	12 I otal levellue, See IIISti uctions	477,352.	380,338.	U.	<u> </u>

Page **10** 

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0. trustees, and key employees 34,813 34,813 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management 3,200 3,200 **b** Legal 2,700 2,700 <u>41</u>2 c Accounting 412. **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column 2,976. 2,976. (A) amount, list line 11g expenses on Schedule (1) Advertising and promotion 1,480. 12 1,480 Office expenses 14,502. 14,502. 14 Information technology 6,758 6,758. Royalties 15 Occupancy 16,033 16,033 16 17 45,473. 45,473. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1,437 1,437 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 4,845 4,845. Insurance 3,465 3,465 Other expenses Itemize expenses not covered above (List miscellaneous expenses 24 in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 55,183 55,183 Conference-Facilitity Fees/Cha 54,102 **b** RV Maintenance and Repairs 54,102 <u>35,391</u> 35,391 c Conference-Food 12,332 d Bank Charges - Merchant Fees 12,332 e All other expenses See Sch. Q 52,875 52,875. 25 Total functional expenses Add lines 1 through 24e 347,977 344,512. 3,465 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation If following Check here -SOP 98-2 (ASC 958-720)

Page **11** 

Form 990 (2013) Institute for Cultural Communicators, In 26-0721544 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

	<u>τ χ</u>	Balance Sneet				
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash — non-interest-bearing		38,196.	1	200,166.
	2	Savings and temporary cash investments			2	· ·
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	1,249.	4	15,988.	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c beneficiary organizations (see instructions) Complete		6		
A S E T S	7	Notes and loans receivable, net			7	
S	8	Inventories for sale or use		533.	8	678.
š	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 30,136.			
	b	Less: accumulated depreciation	10b 12,904.	18,034.	10 c	17,232.
-	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	Intangible assets		14		
-   -	15	Other assets See Part IV, line 11		15		
.	16	Total assets. Add lines 1 through 15 (must equal line	34)	58,012.	16	234,064.
	17	Accounts payable and accrued expenses		3,858.	17	50,593.
'	18	Grants payable			18	
'	19	Deferred revenue			19	
ㅏ :	20	Tax-exempt bond liabilities			20	
À I	21	Escrow or custodial account liability Complete Part			21	
L A B I L I T	22	Loans and other payables to current and tormer office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons	58.	22	
II	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
<u> </u>	24	Unsecured notes and loans payable to unrelated third	·		24	
- 1		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•		25	
:	26	Total liabilities. Add lines 17 through 25		3,916.	26	50,593.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► X and complete			
ASSETS	27	Unrestricted net assets		54,096.	27	183,471.
Ĕ   :	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		29		
P F		Organizations that do not follow SFAS 117 (ASC 958), cland complete lines 30 through 34.				
FUND :	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipm		31		
ΧI	32	Retained earnings, endowment, accumulated income			32	
8	33	Total net assets or fund balances	54,096.	33	183,471.	
٦ L .						

BAA

Form **990** (2013)

Forn	n <b>990</b> (2013) Institute for Cultural Communicators, In 20	0/21	L544	Р	age 12
Pai	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		477,	<u>352.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		347,	977.
3	Revenue less expenses Subtract line 2 from line 1	3		129,	375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		54,	096.
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	Ī		
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		183,	<u>471.</u>
Pa	rt XII Financial Statements and Reporting	•	•		
	Check if Schedule O contains a response or note to any line in this Part XII				
				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				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	wed on	а		
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep- basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	iit,		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 8	a 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?	:		3 a	X
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt		ا ا	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>		3 b	(0013)
BAA	ı		F	orm 990	(2013)

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

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

26-0721544 Institute for Cultural Communicators, In Part | 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) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 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 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 Type II 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 disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that 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? Yes No 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of your support? (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 column (i) listed in (vi) Is the organization in column (i) (vii) Amount of monetary support (see instructions)) your governing document? organized in the Yes Yes No Yes No (A) (B) (C) (D) **(E)** Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

## 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						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
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						
_	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	<b>Public support.</b> Subtract line 5 from line 4	_					
Sec	tion B. Total Support		1	1			
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<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 or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗍
	tion C. Computation of Pul						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))		14	<u> </u>
	Public support percentage from 2		,			15	%
	33-1/3% support test — 2013. If and stop here. The organization	qualifies as a pu	blicly supported o	rganization			▶ ∐
t	33-1/3% support test — 2012. If t and stop here. The organization	he organization of qualifies as a pu	did not check a bo oblicly supported o	ox on line 13 or 16 organization	oa, and line 15 is i	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

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)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants')	E2 102	64 124	00 005	90 060	07 014	206 205
2	Gross receipts from admis-	53,103.	64,134.	90,985.	80,969.	97,014.	386,205.
۷	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	270,331.	233,260.	227,644.	272,769.	381,215.	1,385,219.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,,		,		331,223.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	323,434.	297,394.	318,629.	353,738.	478,229.	1,771,424.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	10,343.	10,343.
t	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.	0.	0.	0.	0.	0.
_	: Add lines 7a and 7b	0.	0.	0.	0.	10,343.	10,343.
	Public support (Subtract line 7c from line 6)			<u></u>			1,761,081.
	tion B. Total Support	4 1 2222	# > 00 to T		T		
	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
_	Amounts from line 6	323,434.	297,394.	318,629.	353,738.	478,229.	1,771,424.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511			-			0.
	taxes) from businesses acquired after June 30, 1975.						•
_	: Add lines 10a and 10b	0.	0.	Ó.	0.	0.	0.
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.		0.	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
13	Total Support. (Add Ins 9,10c, 11 and 12)	323,434.	297,394.	318,629.	353,738.	478,229.	1,771,424.
14	First five years. If the Form 990 organization, check this box and	is for the organiza					
Sec	tion C. Computation of Pul	olic Support Pe	ercentage				
15	Public support percentage for 20	13 (line 8, column	(f) divided by line	e 13, column (f))		15	99.42 %
16	Public support percentage from 2	2012 Schedule A, I	Part III, line 15			16	95.16 %
Sec	tion D. Computation of Inv	estment Incom	e Percentage				
	Investment income percentage for			by line 13, colui	mn (f))	17	0.00 %
18	Investment income percentage fr	om <b>2012</b> Schedule	e A, Part III, line 1	17		18	0.00 %
19 a	<b>33-1/3% support tests</b> – <b>2013.</b> If is not more than 33-1/3%, check	the organization of this box and stop	lid not check the l	oox on line 14, a zation qualifies a	nd line 15 is more is a publicly suppo	than 33-1/3%, and orted organization	nd line 17
b	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	the organization of	lid not check a bo	x on line 14 or li	ne 19a, and line 1	6 is more than 33	3-1/3%, and
20	Private foundation. If the organiz		•		•		▶ 📙

Scriedule A	(FOIIII 990 OF 990-EZ) 2013	Institute for C	urcurar communi	Calois, III 26-0721344	raye 4
Part IV	<b>Supplemental Informatio</b> or 17b; and Part III, line (See instructions).	on. Provide the expl 12. Also complete the	anations required balls part for any add	y Part II, line 10; Part II, line 17a itional information.	a
			<b></b>		
		<b>_</b>	<del></del> _		
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545 0047 2013

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Ins	stitute for Cultural Communica	itors, In	26-0721544
Par	t   Organizations Maintaining Dono	or Advised Funds or Other Similar Full wered 'Yes' to Form 990, Part IV, line	nds or Accounts. 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) botton davised farias	(a) i ando and other deceants
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 do are the organization's property, subject to the	nor advisors in writing that the assets held in d	lonor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	ors, and donor advisors in writing that grant fun t of the donor or donor advisor, or for any other	nds can be used only
D	impermissible private benefit?		l les l No
Par	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by	<u> </u>	
	Preservation of land for public use (e g , r	· 🗀	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	neld a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
2	Total number of conservation easements		2 a
_	Total acreage restricted by conservation ease	ments	2 b
	: Number of conservation easements on a certi		2c
_		` '	
	Number of conservation easements included in structure listed in the National Register		2 d
3	Number of conservation easements modified, translatax year ►		the organization during the
4	Number of states where property subject to conse		<del></del>
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, hants it holds?	indling of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements during	ng the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9		s conservation easements in its revenue and exper to the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
Par		ctions of Art, Historical Treasures, or	
		wered 'Yes' to Form 990, Part IV, line	<del></del>
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research in f	
t	If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, erance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	<del>2</del> 1	<b>&gt;</b> \$
ь	Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (Form 990) 2013 INST				26-072		Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, or	Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and othe			re a significant use of its	collection	
a Public exhibition		<b>—</b>	or exchange programs			
<b>b</b> Scholarly research		e [ ] Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII	zation's collections and	d explain how they	further the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	han to be maintained	d as part of the o	rganization's collection	?	Yes	No_
Part IV Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	.Complete if t 990, Part X,	he organization an: line 21.	swered 'Yes' to For	m 990, Pai	rt IV, _
1 a Is the organization an agent, true on Form 990, Part X?		•		ner assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and con	nplete the followi	ng table		A	
Daniel an belone					Amount	
c Beginning balance				1 c		
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>				1 e		
f Ending balance				1f		
2 a Did the organization include an a	amount on Form 990	Part X line 217		<u> </u>	Yes	No
<b>b</b> If 'Yes,' explain the arrangement				ا I in Part XIII		Η."
<b>2</b> ii 100, explain the arrangement	an a	nord in the explain	mon nas soon promasa			Ш
Part V Endowment Funds. C	omplete if the or	ganization an	swered 'Yes' to For	rm 990, Part IV, Iin	e 10.	
	(a) Current year	(b) Prior year			(e) Four yea	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships	<del></del>				1	
e Other expenditures for facilities						
and programs  f Administrative expenses			_		+	
<b>q</b> End of year balance	-	<del> </del>		· · · · · · · · · · · · · · · · · · ·	+	
2 Provide the estimated percentage	e of the current year	end halance (lin	e 1a, column (a)) held	20		
a Board designated or quasi-endowm		%	e rg, column (a)) nelu	as		
<b>b</b> Permanent endowment		<del></del> •				
c Temporarily restricted endowmer		%				
The percentages in lines 2a, 2b,						
<b>3a</b> Are there endowment funds not in t			are held and admanistered	I for the		
organization by	,	<b>g</b>			Yes	No
(i) unrelated organizations.					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed a	as required on So	hedule R?		3b	
4 Describe in Part XIII the intended	d uses of the organiz	ation's endowme	ent funds.			
Part VI Land, Buildings, and						
Complete if the organi	ization answered	I 'Yes' to Form	n 990, Part IV, line	11a. See Form 990	), Part X, Iı	ne 10.
Description of property	(a) Cos	ot or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land						
<b>b</b> Buildings			5,162.	570.		4,592.
c Leasehold improvements						
<b>d</b> Equipment			24,846.	12,273.	12	2,573.
e Other		1	128.	61.		67.
Total. Add lines 1a through 1e (Colum	nn (d) must equal Fo	rm 990, Part X, o		<b>&gt;</b>	17	7,232.
BAA	<del> </del>	· · · · · · · · · · · · · · · · · · ·	"	Schedu	ule <b>D</b> (Form 99	

Schedule <b>D</b> (Form 990) 2013 Institute for Cul	tural Communica	tors, In	26-0721544	Page 3
Part VII Investments — Other Securities. Complete if the organization answered	d 'Yes' to Form 990	N/A , Part IV, line 11b.	See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	uation. Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests.			·	
(3) Other				
(A)				
(B)				
(B) (C) (D) (E)		_		
(D)		•		
	· · · · · · · · · · · · · · · · · · ·		<del></del>	
(F) (G)			<del>-</del>	
(H)			···	
(l)			<del> </del>	
Total (Column (b) must equal Form 990, Part X, column (B) line 12)				
Part VIII Investments – Program Related. Complete if the organization answered	d 'Yes' to Form 990	N/A , Part IV, line 11c.	See Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value		on. Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				*
(10)				
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	•		<del></del>	
Part IX Other Assets. Complete if the organization answered	N/A		0 F 000 B 1V	
		, Part IV, line 11d.	See Form 990, Part X (b) Book	line 15.
(1)	scription		(b) 600r	value
(2)				
(3)				
(4)				
(5)	<del></del>			
(6)				
<del>(7)</del> <del>(8)</del>	,	0		
(9)				
(10)			·	
Total. (Column (b) must equal Form 990, Part X, column (	B), line 15 )		•	
Part X Other Liabilities.		446.0 5 000	D 1 V 1 05	
Complete if the organization answered 'Yes' to F  (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990,	Part X, line 25	
(1) Federal income taxes	(b) Book value	<del> </del>		
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
(10)				
(11)				
Total (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>&gt;</b>			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortax positions under FIN 48 (ASC 740) Check here if the text of the footnote			ts the organization's liability for unc	ertain $\Box$
V	,			<u> </u>

Schedule D (Form 990) 2013 Institute for Cultural Communicato	<del></del>	<u>6-0721544                                   </u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen		Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 12a.		
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			
a Net unrealized gains on investments	2 a	_j	
<b>b</b> Donated services and use of facilities	2 b	_}	
c Recoveries of prior year grants	2 c	_	
d Other (Describe in Part XIII)	2 d	_	
e Add lines 2a through 2d		2 e	_
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	_	
<b>b</b> Other (Describe in Part XIII )	4 b	_	
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part XII Reconciliation of Expenses per Audited Financial Statemen	•	r Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 12a.		
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			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b	7	
c Other losses	2 c	7	
d Other (Describe in Part XIII)	2 d	7	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Part XIII   Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also com	plete this part to provide ar	nt v, ny additional informa	ation
			- <b></b>
BAA		Schedule <b>D</b> (Form	990) 2013

#### 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

26-0721544 Institute for Cultural Communicators, In Form 990 - Explanation of Amended Return This amended return is being filed to reduce gross income by erroneously reported unreimbursed expenses of volunteers as required by Form 990 instructions reflected below: Form 990 Instructions, Page 37: Contributions DO NOT include: .....Unreimbursed expenses of officers, employees or volunteers. Such expenses previously reported in income totalled \$14,745. Expenses were also were reduced accordingly. Form 990, Part III, Line 4a - Program Service Accomplishments ICC mentors Christian leaders. The organization's core values of competence, character, and community drive mission advancement through conferences and chapters. Training events range in length from one day to one week. Chapters advance the ICC mission in their local area, equipping students from 6 to 18 years of age and their parents in leadership and communication competencies while grounding them in Biblical character, through activities to promote competencies including leadership development, inter-cultural communication, service, coaching skills, public speaking, \_ critical thinking and debate, creativity, and cultural awareness. Chapter members seek out community platforms including schools, libraries, businesses, retirement homes, hospitals, charities, churches, and other civic-minded organizations to share messages of hope, encouragement, and Christian charity. Many chapters use these platforms to raise funds and awareness in support of organizations addressing a variety of issues. Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. Teresa Moon and Wendell Moon have a family relationship

Schedule O (Form 990 or 990-EZ) 2013	, <del></del>	Page Z
Name of the organization  Institute for Cultural Communicators, In	Employer identification number 26-0721544	
Form 990, Part VI, Line 11b - Form 990 Review Process	· <b></b>	
All Members of the Board of Directors were circulated the Form	990 prior to filin	g
with the Internal Revenue Service.		
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	ıflicts	
Annually all officers and Board Members are required to sign the	e Conflict of	<b></b>
Interest certification_statement		
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management	<del>-</del> -
Comparable salaries obtained from 990 filings of similar organi	zations. Board	<b>-</b>
approved President's salary.		
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available		
All_governing_documents, policies_and_financial_statements_are_	available upon	
request		
		<del></del> -
	. <b></b>	<b>-</b> .
	· <b></b>	
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	. <b></b>	
	· <b></b>	- <b>-</b>
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## **Schedule O - Supplemental Information**

Page 1

Institute for Cultural Communicators, In

26-0721544

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

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
-				
Bank Charges	412.	412.		
Business Ğifts	233.	233.		
Chapter Screening Fees	1,920.	1,920.		
Compensation adjustment	-2,418.	-2,418.		
Conference-Awards, Badges	465.	465.		
Conference-Gas	8,705.	8,705.		
Conference-Lodging	4,199.	4,199.		
Conference-Miscellaneous	1,245.	1,245.		
Conference-Supplies	4,862.	4,862.		
Conference-Touring Fees	1,425.	1,425.		
Curriculum Research	766.	766.		
Dues & Subscriptions	1,783.	1,783.		
Flood The Five-Facility Fees	1,800.	1,800.		
Flood the Five-Meals	2,772.	2,772.		
Flood The Five-Supplies	530.	530.		
ICCFS - Expense Reimbursements	2,978.	2,978.		
Meals	6,474.	6,474.		
Miscellaneous Expense	476.	476.		
Other Taxes, Licenses and Fees	800.	800.		
Postage and Shipping	3,173.	3,173.		
Repairs-Building	5,069.	5,069.		
Repairs-Van	1,399.	1,399.		
Roadside Service Insurance	3,177.	3,177.		
Sales Tax	290.	290.		
Team Member - Food	5,830.	5,830.		
Team Member - Supplies	221.	221.		
Training	9,034.	9,034.		
Unreimbursed Expenses	-14,745.	-14,745.		
Total §	52,875.	\$ 52,875.	\$ 0.	\$ 0.

2013	Federal Supporting Detail		Page 1
	Institute for Cultural Communicators, In		26-0721544
Contributions, Gifts, and G Other contributions, gifts, on Donations Received Less: unreimbursed ex	grants, etc.	Total	\$ 111,759. -14,745. \$ 97,014.
Stmt. of Functional Expens Office expenses  Phone Office Supplies Computer Supplies Cleaning Utilities On line Database Managother Office Expenses		Total	\$ 5,931. 1,316. 99. 673. 4,923. 1,200. 360. \$ 14,502.
Stmt. of Functional Expens Information technology Website Internet Electronics	ses (990)	Total	\$ 1,502. 4,356. 900. \$ 6,758.
Stmt. of Functional Expens Travel  Conference-Air Travel Conference-Car Rental Conference-Transportal Flood the Five-Travel ICCFS-Travel Non-Conference Travel Conference-subway		Total	\$ 25,355. 2,169. 557. 7,847. 108. 9,333. 104. \$ 45,473.
Officers, Directors, Trustee Nontaxable benefits Tuition Reimbursement Rental Income for home	Benefit	Total <sup>,</sup>	\$ 9,033. 16,033. \$ 25,066.

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2013	Federal Supporting Detail Institute for Cultural Communicators, In		Page 2
Balance Sheet	,		
Balance Sheet Accounts receivable			
Receivable from Interns CAP Receivable		\$ Total <u>\$</u>	1,350. 14,638. 15,988.