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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

JANUARY 1 DECEMBER 31 For the 2013 calendar year, or tax year beginning 2013, and ending C Name of prganization MESSIAH FOUNDATION FOR CHRISTIAN COMMUNICATIONS D Employer identification number Check if applicable: 45-0307661 Doing Business As THE HOUR OF WORSHIP Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 701-237-6770 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated FARGO, NORTH DAKOTA 58107 232,305. G Gross receipts \$ Amended return Application pending F Name and address of principal officer. **Donald Ommodt** H(a) Is this a group return for subordinates? Yes No 1328 N. Oak St., Fargo, ND 58102 H(b) Are all subordinates included? Tyes No If "No," attach a list, (see instructions) 501(c)(3) ✓ (insert no.)
 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust L Year of formation Association ☐ Other ▶ M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: This organization provides a weekly Sunday morning worship service broadcast on WDAY-6 and its affiliates in all ND, NWMN, NESD, and small portion of southern Activities & Governance Manitoba, Canada, from the sanctuary of Messiah Lutheran Church, 2010 North Elm St., Fargo, ND 58102 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 10 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 SCANNED MAY 2 1 2014 **Current Year** Contributions and grants (Part VIII, line 1h). 65,824 8 9 Program service revenue (Part VIII, line 2g) ٥ 10 71,821 49,484 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 115,308 115,054 12 Grants and similar amounts paid (Part IX, column-(A)-lines 1=3 13 0 Benefits paid to or for members (Part IX) Sourth (X) Line 4) 0 14 15 Salaries, other compensation, employee benefits (Part IX, column A), lines 5-10) 0 Professional fundraising fees (Part-IX, column (A), line 11e)
Total fundraising expenses (Part IX) column (A) lines 25)
Other expenses (Part IX, column (A), lines 11a-11d, -11f-24e) 0 16a 0 17 95249 100.609 Total expenses. Add lines 13-17 (must equal[Part N., column (A) line 25) 18 95,249 100,609 19.805 14,699 19 Revenue less expenses. Subtract line 18-from line 12 End of Year 20 Total assets (Part X, line 16) 686,238 700,922 21 Total liabilities (Part X, line 26) . 7.065 7,050 22 Net assets or fund balances. Subtract line 21 from line 20 679.173 693,872 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date

Here INDA Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Paid Check 🔲 if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No. Form 990 (2013)

Part		•	5 III	
1	Briefly describe the organization's miss	response or note to any line in this F	Zart III	<u>v</u>
•	Our mission is to provide a weekly Sunda		ver WDAY-6 TV and its affiliates whic	h airs in ND,
	NWMN, NESD, small portion of southern	• •		
2	Did the organization undertake any sig	prificant program services during the v	ear which were not listed on the	
~			_]Yes ☑No
	If "Yes," describe these new services o	on Schedule O.	-	
3	Did the organization cease conducting		how it conducts, any program	
	services?		[⊒Yes 🗹 No
	If "Yes," describe these changes on Sc			
4	Describe the organization's program sexpenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,)(4) organizations are required to repo		
4a	(Code:) (Expenses \$	70,195 including grants of \$) (Revenue \$	
70	Air time with WDAY-6 TV for 51 weeks.	70,173 including grants of ψ) (Hevenue Φ	,
	All title with work of the for or weeks.			
4b	(Code:) (Expenses \$	12,000 including grants of \$) (Revenue \$	
	Messiah Lutheran Church for acknowledge		• •	o donors.
			· ·	
_				
4c	(Code:) (Expenses \$	7,084 including grants of \$) (Revenue \$)
	Wells Fargo Investment for servicing inve	esetments.		
4d	Other program services (Describe in Sc			
	(Expenses \$ 11,330 including	 	\$)	
<u>4e</u>	Total program service expenses ▶	100,609		

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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
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			<i>v</i>
_		4		-
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		~
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		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		~
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	~	
Ь	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		~
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		·
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a]	~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
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		·
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		~
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		~
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		·
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		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		Form	990	(2013)

Form 99	0 (2013)		,	Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	A 4	Yes	No No
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	21		~
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		,
24a	\$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		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
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		V
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		,
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		,
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):			72.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		v
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		V
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		~
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		~
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		
		Ear	_ uun	10010

Part				[2]
	Check if Schedule O contains a response or note to any line in this Part V	-: - :	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
Ь	If "Yes," enter the name of the foreign country: 20			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	En		V
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		
C	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?	[6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		V
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		V
9	Sponsoring organizations maintaining donor advised funds.	0-		~
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<u></u>
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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders		ij	
-	against 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		V
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>/</u>
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u></u>	
		Form	990	(2013)

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. U</u>
Sect	ion A. Governing Body and Management			T
	Parities about the form of the control of the contr	- Systema	Yes	No
за	Enter the number of voting members of the governing body at the end of the tax year 1a	-	4	
	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 . 1b	7		1
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?	2	a listance (SI	V
3	Did the organization delegate control over management duties customanly performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	ł	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Did the organization have members or stockholders?	6		1
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	<u> </u>	~
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
_	stockholders, or persons other than the governing body?	7b	(takenti to	1900 A. 28
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	• •	000	✓	
a	The governing body?	8a 8b	~	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	<u> </u>
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	~	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ŀ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	and thinker of the	1 30 to 1 1 1 1 1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100.000		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	_	_
13	Did the organization have a written whistleblower policy?	13	\vdash	1
14	Did the organization have a written document retention and destruction policy?	14		~
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?			
а	The organization's CEO, Executive Director, or top management official	15a		_
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ž,		
16a	, , , , , , , , , , , , , , , , , , ,		100	
	with a taxable entity during the year?	16a	1.15.56	रेल स
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	2.13	E 7/25/39
Secti	on C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ► N/A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104 re	n 5010	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ 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 in	iterest	policy	, and
00	financial statements available to the public during the tax year.	0 6£4L.		
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: Linda Monge, 2309 Evergreen Rd, NF, Fargo, ND 58102 (701)293-9861	5 UI LI16	7	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

K orm	000	/bns	2

Part VII	Compensation of Officers, Direct	ors, Trustees, Key	/ Employees, High	hest Compensate	d Employees,	and
	Independent Contractors					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (D) (A) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) veek (list any related Individual trustee or director Institutional Key employee Highest compensated employee the organizations compensation hours for (W-2/1099-MISC) from the related organization roanizations W-2/1099-MISC organization and related below dotted trustee line) organizations (1) Donald Ommodt, President 1-2 1328 Oak St. N., Fargo, ND 58102 (2) Ken Kennedy, Vice President n 1647 Birchwood, West Fargo, ND 58078 0 0 (3) Brady Vick 0 J 57 32nd Ave. N., Fargo, ND 58102 0 (4) Linda Monge 1.2 J 2309 Evergreen Rd., Fargo, ND 58102 0 0 (5) Helen Danielson 0 RR 2, Box 97, Brooktree Park, Harwood, ND 58042 0 0 0 (6) LaVerne Sansted 61 18th Ave. N., Fargo, ND 58102 0 0 (7) Merrill Piepkorn 1321 3rd St. N , Fargo, ND 58102 (8) (9) (10)(11)(12)(13)(14)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or directo	unles	Pos neck ss pe	rson	than the bottom or/trus Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatic relate organizat (W-2/1099-	on from d ions	Esti amo compo froi orgar and	mated punt of ther ensation m the enization related izations
			ee	stee			nsated						·
(15)										_			_
(16)													•
(17)		1								-			-
(18)		· · · · · · · · · · · · · · · · · · ·									+		
(19)											-		·· <u>·</u>
(20)													
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(22)													
(23)											-	-	
(24)				-			_					 .	
(25)												•	
1b c	Sub-total			l · ·		· ·	•	<u> </u>	0		0		
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a	above	e) w	ho received mo	ore than \$1	00,000	of	,
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direct						emp	loyee, or high	est compe	ensated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization'											5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensa	ation
N/A													
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

r en	· viii	Check if Schedule O contains a response or note to	any line in this	Part VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b				
Es, C	С	Fundraising events 1c				
ia gi	d	Related organizations 1d				
S, III	е	Government grants (contributions) 1e	j			
ation er S	f	All other contributions, gifts, grants,				
결축		and similar amounts not included above 1f 65,824				
ont od G	g	Noncash contributions included in lines 1a-1f: \$				
<u>0</u> =	h	Total. Add lines 1a–1f	65,824			
Ē		Business Code				
946	2a	ļ				
8	b	 				
ž	d C					
Š	-					<u></u>
gran	e f	All other program service revenue .				
Program Service Revenue	g	Total. Add lines 2a–2f	0			<u> </u>
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	31,729			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	(b)	Less: rental expenses				
	С	Rental income or (loss)			·	ļ
	d	Net rental income or (loss) ▶				ļ
	7a	Gross amount from sales of (i) Securities (ii) Other	ł			
	ا	assets other than inventory 134,752				
	(b)	Less: cost or other basis and sales expenses . 116.997				
		and sales expenses . 116,997 Gain or (loss) 17,755				
	d	Net gain or (loss)	17,755		<u></u>	
		Not gain of (1033)	11,700			<u> </u>
ne	8a	Gross income from fundraising	•			
ej ej		events (not including \$	1			
Other Revenue		of contributions reported on line 1c).				
P.		See Part IV, line 18 a				
돭	b	Less: direct expenses b				
•		Net income or (loss) from fundraising events . ▶	0			
	9a	Gross income from gaming activities.				
	١.	See Part IV, line 19 a				
	b	Less: direct expenses b Net income or (loss) from gaming activities				
	•	Net income or (loss) from gaming activities Gross sales of inventory, less	0	······································		
	IVa	returns and allowances a				
	ь	Less: cost of goods sold b	j			
	I	Net income or (loss) from sales of inventory ▶	0			
	Ť	Miscellaneous Revenue Business Code				
	11a					
	ь					1
	С					
	d	All other revenue				-
		Total. Add lines 11a-11d				
	(12)	Total revenue. See instructions ▶	115,308	<u> </u>		

Part IX Statement of Functional Expenses

					r organizatioi		

	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .	<u> </u>	<u></u> <u>U</u>
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,			 :	ರ ಭಾವತದ ಕಣಕಾಲವರ್ಷಗಳ ನಿರ್ಗಾ
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,	· · · · · · · · · · · · · · · · · · ·			
-	trustees, and key employees	o	0	o	0
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o	o	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	D	0	0	0
11	Fees for services (non-employees):				<u> </u>
	Management	0	٥	ام	0
b	Legal	0	0	0	0
C	Accounting	0		0	
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	7,084	7,084	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(A) amount, list line 11g expenses on Schedule O.)	o	o	o	0
12	Advertising and promotion	3,635	3,635	0	0
13	Office expenses	1,895	1,895	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	4,051	4,051	0	0
23	Insurance	364	364	0	0
24	Other expenses. Itemize expenses not covered	,			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	WDAY-6 TV	70,195	70,195	0	0
a	Messiah Lutheran Church	12,000	12,000	0	0
b C	Foreign Tax	12,000	101	0	
d	Honorariums	750	750	0	
e	All other expenses CE,PO Box,Lic,OpSu.	534	534	0	
25	Total functional expenses. Add lines 1 through 24e	100,609	100,609		<u>-</u>
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)	100,007	100,007		

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 6,977 1 16,533 4,597 2 4,602 2 Savings and temporary cash investments 3 3 0 ol 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 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 instructions). Complete Part II of Schedule L. 0 6 7 ol ol 8 0 o 9 0 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 37,811 Less: accumulated depreciation ь 10b 4,051 0 10c 33,760 674,664 11 646,027 11 0 12 12 Investments—other securities, See Part IV, line 11 0 0 13 0 13 Investments - program-related, See Part IV, line 11 0 14 14 0 15 0 15 0 686,238 16 700,922 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,065 17 7,050 17 0 18 0 18 0 19 19 0 0 20 20 0 0 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 ol 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X O 0 Total liabilities. Add lines 17 through 25 _ . . _ . 7,065 26 7.050 Organizations that follow SFAS 117 (ASC 958), check here ► **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 0 27 27 0 Temporarily restricted net assets 0 28 0 ol 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. ō 679,173 30 Net Assets 30 Capital stock or trust principal, or current funds 693.872 0 31 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 0 33 679,173 33 693,872 700,922 Total liabilities and net assets/fund balances 686,238 **34**

Form 990 (2013)

Form 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the orga	anization	·					[1	Employer i	dentificatio	n number	
	NDATION	FOR CHRISTIAN	COMMUNICATIONS (1	The Hour	of Worshi	p)			45-03	307661	
			rity Status (All orga						nstruction	ons.	
1	urch, con nool desc spital or a dical res	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza on operated in conjun	churche ch Sched ation des	s describ ule E.) cribed in	ed in sec section	tion 170 170(b)(1)((b)(1)(A)(i (A)(iii).)(iii). Enter th	e
5	rganizatio	•	the benefit of a colle	ge or un	versity o	wned or	operated	by a go	vernmen	tal unit desc	ribed in
7 🗹 An oi	rganizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Pal	al part of					nit or fror	n the genera	al public
8	mmunity	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)					
receij supp	pts from ort from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975. Se	tions—su lated bu	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 331/39	% of its
11 An or	rganizationses of c	on organized ar one or more pub	operated exclusively od operated exclusively dicly supported organ describes the type of	ely for th	ne benefi describe	t of, to d in sect	perform tion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See	
a ☐ e ☐ By ch other or se	Type I necking the than fou ction 509	b Type his box, I certify ndation manage (a)(2).		I-Function is not content e or more	nally inte ntrolled o publicly	grated directly or support	d □ · indirectled organi	Type III-Ny by one izations c	Non-funct or more described	tionally integ disqualified (d in section 5	persons 509(a)(1)
•	•		he organization acce		gift or co	 ontributio	n from a	ny of the			. 🗆
	ving pers				Ū			•			
			ndirectly controls, eithody of the supported								s No
(ii) A	family m	ember of a perso	on described in (ı) abo	ove?						11g(ii)	
• •		•	a person described in							11g(iii)	
			on about the support					τ			
(i) Name of su organizati		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S.?	(vii) Amount of suppor	
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	<u> </u>	
(A)											
(B)											
(C)											
(D)											
(E)											

Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support				rouge compile		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		40/-010			\(\frac{1}{2}\)	<u> </u>
	membership fees received. (Do not				'	ľ	
	include any "unusual grants.")	27,100	31,425	42,140	43,233	65,824	209,722
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	}			ļ	! !	
3	The value of services or facilities						
	furnished by a governmental unit to the					ì	
	organization without charge						
4	Total. Add lines 1 through 3	27,100	31,425	42,140	43,233	65,824	209,722
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	Co. 20				6	
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)				9.3		
Section 5	Public support. Subtract line 5 from line 4. on B. Total Support	SAME AND DESCRIPTION OF THE PERSON OF THE PE				للمدين المسامل	209,722
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	27,100					209,722
8	Gross income from interest, dividends,						
•	payments received on securities loans,	i i				i	
	rents, royalties and income from similar					ĺ	
	sources	9,957	37,474	32,853	71,821	49,484	201,589
9	Net income from unrelated business				, ,		
	activities, whether or not the business	ļ			i]	
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	心理 集(187)	车槽气管的等于	1 (4) 34 (1) 13 (4)	37个的情報		411,311
12	Gross receipts from related activities, etc	-	· · · · ·			12	
13	First five years. If the Form 990 is for the	_			•		1 7 2 7
<u> </u>	organization, check this box and stop he			· · · · ·		<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · ▶ ∐</u>
	on C. Computation of Public Suppor			4 1 (0)		44	F0.00.0/
14 15	Public support percentage for 2013 (line of Public support percentage from 2012 Sci		•			14	50.99 % 48 %
16a	331/3% support test—2013. If the organi						
·vu	box and stop here. The organization qua						. >
b	331/3% support test—2012. If the organ	•		•			
	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test - 20	013. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and I	ine 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly su	pported
	organization	• • • •					. ▶ □
b	10%-facts-and-circumstances test—20	012. If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m				he organizatio	n qualifies as a	
	,,						. ▶ 🛚
18	Private foundation. If the organization di	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and s	see

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.)

Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1	1	1	i		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ļ]		}	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid			[[
	to or expended on its behalf				_		
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge	<u></u>	<u> </u>	<u> </u>			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	1		<u> </u>		<u> </u>	
ь	Amounts included on lines 2 and 3						
-	received from other than disqualified		1				
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year	L _		[[
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	840 38 45 i		1.5	21 1-16	5-32-36-35	
	line 6.)	建新	學的政化		1000000		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,					,	
	payments received on securities loans, rents,	J]	J J]	
	royalties and income from similar sources .						. <u> </u>
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses		ĺ	ĺ			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business		1				
	activities not included in line 10b, whether	}	1				
	or not the business is regularly carried on		<u></u>				
12	Other income. Do not include gain or]] }			
	loss from the sale of capital assets						
40	(Explain in Part IV.)		 _				
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12.)		1. 6	d 46:5-4 f 33	- Effit		F04/-1/01
14	First five years. If the Form 990 is for the	•			•		
C = -4'	organization, check this box and stop he				<u></u>	· · · ·	🏲 📙
	on C. Computation of Public Suppor			01		145	
15	Public support percentage for 2013 (line						<u>%</u>
<u>16</u>	Public support percentage from 2012 Sci	nedule A, Part	ntoso	<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In			ulino 40t	(A)	147	0/
17	Investment income percentage for 2013 (•			<u>%</u>
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organ 17 is not more than 331/3%, check this box						
_			_	-		•	
Ь	331/3% support tests—2012. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						
~U	viyanizadivin n and diyanizaddii ul	- HOLDHOUN A	557 SHIND 14,	u,	HOUR HIJS DUX	むいし うてき いろいひじ	tions 🕨 🦳

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

N/A

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

MESS	IAH FC	UNDATION FOR CHRISTIAN COMMUNICA		45-0307661
Par	t i		r Advised Funds or Other Similar Fu	
		Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	
			(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year		
2		egate contributions to (during year).		
3		egate grants from (during year)		
4		egate value at end of year		hald in days added
5			donor advisors in writing that the assets at to the organization's exclusive legal confidence.	.
_			•	
6			nors, and donor advisors in writing that gr benefit of the donor or donor advisor, or	
		· · ·		
Dar	t II	Conservation Easements.		· · · · · · · · · Yes No
r ai	ı II		ered "Yes" to Form 990, Part IV, line 7	,
	Purp		by the organization (check all that apply).	·
•			recreation or education) Preservation	of an historically important land area
		rotection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
		reservation of open space		
2			tion held a qualified conservation contribu	tion in the form of a conservation
	ease	ment 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 eas	ements	2b
С			tified historic structure included in (a)	
d			ed in (c) acquired after 8/17/06, and no	t on a
		ic structure listed in the National Regist		· · 2d
3			I, transferred, released, extinguished, or te	rminated by the organization during the
	tax ye		er en de la calanda	
4		per of states where property subject to		
5			cy regarding the periodic monitoring, ir ion easements it holds?	
6			ring, inspecting, and enforcing conservation	
·	Stall	and volunteer nours devoted to monitor	ing, inspecting, and emorcing conservation	or easements during the year
7	Amou	ant of expenses incurred in monitoring.	inspecting, and enforcing conservation ea	sements during the year
•	▶\$	3,	3	3 - 7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
8	Does	each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and	d section 170(h)(4)(B)(ii)?		· · · · · ·
9			ports conservation easements in its revenu	
			text of the footnote to the organization's f	inancial statements that describes the
		ization's accounting for conservation e		
Part	111	•	ctions of Art, Historical Treasures, o	
	10		ered "Yes" to Form 990, Part IV, line 8	
1a		•	ler SFAS 116 (ASC 958), not to report in i similar assets held for public exhibition, e	
			f the footnote to its financial statements th	
ь	-	·	der SFAS 116 (ASC 958), to report in its	
U			similar assets held for public exhibition, e	
		service, provide the following amounts		seasons, or research in rannoralies of
	-	•	line 1	▶ \$
2			of art, historical treasures, or other similar	
			nder SFAS 116 (ASC 958) relating to these	
а	Rever	nues included in Form 990, Part VIII, line	91	▶ \$
b	Asset	s included in Form 990, Part X		▶ \$

Par	Organizations Maintaining	Collections of	Art, Hist	orical 7	Treasures	, or O1	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	ck any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition	1	ď] Loan	or exchang	ge prog	rams	•
Ь	☐ Scholarly research		e [☐ Othe				
C	☐ Preservation for future generations	s		٠,٠				-,,
4	Provide a description of the organiza XIII.		and expla	in how t	they further	the org	janization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ilar Yes 🗍 No
Part	V Escrow and Custodial Arra Complete if the organization		" to Forn	n 990. F	Part IV, line	9. or i	reported an ar	mount on Form
	990, Part X, line 21.						† •	
1a	Is the organization an agent, trustee	, custodian or oth	ner interm	ediary fo	or contribut	tions or	other assets r	not
	included on Form 990, Part X?			!		12'		☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fol	lowing t	able:			
		•		J			1	Amount
С	Beginning balance					10	·	
d						1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount					<u>""</u>		Yes No
	If "Yes," explain the arrangement in P							
Par		art Am. Oneck ner	O II LITO EX	piariatio	II IIas Deeli	provide	Juli Part Alli	
ı Gı	Complete if the organization	aneworad "Vae	" to Form	aan p	Part IV line	10		
	complete if the organization	(a) Current year	(b) Prio		(c) Two year		(d) Three years bar	ck (e) Four years back
10	Beginning of year balance	(2) 02:10:11 / 02:	(3)		[1]			(o) rod yours buck
1a	Contributions		 		1 10		_ _	
b								
С	Net investment earnings, gains, and losses	-					٠	
d	Grants or scholarships							
е	Other expenditures for facilities and programs	,	_	•		-		
f	Administrative expenses			,				Ţ.
g	End of year balance	*		d 15				,
2	Provide the estimated percentage of t	he current year en	nd balance	(line 1a	, column (a)) held a	as:	
а	Board designated or quasi-endowmer	•	%	, , ,	, ,	,,		
ь	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%	1 c		i			, ,
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.					í ·.
3a	Are there endowment funds not in the			ation tha	at are held a	and ada	ministered for t	he
	organization by:	•	J					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" to 3a(ii), are the related organi	zations listed as re	equired o	. Schedi	ule B?			3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	vment fu	unds.			
Part								
i di t	Complete if the organization		" to Form	aan D	art IV line	112 5	See Form 990	Part Y line 10
	Description of property	(a) Cost or ot			or other basis		Accumulated	
	bescription of property	(investme			ther)		preciation	(d) Book value
1a	Land							
b	Buildings							
C	Leasehold improvements			-	-			
ď	Equipment		37,811.	_			4,051.	33,760.
8	Other					,		
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 95	90, Part X.	column	(B), line 10	(c).) .	>	33,760.

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" to For	rm 990 Part IV lin	e 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value		hod of valuation:
	(including name of security)	(b) 200K 18:00		-of-year market value
(1) Financial				· · · · · · · · · · · · · · · · · · ·
• •	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				··
(D)				
(E)				
(F)				
(G)		<u> </u>		
(H)			<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments – Program Related.	000 5 4 5 4 5	44 0 5	000 D 1 V II 40
	Complete if the organization answered "Yes" to For			
	(a) Description of investment	(b) Book value		thod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answered "Yes" to For	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description	<u> </u>		(b) Book value
_(1)				
_(2)				
(3)				
_(4)				
_(5)				· · · · · · · · · · · · · · · · · · ·
_(6)				
_(7)				
_(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
-	line 25.	1. "V-0-10-1		
1.	(a) Description of liability (b) Book value			
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 25.) ►		and the second second	
	uncertain tax positions. In Part XIII, provide the text of the footr			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	eck here if the text of t	he footnote has bee	n provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Re		ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	la.	
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	
а	Net unrealized gains on investments		•
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
ä	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b b	Other (Describe in Part XIII.)		<i>'</i>
C	Add lines 4a and 4b		<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	Reconciliation of Expenses per Audited Financial Statements With Ex		turn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12		·
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		
Ь	Prior year adjustments		
C	Other losses		A
d	Other (Describe in Part XIII.)	,	
е	Add lines 2a through 2d	<u>-2e</u> -	
3	Subtract line 2e from line 1		-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	······································	
Ь	Other (Describe in Part XIII.)		
_c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	ŀ
Part	XIII Supplemental Information.	•	•

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

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

Open to Public Inspection

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

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

Name of the organization

| Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Value of the organization | Va

MESSIAH FOUNDATION FOR CHRISTIAN COMMUNICATIONS (The Hour of Worship)

Employer identification number 45-0307661

990.part ill.4D: \$3,635 - advertising & promotion; \$1,895 - Office (postage, printing, mailings); \$4,051 - Depreciation on cameras;

\$364 - Insurance on cameras; \$101 - foreign tax; \$750 - honorariums; \$534 - All other expenses TOTAL: \$11,330

990.part VI, Section C. Disclosure 19: Month-end reports are submitted to all Board members. All documents and financial reports are available to the governing board at all times.

990.Part 5.13a: No health benefits are provided.

FORM 990, Part II, Line 42

MESSIAH FOUNDATION FOR CHRISTIAN COMMUNICATIONS ID: 45-0307661 DEPRECIATION SCHEDULE – 7 YEARS (84 months) TAX YEAR 2013

CAMERAS, TAX, INSTALLATION: \$37,811.00

2013	YEAR 1 (9 MOS.)	\$4,051.17	\$33,759.83
2014	YEAR 2 (12 MOS.)	\$5,401.56	\$28,358.27
2015	YEAR 3 (12 MOS.)	\$5,401.56	\$22,956.71
2016	YEAR 4 (12 MOS.)	\$5,401.56	\$17,555.15
2017	YEAR 5 (12 MOS.)	\$5,401.56	\$12,153.59
2018	YEAR 6 (12 MOS.)	\$5,401,56	\$ 6,752.03
2019	YEAR 7 (12 MOS)	\$5,401.56	\$ 1,350.47
2020	YEAR 8 (3 MOS.)	\$1,350.47	-0-



2013 ENHANCED SUMMARY

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As of Date: 2/07/14

MESSIAH FOUNDATION PO BOX 1562 FARGO ND 58107-1562

Your Financial Advisor:
C. STARK / C. MEIER / B. TROCHIMAN
101 N PHILLIPS AVE. 5TH FL.
SIOUX FALLS, SD 57104
(701) 293-4910

Account Number: 1933-2816

Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

Summ	Summary of Dividends and Distributions		mar	Summary of interest income	
Box		Amount Box	×		Amount
1a	Total Ordinary Dividends	(12,141.29)	<u></u>	nterest Income	(6.531.M)
4	Qualified Dividends	3.827.28	-	nterest on U.S. Savings Bonds and Treasury Obligations	0.00
5 9	Total Capital Gain Distributions	43,056.707 4	<u>.</u>	ederal Income Tax Withheld	0.00
2	Unrecaptured Sec. 1250 Gain	21.47 5	<u>=</u>	nvestment Expenses	0.00
5 0	Section 1202 Gain	0.00	ш "	oreign Tax Paid	0.00
Sd Sd	Collectibles (28%) Gain	0.00	ш	Foreign Country or U.S. Possession	See Detail Section
ო	Nondividend Distributions	75.15 8	~	ax-exempt Interest	0.00
4	Federal Income Tax Withheld	00.0 00.0	on i	Specified Private Activity Bond Interest	00:0
2	Investment Expenses	900	0	ax-exempt Bond Cusip No.	See Detail Section
9	Foreign Tax Paid	401.39/240			
_	Foreign Country or U.S. Possession	See Detail Section			
œ	Cash Liquidation Distributions	0.00			
თ	Noncash Liquidation Distributions	00:0			
5	Exempt-Interest Dividends	00:0			
7	Specified Private Activity Bond Interest Dividends	0.00			
Sumr	Summary of Proceeds from Broker and Barter Exchange				
Box		Amount			
2a 4	Sales Price Less Commissions and Option Premiums Federal Income Tax Withheld	134,752.19 0.00			

2013 ENHANCED SUMMARY

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As of Date: 2/07/14

MESSIAH FOUNDATION PO BOX 1562 FARGO ND 58107-1562

Your Financial Advisor:
C. STARK / C. MEIER / B. TROCHMAN
101 N PHILLIPS AVE. 5TH FL
SIOUX FALLS, SD 57104
(701) 283-4910

Account Number: 1933-2816

Details of the Year-End Account Summary

Any references below to adjusted gross income (AGI) are generally applicable only to individuals, trusts and estates subject to income tax reporting requirements. Always consult with your Tax Advisor.

Summary	
s Activity 9	Туре
Miscellaneou	Line Ref

Aiscellaneous	fiscellaneous Activity Summary	
Line Ref	Type	
1	Miscellaneous Interest · 0.00	
7	Municipal Bonds - OID Not Subject to AMT 0.00	
ო	Municipal Bonds - OID Subject to AMT 0.00	
4	Expenses Subject to 2% of Adjusted Gross Income	
S	Expenses Not Subject to 2% Adjusted Gross Income 0.00	
ဖ	Widely Held Fixed Investment Trusts - Other Items	
7	Master Limited Partnership Distributions 0.00	
80	Investment Expense Withheld from Tax-Exempt Income	
တ	Federally Non-reportable Dividends and Interest	
10	Accrued Interest on Purchases 0.00	
-	Federal Tax Exempt Accrued Interest on Purchases	
12	Other Supplementary Information 0.00	
13	Option Premiums	
14	Advisory Fees (7,084.00)	
15	American Depositary Receipt (ADR) Fees	

Miscellaneous Activity Detail

Description	Notes	Payment Date	# of Payments	Activity	Amount	Amount Line Ref CUSIP	CUSIP
FUNDSOURCE FEE		VARIOUS	5	ADVISORY FEES	-7,084.00	14	
TOTAL ADVISORY FEES					-7,084.00	4	

MESSIAH FOUNDATION

DECEMBER 1 - DECEMBER 31, 2013 ACCOUNT NUMBER: 1933-2816

Progress summary

ADVISORS

	THIS PERIOD	THIS YEAR
Opening value	\$728,916.39	\$727,238.46
Cash deposited	000	000
Securities deposited	000	0.00
Cash withdrawn	00 0	-78,084 00
Securities withdrawn	00 0	000
Income earned	17.819.51	31,360.02
Change in value	-6,350.86	59,870.56
Closing value	\$740,385.04	\$740,385.04

As a Wells Fargo Advisors Client, you can easily simplify your finances by combining all your investing and banking into a single, easy-to-manage relationship By upgrading to the Command Asset Program, you'll have access to many more features and benefits to help you manage your finances. You'll see all your investing and banking activity on one comprehensive monthly statement. It's as simple as talking with Your Financial Advisor. Ask them today about the Command Asset Program.

Portfolio summary

ESTIMATED ANN. INCOME	0 0 5,625 11,191 \$16,816
%	0.39 0.00 14.42 85.19
CURRENT VALUE ON DEC 31	2,855.81 0.00 106,766.50 630,762.73 \$740,385.04
8	0.05 0.00 14 72 85.23
PREVIOUS VALUE ON NOV 30	348 32 0 00 107,296.00 621,272.07 \$728,916.39
ASSET TYPE	Cash and sweep balances Stocks, options & ETFs Fixed income securities Mutual funds Asset value
	ASSETS

adjoises Fryed-102687 muthud-540,484 2856.

PART XELINE 11 646027

MESSIAH FOUNDATION

DECEMBER 1 - DECEMBER 31, 2013 ACCOUNT NUMBER: 1933-2816

Fixed Income Securities

Foreign Bonds

Foreign Fixed Income securities may be denominated in currencies other than US dollars. If you own securities denominated in a foreign currency, the figures displayed for a "Estimated Annual Income" below are in the foreign currency, not US dollars. As a result, the figures shown in "Estimated Annual Vield" are not accurate for bonds denominated in foreign currency. Please contact Your Financial Advisor if you own a Foreign Fixed Income security that is denominated in other than US dollars and have additional questions.

								ESTIMATED	
DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT	CURRENT	UNREALIZED	ACCRUED INTEREST	ANNUAL	ANNUAL YIELD (%)
ASTRAZENECA PLC GLOBAL NOTES CALLABLE CPN 5400% DUE 06/01/14 MOCAL A2 SP AA									
CUSIP 046353AA6 Acquired 12/19/07 nc	50,000	1.02	51,304.00	102 0250	51,012.50	-291 50	225.00	2,700.00	5.29
Total Foreign Bonds	50,000		\$51,304.00		\$51,012.50	-\$291.50	\$225.00	\$2,700.00	5.29
Total Fixed Income Securities			(\$102,686.75)		\$106,766.50	\$4,079.75	\$962.40	\$5,625.00	5.27

nc Cost information for this tax lot is not covered by IRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS.

Mutual Funds

If a portion of your fund position was converted, the 'Client Investment' value may include reinvestments from previously held positions.

Open End Mutual Funds

Open End Mutual Fund shares are priced at net asset value. Estimated Annual Income and Yield refer to Dividends and Interest Income only, and typically do not reflect Total return. ESTIMATED

DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT	CURRENT MARKET VALUE	UNREALIZED	ANNUAL	ANNUAL YIELD (%)
AMERICAN CENTY MUT FDS								
TWGIX								
Acquired 10/26/12	75.56400	27.80	2,100.67		2,494.37	393.70		
Acquired 12/05/12	229.60800	27.94	6,415.25		7,579.36	1,164.11		
Acquired 01/03/13	281.67100	27.73	7,810 74		9,297.95	1,487.21		
Acquired 01/24/13	146.73300	28.31	4,154.01		4,843.65	689.64		
Reinvestments	66.11700	30.72	2,031.52		2,182.53	151.01		

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MESSIAH FOUNDATION

DECEMBER 1 - DECEMBER 31, 2013 ACCOUNT NUMBER: 1933-2816

Mutual Funds

Open End Mutual Funds continued

	•		1				ESTIMATED	TED
DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
Total	319.63500		\$8,115.64	21.0400	\$6,725.12	\$609.48	\$330.82	4.92
	Client Investment (Excluding Reinvestments) Gain/Loss on Client Investment (Including Re	ng Reinvestments ment (Including F	ts) Reinvestments)		\$5,736.40 \$988 72	5,736.40 \$988 72		
WELLS FARGO FDS TR ADVANTAGE ENDEAVOR SELECT FD CL I WFCIX								
Acquired 10/26/12 Acquired 01/24/13 Reinvestments	1,622.34800 322.88100 99.04400	10.95 11.71 14.07	17,764.70 3,780.94 1,393.75		23,442.91 4,665.64 1,431.19	5,678.21 884.70 37.44		
Total	2,044.27300		\$22,939.39	14.4500	\$29,539.74	\$6,600.35	\$98.94	0.33
	Client Investment (Excluding Reinvestment Gain/Loss on Client Investment (Including	ng Reinvestment ment (Including F	ts) Reinvestments)		\$21,545 64 \$7,994.10	5 64 4.10		
Total Open End Mutual Funds			\$540,483.68		\$630,762.73 \$90,279.05	\$90,279.05	\$11,191.81	1.77
Total Mutual Funds			\$540,483.68		\$630,762.73	\$90,279.05	\$11,191.81	1.77

m This security contains multiple tax lots that may or may not include cost information that is reportable to the IRS not covered by IRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS.

Activity detail

CASH AND SWEEP BALANCES	348.32				
AMOUNT		13.44		148.50	
PRICE					
DESCRIPTION	BEGINNING BALANCE	AMERICAN CENTY INVT TR DIVERSIFIED BD FD INSTL	CL 112913 548.91000 AS OF 11/29/13	MAINSTAY FD HIGH YIELD CORPORATE BD FD CL I	112913 4,091.01400 AS OF 11/29/13
QUANTITY					
TRANSACTION		DIVIDEND		DIVIDEND	
ACCOUNT TYPE		Cash		Cash	
DATE	12/01	12/02		12/02	

020 GM GM92

2013 ENHANCED SUMMARY

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As of Date: 2/07/14

MESSIAH FOUNDATION PO BOX 1562 FARGO ND 58107-1562

Your Financial Advisor:
C. STARK / C. MEIER / B. TROCHIMAN
101 N PHILLIPS AVE. 5TH FL
SIOUX FALLS, SD 57104
(701) 293-4910

Account Number: 1933-2816

Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECUR Proceeds from Broker and Barter Exchange Transactions for 2013	SES (Box 1c) FO ter Exchange Ti	R COVER	ED SECURITIES (Box 6) s for 2013	S (Box 6)		continued	
					Supplemental Information	nformation	
8-Description / CUSIP		1b-Date of		3-Cost or Other	Gain or Loss		
1a-Date of Sale or Exchange	1e-Quantity Sold	Acquisition	2a-Sales Price*	Basis	Amount	Additional Information	
WELLS FARGO FDS TR / 949915565							
ADVANTAGE ENDEAVOR SELECTED CLI							
04/03/13	97 6530	10/26/12	1 172 81	1.069.31	103.50	FIAS	
	222.12						
TOTAL SHORT TERM GAINS OR LOSSES FOR	LOSSES FOR						
COVERED SECURITIES			(40,225.86)	36,989.48	(3,236.38)		
				0 0	•		
LONG LERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013	ES (Box 1c) FOR ter Exchange T	RONCOV ransaction	EKED SECURI s for 2013	IIES (Box 6)			
					Supplemental Information	Information	
8-Description / CUSIP		1b-Date of		3-Cost or Other	Gain or Loss		
1a-Date of Sale or Exchange	1e-Quantity Sold	Acquisition	2a-Sales Price*	Basis	Amount	Additional Information	
AEGON NV / 007924AH6							
SR UNSECURED NOTES							
CPN 4.625% DUE 12/01/15							
DTD 11/27/09 FC 06/01/10							
03/11/13	25,000.0000	11/24/09	27,181.50	24,855.25	2,326.25	SALE	
EUROPACIFIC GROWTH FD / 298706409 CL F-1	3409						
01/24/13	275.9250	06/24/09	11,613.67	8,537.11	3,076.56	SALE	
03/11/13	70.1920	06/24/09	3,000.00	2,171.74	828.26	SALE	

SALE

2,365.25 3,549.08

3,131.31 4,450.92

5,496.56 8,000.00

05/15/09 05/15/09

124.1600

HARBOR FD / 411511504 CAP APPRECIATION FD INSTL CL

01/24/13 03/11/13

176.4840

SALE

2013 ENHANCED SUMMARY

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As of Date: 2/07/14

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MESSIAH FOUNDATION PO BOX 1562 FARGO ND 58107-1562

Your Financial Advisor:
C. STARK / C. MEIER / B. TROCHMAN
101 N PHILLIPS AVE. 5TH FL
SIOUX FALLS, SD 57104
(701) 293-4910

Year-End Account Summary

Account Number: 1933-2816

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

				į	•		•
LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013	S (Box 1c) FOR •r Exchange Tr	RONCOVI Pansactions	ERED SECURITI s for 2013	IES (Box 6)			continued
					Supplemental Information	nformation	
8-Description / CUSIP		1b-Date of		3-Cost or Other	Gain or Loss		
1a-Date of Sale or Exchange	1e-Quantity Sold	Acquisition	2a-Sales Price*	Basis	Amount	Additional Information	
JP MORGAN CHASE & CO / 46625HAT7	7			:			
GLOBAL NOTES							
SUBORDINATE							
CPN 5.750% DUE 01/02/13							
01/02/13	20,000.0000 05/16/06	05/16/06	20,000.00	19,951.80	48.20	48.20 REDEMPTION	
TEMPI ETON INCOME TR / 880208400							
GLOBAL BD FD ADVISOR CL							
	1,401.0170	10/26/07	18,787.63	16,517.99	2,269.64		
	33,3310	02/01/08	446.97	391.31	55.66		
01/24/13	1,434.3480	Various	19,234.60	16,909.30	2,325.30 SALE	SALE	TOTAL 2 LOTS
TOTAL LONG TERM GAINS OR LOSSES FOR	SSES FOR						
	20000						
NONCOVERED SECURITIES			94,526.33	(80,007.43	(14,518.90		
				,			

*Box 2a: Sales price less commissions and option premiums