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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Α	For the	2013 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
		FACE (FOUNDATION FOR ADVANCEMENT			
	Addres	S OF GUIDT CHILLY TRUES HITCH			
	Name change			1 45-0	338271
	Initial return		Room/suite		
	Termin			1)252-1178
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	623,234.
	Applica tion	1 JAMESTOWN, ND 58402-1432		H(a) Is this a group re	
	pendin	F Name and address of principal officer: JOAN MORRIS			? Yes X No
		, JAMESTOWN, ND 58401			ncluded? Yes No
ī	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	7	list. (see instructions)
J	- Websit	e: FACELEGACY.ORG		H(c) Group exemptio	
<u>K</u>	Form of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: ND
P	art I	Summary			
a	1 1	Briefly describe the organization's mission or most significant activities: PROV	ISION	OF EDUCATIO	NAL
Activities & Governance	l .	SUBSIDIES REC	CEIVE	ו ט	
Ē	2	Check this box if the organization discontinued its operations or dispose	sed of more	e than 25% of its net as	ssets.
Š	3 1	Normalia	24.201	101	15
G	4	Number of independent voting members of the governing body (Par VI, line 1b)	100	15	
Se	5	Total number of individuals employed in calendar year 2013 (Part V line 2a)		<u> </u>	0
Ě	6	Total number of volunteers (estimate if necessary)	DEN, I	J 6	0
Ćţ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	_b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	130,086.	148,308.	
Revenue	9	Program service revenue (Part VIII, line 2g)	[0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,501.	89,265.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,114.	3,471.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		193,701.	241,044.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	70,965.	78,056.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		
တ္မ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)	(1) 新年以及其代本	多一次的原则的	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>24,923.</u>	31,346.
)	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		95,888.	109,402.
;	19	Revenue less expenses. Subtract line 18 from line 12		97,813.	131,642.
58	3		Be	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		<u>1,700,400.</u>	2,030,333.
Net Assets or	21	Total liabilities (Part X, line 26)		0.	0.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		1,700,400.	2,030,333.
_		Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
		Agan Mons			F3014
Sig	ูวท	Signature of officer		Date	
He	re	JOAN MORRIS, PRESIDENT	_		
		Type or print name and title		Doto laut [DTM
		Print/Type preparer's name ROBERT A. PIATZ Preparer's signature Location	1	Date Check	PTIN
Pai			4	3-11-14 sett-employ	
	parer	Firm's name SCHAUER & ASSOCIATES, PC	رر	Firm's EIN	45-0350118
Us	Only	Firm's address PO BOX 1808			011050 5100
		JAMESTOWN, ND 58402-1808		Phone no. (7	01)252-5422
Ma	ıy the IF	S discuss this return with the preparer shown above? (see instructions)		<u></u>	. X Yes No
332	001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)

FACE (FOUNDATION FOR ADVANCEMENT OF CHRISTIAN EDUCATION 45-0338271 Page 2 Form 990 (2013) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PROMOTION AND DEVELOPMENT OF EDUCATIONAL OPPORTUNITIES FOR STUDENTS OF ST JOHN'S ACADEMY Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 78,056.) (Revenue \$_____ 78,056. including grants of \$ TUITION SUBSIDIES FOR PAROCHIAL EDUCATION including grants of \$ ____ (Code:) (Expenses \$ _____ including grants of \$) (Revenue \$ (Code ______) (Expenses \$ ____

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FACE (FOUNDATION FOR ADVANCEMENT Form 990 (2013) OF CHRISTIAN EDUCATION
Part IV Checklist of Required Schedules

\ 1	3.5.4		2.7	
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3.5	
_	If "Yes," complete Schedule A	1_	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			₹.
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	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,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		<u>├</u> ─
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	200	S 62
• • •	as applicable.	13 X		1 1/2
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	M - C	-,	' '
a		11a	х	ļ
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c		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	11d	l	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	L
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	<u> </u>	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	i	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	1

Form 990 (2013) Part IV | Checklist of Required Schedules (continued)

Yes No 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 X 21 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 X 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? <u>24c</u> 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X Schedule L. Part I 25b 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 X 26 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 فري instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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

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Form 990 (2013) OF CHRISTIAN EDUCATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	ol	v 14	. (1963
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		10.00	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	gaming	آئي ر پيون پر		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ľ		137	3 - 3	1 %
	filed for the calendar year ending with or within the year covered by this return	2a	o		2. 3x	1.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			: 33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
За	Did the appealmention have considered by the constant of the c			3a	, ,	x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 6			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)	?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			,,	, ·	, ,
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts	· ·	, , , , , ,		31
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	•	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	-	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			٠, ٠	, , ,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices prov	ided to the payor?	7a	,	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		X
d		7d		133	, ,	~ ,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			5 % / 3 % -	25	·
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	iny time d	luring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			2,2	1	2. %
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	,				
		10a			39 1	7, 5
b		10b		. 76	<u> </u>	F 36
11	Section 501(c)(12) organizations. Enter:	ı	ı	(E) - 25		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		11a			11/3 € 21/2 1/4	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			;;.``	` ;·*_	
		11b		٠	الإيراك	- 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	-	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			, `તૃ,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u>,4, , , , , , , , , , , , , , , , , , ,</u>	1,	11.
а	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.				₹(£)	ر ر د
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		1 (3) 1 /5]	ا رائد اگرو	المعرج والرا
		13b		[يُرِينَ) }*****	1 2 1
		13c			` ' -	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	<u> </u>	14b		L

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Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a15	1150	7	1786
	If there are material differences in voting rights among members of the governing body, or if the governing	1 ' .	4.3	, * <u>`</u> `\\.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	î,	. 3 E	200
b		? ". " ,	- (1) - (1)	
2	Enter the number of voting members included in line 1a, above, who are independent [1b]	1 .2.	77	3-00
2		(45%)	12.5	- 14 A
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		, j.,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		Λ
500	tion D. 1 Onoies (This Section B requests information about policies not required by the internal nevenue Code.)		\ <u></u>	
40-	Did the apprinting have lead about a sure bound of the control of		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·- ~ -	-, , c	3 3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	٤.	14	, ,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2 (7) = 2 (3) = 31		<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	,° 4	v=4.
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1/	· .,,	, 'nî î
iva		16a		X
L.	taxable entity during the year?	<u> </u>	1	A.
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 3	` . ′	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			. `
<u> </u>	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: 🕨	•	
	MEGGEN HENKE - (701) 252-1178			
	P O BOX 1432 TAMESTOWN ND 58402-1432		-	

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Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 (Ď), (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 (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	_ ر		Pos	itior			Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TIM KACHEL	0.00				_					
DIRECTOR		X						0.	0.	0.
(2) JAY SCHMITZ	0.00									
DIRECTOR		X						0.	0.	0.
(3) JOHN YATSKIS	0.00									
DIRECTOR		Х						0.	0.	0.
(4) DAVID BARNICK	0.00									
DIRECTOR		X						0.	0.	0.
(5) WALT NIELAND	0.00				ł					
DIRECTOR		X				<u> </u>		0.	0.	0.
(6) JERRY BERGQUIST	0.00									
DIRECTOR		X	<u> </u>	_		_		0.	0.	0.
(7) BRENDA KIRKEBY	0.00				İ					
DIRECTOR		X		_	<u> </u>	L		0.	0.	0.
(8) TROY LEFEVRE	0.00	1							_ :	_
DIRECTOR	-	X	_	_		<u> </u>		0.	0.	0.
(9) DAN LISKO	0.00	ļ						_	_	_
DIRECTOR		X		_	_	_		0.	0.	0.
(10) MARK SHERFY	0.00	ł								
DIRECTOR		X	ļ	-		ļ	-	0.	0.	0.
(11) PAUL WILEY	0.00									
DIRECTOR	0.00	X			 	-		0.	0.	0.
(12) JOAN MORRIS	0.00	1		.	1			0	0.	_
PRESIDENT	0.00	╁	\vdash	X	-	╁	-	0.	<u> </u>	0.
(13) MIKE SMYTH	0.00	1		x				0.	0.	0.
SECRETARY (14) VECULAR PRANTY	0.00	╁		^	\vdash	\vdash	-	<u> </u>	0.	<u> </u>
(14) MEGHAN BRAUN	0.00	┨		x	İ			0.	0.	0.
TREASURER (15) TANKE WELLER	0.00		\vdash	^	-	┢	-	0.	<u> </u>	
(15) JAMES UKESTAD	0.00	1		x				0.	0.	0.
VICE PRESIDENT	- 	1	-	₽	 	\vdash			0.	<u> </u>
		1]							
	 	 				 				
		1			1					

Form 990 (2013)

OF CHRISTIAN EDUCATION

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per	(do box	not c	(C Posi heck ss pe	C) ition more rson	i than is bot	one h an	(D) Reportable	(E) Reportable compensation	,	(F) Estimate amount	
		week (list any hours for related organizations below line)	ist any ours for elated anizations below		Officer		insated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations	
			<u> </u>	=		×	X 60	<u></u>					
			_										
			_										
			_										
			 				_	_					
			_	_									
	Sub-total								0.		0.		0.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<u> </u>	0.	000 (0.		0.
	Total number of individuals (including but no compensation from the organization	ot limited to tr	nose	liste	ed al	DOV	e) Wi	no r	eceived more than \$100		, —	Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-		-		-			3	.%.(£)
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	***	*\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr/	elat				5	X
	tion B. Independent Contractors									A460 600 /			
1	Complete this table for your five highest co the organization. Report compensation for		-								oens:	ation from	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C) ompensatio	n
				-				4					
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than	-		*
	\$100,000 of compensation from the organi	zation 🕨					0						'\ ·

Page 9

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII	<u></u>	·····	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a		13 27 (200)		THE PERSON NAMED IN	The same of the
s, Grants Amounts		Membership dues			经验 多类似的激素			
s, G	. с	Fundraising events	1c		经产生会报			Comparation of the
ar /		Related organizations						
S,E		Government grants (contributi						
Sign		All other contributions, gifts, grant						
per l		similar amounts not included abov		148,308.				
ŌĒ		Noncash contributions included in lines		<u> </u>			表统代表示领	
Contributions, Gifts, and Other Similar Ar		Total. Add lines 1a-1f			148,308.	The second		
		Total. 7 GG III GG TG TT		Business Code		19 7 3 5 2 7 2 7 3 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27 Car
ا رہ	2 a			Business Code	Salata Cata Can	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	સ્જેપ્રેસ્ટ્રેસિંક સ	
Š.	2 a b							
Ser			<u> </u>					
E S	d							
ρğ	_ u							
Program Service Revenue	4	All other pregram assiss rous						
_		All other program service rever				12 3 (K) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ر الا يو يو
	<u></u> 9	Total. Add lines 2a-2f		<u> </u>		12 3 14 3 4 13 .	100 S 22 2 2 2 2 2	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	3	Investment income (including			C1 07F	ĺ		64 085
		other similar amounts)			61,275.			61,275.
	4	Income from investment of tax						
	5	Royalties			4 . To 1 / 1/2 / 1/2 / 1		10 rui 5 #-v-1	9
	•	0	(ı) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses			的遊園的社會			
		Rental income or (loss)		L				
		Net rental income or (loss)		1	w .c/ 5% .50%	45 3 5 55	* 5 Ja v	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				·笔图 第14
			<u>408,038.</u>	<u> </u>	SOUTH TOW			
	b	Less: cost or other basis	200 040			The state of the s		
		and sales expenses						
		Gain or (loss)			14 1. 2 da 2 da 2 da 2 da 2 da 2 da 2 da 2 d			
		Net gain or (loss)		<u> </u>	27,990.	27,990.	7 WAZ	
e e	8 a	Gross income from fundraising						
		including \$		1				But and the
- B		contributions reported on line						
Other Reve		Part IV, line 18			是国际通讯等			
₹		Less: direct expenses		2,142.				的特殊人物的
		Net income or (loss) from fund	-		3,221.		/ Y / 1/1/2 - 1 - 2	3,221.
ļ	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gami		<u> </u>				
	10 a	Gross sales of inventory, less i						
ļ		and allowances						
		Less: cost of goods sold		L		State Carlo		asia di Car
}	С	Net income or (loss) from sales		>	, , , , , , , , , , , , , , , , , , , 			
		Miscellaneous Revenue	∋	Business Code		(1995年)		, Will style it
	11 a	ANNUAL MEETING		900099	250.	250.		
]	b							
	С							
- 1	d	All other revenue						
	е	Total. Add lines 11a-11d			250.		三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	15 L
	12	Total revenue. See instructions.			241.044.	28.240.	0 -	64.496.

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Form 990 (2013) OF CHRISTIAN
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor		this Part IX		<u>,</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			医学校的现在分 位	A. 注题的意识是
	organizations in the United States. See Part IV, line 21	78,056.	78,056.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			學的 大學學學生	10 0 8 8 1 2 C
3	Grants and other assistance to governments,				Section Section
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16		-		
4	Benefits paid to or for members			malakata to badana	Sugar Straight
5	Compensation of current officers, directors,				
_	trustees, and key employees		-		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		_		
8	Pension plan accruals and contributions (include				
٠	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	10,601.		10,601.	
b	Legal				
C		2,500.		2,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,147.		7,147.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	3,890.			3,890.
12	Advertising and promotion	4 051		4 051	
13	Office expenses	4,951.		4,951.	<u> </u>
14	Information technology				
15	Royalties				_
16 47	Occupancy				
17 10	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	160.		160.	
20	Interest				
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	407.		407.	
23	Insurance	548.		548.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses	1,142.		1,142.	
25_	Total functional expenses. Add lines 1 through 24e	109,402.	78,056.	27,456.	3,890.
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)	I	1	ì	1

Balance Sheet

Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1. 1 5,123 4,982. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L **Assets** 6 Notes and loans receivable, net _____ 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 2,386. 1,547. 1,246 b Less: accumulated depreciation 10b 839 10c Investments - publicly traded securities 1,694,031 11 2,024,511 11 12 Investments · other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets _____ 14 14 Other assets. See Part IV, line 11 15 15 1,700,400 Total assets. Add lines 1 through 15 (must equal line 34) 2,030,333. 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable _____ 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, iabilities 绩, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 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 of Schedule D 25 0 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,376,582 1,542,697. 27 Unrestricted net assets _____ 28 Temporarily restricted net assets 28 323,818 487,636 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here n still take and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-ın or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 1,700,400. 33 2,030,333. Total liabilities and net assets/fund balances ... 1,700,400. 2,030,333. 34

-orm	990 (2013) OF CHRISTIAN_EDUCATION	45-05	384/I	_Pag	ge 72
Pài	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			\mathbf{X}
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 7 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	241	L,0	44.
2		2	109	, 4	02.
3		3	131	L,6	42.
4		4	1,700),4	00.
5	Net unrealized gains (losses) on investments	5_	198	3,2	90.
6		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10	2,030),3	<u>33.</u>
Pá	rt:XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				~ ^?
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 25	. i.i.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1.76	전 하	53 e
	separate basis, consolidated basis, or both:		16.54	() ()	17 7
	Separate basis Consolidated basis Both consolidated and separate basis		رياني ا	٠,٠,٠	- ,`*
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 5/3 ·	()(\)	
	consolidated basis, or both:			``	ar jordi Syn Nafra
	X Separate basis Consolidated basis Both consolidated and separate basis		100	- 172	1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	200	2	, , ,
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			734 ¹⁹
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-	[,,,,,]		1.
	Act and OMB Circular A-133?		За		_X_
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3b	_	

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.

► 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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FACE (FOUNDATION FOR ADVANCEMENT

Employer identification number

D 24.4.46	D		ISTIAN EDUCAT						4	<u>5-0338</u>	2/1	
Part I			rity Status (All organiz					ructions.				
The organ		•	because it is: (For lines 1	_		-	-					
1 🖳	A church, co	nvention of church	es, or association of churc	ches desc	ribed in se	ction 170)(b)(1)(A)(i)).				
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳			otal service organization o									
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital descr	ribed in se	ection 170	(b)(1)(A)(iii). Enter t	the hospital	's nam	ıe,
	city, and stat	e:										
5	An organizati	on operated for the	e benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unit	describ	ed in		
	section 170	(b)(1)(A)(iv). (Comp	lete Part II.)									
6 🖳	A federal, sta	te, or local governr	nent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally re	ceives a substantial part (of its supp	ort from a	governm	ental unit c	or from the	general	public desc	ribed i	n
	section 170(b)(1)(A)(vi). (Compl	ete Part II.)									
8 🗀	A community	trust described in	section 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🗀	An organizati	on that normally re	ceives: (1) more than 33 1	1/3% of its	support fi	rom contr	ibutions, n	nembership	o fees, a	nd gross re	ceipts	from
	activities rela	ted to its exempt for	unctions - subject to certa	in exceptio	ons, and (2	2) no more	e than 33 1	1/3% of its	support	from gross	invest	ment
	income and u	inrelated business	taxable income (less sect	ion 511 ta	x) from bu	sinesses	acquired b	y the orga	nization :	after June 3	80, 197	′ 5.
	See section	509(a)(2). (Comple	te Part III.)									
10 🔲			perated exclusively to te	st for publi	ic safety. S	See sectio	on 509(a)(4	4).				
11 🔲	An organizati	on organized and o	perated exclusively for th	ne benefit d	of, to perfo	rm the fu	nctions of,	or to carry	out the	purposes o	of one	or
		-	zations described in section		-			-				
	describes the	type of supporting	g organization and comple	ete lines 1	1e through	11h.						
	a Type	b 🗀 1	Type II c 🔲 Ty	ype III - Fu	nctionally i	integrated	l (і 🔲 Туре	e III - Noi	n-functional	ly integ	grated
e 🗀	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectl	y by one o	r more disc	qualified	persons oth	ner tha	n
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or	section 509	a)(2).	
f	If the organiz	ation received a wr	itten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check									••••	\Box
g	Since August	17, 2006, has the	organization accepted an									
			directly controls, either al							,	Yes	No
			supported organization?									
			on described in (i) above?									
			a person described in (ı) d									
h			n about the supported org									
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amouni	t of moi	netarv
	anization	(,	(described on lines 1-9	in col. (i) lis		organiza	tion in col.	organizatio	ed in the		port	•
_			•	governing	document?	(i) of you	r support?	U.S.	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					\	1	1		1			
				ļ		ļ	<u> </u>				_	
					}		-	1				
			<u> </u>	 		ļ	<u> </u>					
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				D. Frid		ا کا اگری ما ماریک شور کا						
F-4-1		1、ひょうこういちゅうこう	The second section is a second section of the section of the		In the second		1. ^ ` '					

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

Schedule A (Form 990 or 990-EZ) 2013

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

Schedule A (Form 990 or 990-EZ) 2013 OF CHRISTIAN EDUCATION

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Schedule A (Form 990 or 990-EZ) 2013

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar 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.") 51.002. 106.111 55.421 135,378. 148,308. 496,220. 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 51,002. 106,111 55,421 135,378 148,308. 496,220. 4 Total. Add lines 1 through 3 The portion of total contributions 273 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) 175,553. 320,667. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2009 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (b) 2010 (c) 2011(d) 2012 51,002. 55,421 135,378 148,308 496,220. 7 Amounts from line 4 106,111. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 44,696 47,390. 56,910. 60,600. 61,275. 270,871. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 | 本語 「本の はいないだい」 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 37.39 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization _________ 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						<u></u>
	membership fees received. (Do not			1			
	include any "unusual grants.")		_	<u> </u>			
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, or facilities furnished in any activity that is related to the			1		1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that		_				
	are not an unrelated trade or bus-						
	iness under section 513		_			1	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf			<u> </u>			
5	The value of services or facilities						
	furnished by a governmental unit to	!		'			
	the organization without charge]		1	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ì	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1]			
	amount on line 13 for the year					1	
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	电影中心学学的	据是一个数字中的2000	語の一个人は、	1000000	The state of the s	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		<u></u>			<u>. </u>	
10:	Gross income from interest,			1			
	dividends, payments received on securities loans, rents, royalties	1		İ			
	and income from similar sources						
ı	Unrelated business taxable income			1		1	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business	1					
	activities not included in line 10b, whether or not the business is	'	1			1	
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth ta	x year as a section	on 501(c)(3) organiza	tion,
	check this box and stop here	· ··· · · · · · · · · · · · · · · · ·			<u>,</u>		▶□
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2013 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2012			·· · · · · · · · · · · · · · · · · · ·		16	<u>%</u>
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	313 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 17	' is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2012. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		•	· ·			▶ []

Schedule /	\ (Form 990 or 990 E	<u>Z) 2013 OF CHR</u> Information. Pro	<u>ISTIAN EDU</u>	<u> </u>	 -	45-0338271 Page 4
ı.άιι ΊΛ ^ν	,				II, line 10; Part II, line 17a o	r 17b; and Part III, line 12.
	Also complete this	part for any addition	ai information. (See	instructions).		
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Schedule A (Form 990 or 990-EZ) 2013

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FACE (FOUNDATION FOR ADVANCEMENT

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Name of the organization

FACE (FOUNDATION FOR ADVANCEMENT

OF CHRISTIAN EDUCATION

Employer identification number 45-0338271

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	***************************************	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pär	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
-			
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		· ·
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 900, Part Y	······································	

FACE (FOUNDATION FOR ADVANCEMENT OF CHRISTIAN EDUCATION

Sche	dule D (Form 990) 2013 OF CHRI	STIAN EDUC	ATION				45-03	38271	Pag	де 2
Par	till Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Simila	ar Asse	ts (contini	ued)	
3	Using the organization's acquisition, accessi-	on, and other record	s, check any of the	following that	t are a s	ignificant i	use of its	collection	items	
	(check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						se in Par	t XIII.		
5	During the year, did the organization solicit o				er similaı	assets		7		
	to be sold to raise funds rather than to be ma						<u> L</u>	<u>Yes</u>		No
<u> </u>	t(IV) Escrow and Custodial Arran		ete if the organizatio	n answered "	'Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
та	Is the organization an agent, trustee, custodi		-					٦.,	$\overline{}$	
	on Form 990, Part X?					• • • • • • • • • • • • • • • • • • • •		」Yes	ш	No
D	ii res, explain the arrangement in Part Alli	and complete the lo	llowing table:					Amount		
_	Reginning balance					1		Amount		
	Beginning balance Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990. Part X. line	217		••••	[Yes		No
	If "Yes," explain the arrangement in Part XIII.								一	
	t V Endowment Funds. Complete i						<u> </u>			
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	years b	ack
1a	Beginning of year balance	323,818,	210,102.	1	971.		43.791.		94.3	
b	Contributions	125,647.	94,494.		3,197.		26,991.		32.2	
С	Net investment earnings, gains, and losses	46,427,	24,514,		5,250.		14,761,		21.8	34.
d	Grants or scholarships	8,256.	5,292,		316.		4,572.		4.5	
е	Other expenditures for facilities		•						-	
	and programs									
f	Administrative expenses									
g	End of year balance	487,636,	323,818,	210	102.	1	80,971,		143,7	91.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment ► 100.00	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administe	red for t	he organiz	ation	Γ.	. 1	
	by:								_	No
	(i) unrelated organizations									<u>X</u>
_	(ii) related organizations				••••••	•••••		3a(ii)	X	—
b	If "Yes" to 3a(ii), are the related organizations			•••••		•••••		3b	X	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
1 ai	Complete if the organization answere		Dort IV line 11a S	00 Form 000	Port V	lina 10				
	Description of property	(a) Cost or o		or other		ccumulate	.d	(d) Book	value	—
	Description of property	basis (investr	, , ,	(other)		preciation	'u	(a) Book	value	
1a	Land		, , , ,	,,		12 82 30 Gy	2 < 3			
ia b	Buildings									
	Leasehold improvements									
	Equipment			2,386.		1,5	47.		83	9.
	Other	- 1				<u> </u>	- 			
	, Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	10(c).)					83	9.

OF CHRISTIAN EDUCATION Schedule D (Form 990) 2013 45-0338271 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, 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 valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) 中華學 物效率 多发式物管过去 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4) (5) (6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	dule D (Form 990) 2013 OF CHRISTIAN EDUCATION		·	45-03	338271 Page 4
Pai	Reconciliation of Revenue per Audited Financial State		Revenue per F	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1			 	
1	Total revenue, gains, and other support per audited financial statements			1	434,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ایا	100 000	5.0	
a b	Net unrealized gains on investments	2a	198,290.	15,5	
	Donated services and use of facilities	2b		21.3	
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2c	2,143.		
_	Add lines 2a through 2d			7 _ ~	200,433.
3	Subtract line 2e from line 1			2e 3	233,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************	•••••••••••••••••••••••••••••••••••••••		233,057.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,147.	S	
	Other (Describe in Part XIII.)			1.57	
	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	4c	7,147.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				241,044.
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	104,397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1.35	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses]]	
đ	Other (Describe in Part XIII.)	•	2,142.		
е	Add lines 2a through 2d			2e	2,142.
3	Subtract line 2e from line 1	•		3	102,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		233.60	
	Investment expenses not included on Form 990, Part VIII, line 7b		7,147.		
	Other (Describe in Part XIII.)			123	
C	Add lines 4a and 4b			4c	7,147.
5 Dă	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***************************************		5	109,402.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			4; Part X, I	ine 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		
					
זגם	TV, LINE 4:				
<u> 1 21</u>	TI V, DIME 4.				
EXI	LANATION: TO PROVIDE SCHOLARSHIPS FOR ST	פיימיות	Δ ΨΨΕΝΙΌΤΝΙΟ	OT. TO	אווי פ
	DAMATION: TO PROVIDE SCHOOLARSHIPS FOR S.	TODENIS .	ATTEMDING	<u> </u>	my 5
ACZ	DEMY				
-				 	
PAI	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	,				
FUI	DRAISING EXPENSES				
ROU	NDING				
		<u> </u>		_	
•				<u> </u>	-
PAI	T XII, LINE 2D - OTHER ADJUSTMENTS:				
			· —		
<u>FUI</u>	DRAISING EXPENSES				

	FACE (FOUNDATION FOR ADVANCEMENT	45 0000054
Schedule D (Form 990) 2013	OF CHRISTIAN EDUCATION Information (continued)	45-0338271 Page 5
[i. ai iːviii Supplementai i	Information (continued)	
		 ·
		
		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. FACE (FOUNDATION FOR ADVANCEMENT

Name of the organization FACE (FOUNDA)	INDATION FOR A	FACE (FOUNDATION FOR ADVANCEMENT	fent				Employer identification number 45-0338271
	ind Assistance	NTO TTO					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the select	
criteria used to award the grants or assistance?	stance?stance?	toring the use of grant	funds in the United	d States			
Partil Grants and Other Assistance to Governments and Organization	Governments an	d Organizations in th	e United States. C	complete if the orga	inization answered "\	is in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part il can be duplicated il additional space is needed 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d) Amount of (e) IRC section (d) Amount	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S ACADEMY 215 5TH ST SE JAMESTOWN ND 58401	45-0235639	501 (C) 3	78.056.	0			SCHOLARSHIPS AND TUITION SUBSIDIES
						:	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or	rganizations listed in the table	he line 1 table				
۱4	s, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)

ADVANCEMENT	111
FOR	
(FOUNDATION	
FACE	

Page 2

45-0338271

(Form 990) (2013) OF CHRISTIAN EDUCATION
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. EXPLANATION: BOARD MEMBERS ARE PART OF THE SELECTION COMMITTEE FOR THE ST SCHOLARSHIPS AND THE BALANCE OF THE FUNDS ARE AT THE DISCRETION OF (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE 2: PART I,

JOHN'S ACADEMY

SCHEDULE M (Form 990)

Noncash Contributions

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. FACE (FOUNDATION FOR ADVANCEMENT

Employer identification number

45-0338271

OF CHRISTIAN EDUCATION

Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1q Art - Works of art Art · Historical treasures 2 Art · Fractional interests 3 4, Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded X FAIR MARKET VALUE 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles _____ 18 19 Food inventory Drugs and medical supplies _____ 20 Taxidermy 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ______ 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30<u>a</u> b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2013)

33

b If "Yes," describe in Part II.

describe in Part II.

FACE (FOUNDATION FOR ADVANCEMENT Schedule M (Form 990) (2013) OF CHRISTIAN EDUCATION Part II: Supplemental Information. Provide the information required. 45-0338271 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FACE (FOUNDATION FOR ADVANCEMENT OF CHRISTIAN EDUCATION

Employer identification number 45-0338271

FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: NO MINUTES ARE KEPT BUT REPORTS ARE PRESENTED TO THE FULL
BOARD WHO MUST APPROVE THE ACTIONS OF THE COMMITTEE
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: COPIES WERE REVIEWED WITH THE FINANCE COMMITTEE IN DETAIL AND
ADDITIONAL COPIES WERE AVAILABLE AT THE ANNUAL MEETING FOR THE REST OF THE
BOARD PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: UPON REQUEST, COPIES ARE AVAILABLE AT THE OFFICE OF THE
ORGANIZATION
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 1.