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SCANNING LAN C 8 2015

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

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.

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number Check if applicable: C Name of organization Cord Ministries International Address change Doing Business As 45-3813499 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change E Telephone number \square Initial return PO Box 635 303-994-4754 П City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return Kittredge, CO 80457 **G** Gross receipts \$ 105,053.00 F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Yes No H(b) Are all subordinates included? Tyes No If "No," attach a list. (see instructions) Tax-exempt status: 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ 2011 M State of legal domicile: L Year of formation: Summary Part I Briefly describe the organization's mission or most significant activities: "To facilitate God-appointed ministry by acting as a sending organization for "independent" missionaries." Cord supplies some back office support, donor relations donation Governance processing, and encouraging and consulting missionaries on, and headed for, various mission fields. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 4 2 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 6 3 7я Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 26,553.97 105,053.92 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . n 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26553.97 105,053.92 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) O 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,024.50 69,220.78 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 24.024.50 69,220.78 19 Revenue less expenses. Subtract line 18 from-line 12. 2,529.47 35,833.14 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 2,529.47 35,833.14 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 2 1.1 2.529.47 35,833.14 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here MICHAEL Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check [rf **Preparer** Firm's name Firm's EIN ▶ Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

917

Cat. No. 11282Y

Yes No

orm 99	0 (2013) Page 2
Part l	* · · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To facilitate God-appointed ministry by acting as a sending organization for "independent" missionaries. Cord fulfills its calling by suppling some "back-office" support, handling donors and donations,
	and encouraging and consulting missionaries on and headed for various mission fields.
	und choosinging und consoliting importance on the housest for various mission notes.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	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.
4a	(Code:) (Expenses \$ 69,220 including grants of \$ 0) (Revenue \$ 105,053.92)
	During 2013 Cord Ministries partnered with independent missionaries to raise support for their work on fields in the US, Thailand,
	Honduras, and Czech Republic. Funds needed were dispersed according to a pre-agreed upon schedule. Funds not immediately
	needed are kept with Cord until needed. 10% of most donations are used to fund the operations of Cord, including donation
	receipting. Donations for the Missionary Special Assistance Fund do not have a fee withheld. Of the remaining funds, \$2938 was used
	for office operations and postage.
	•
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
	······································
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•
	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$69,220

Form **990** (2013)

Part	V 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.	١.		
•		1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		<u>,</u>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		٧
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	 11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		√
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\
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.	111		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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			
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	18		√
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		V

Part	Checklist of Required Schedules (continued)			
04	D.d. H		Yes	No
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	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
C	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		
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		1
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		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		✓
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		1
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		1
			000	

Check if Schedule O contains a response or note to any line in this Part V Test No. 11 Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable 1b 10 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable 1b 0 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 Enter the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bid the organization have unrelated business gross income of \$1,000 or more during the year? By If Yes, Filed a Form 990-1 for this year If *No* or line 3b, provide an explanation in Schedule O. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign country: By If Yes, enter the name of the tonign cou	Part				
the Enter the number reported in Box 3 of Form 1995. Enter 0- If not applicable .		Check if Schedule O contains a response or note to any line in this Part V	• •	<u></u>	
b Enter the number of Forms W-26 Included in line 1st. Enter -0- if not applicable. Did the organization comply with backup withholding nules for reportable payments to vandors and reportable garning (gambling) winnings to prize winners? Enter the number of empty very the provided 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 I statements, filed for the calendar year ending with or within the year covered by this return I the sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions) If I vies, has it filed a Form 990-1 for this year? If ''No' to line 35, provide an explanation in Schedule O. All 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; Pose instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts over, a financial account in a foreign country; Pose instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization and yet to a prohibited tax shelter transaction at any time during the tax year? By the year of the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization resident and year of the device of the organization residence of the very solicitation an express statement that such contributions or gifts were not tax deductible contributions? If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions? If 'Yes,' did the organization with the donor of the value of the goods or services provided? If year is a such as a such party of the organization that the value of the goods or services provided? If year is a s	4.	Faturation would be Day 2 of Form 1000 Fatur 0 if not continuely	<u> </u>	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 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 2 b if at least one is reported on line 28, did the organization line all required federal employment tax returns? Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to e-file (see instructions) 3 b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4 At any time during the calendar year, did the organization have we an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial accounts? 5 b If "Yes," enter the name of the foreign country. ► 5 see instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7 b If "Yes," did the organization neithy the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8222 filed during the year 9 b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it		· · · · · · · · · · · · · · · · · · ·			
reportable gaming (gambling) winnings to prize winners? 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 Statements, filed for the calendar year ending with or within the year covered by this return It is the sast one is reported on line 2a, did this organization file all required federal employment tax returns? Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) If 'Yes,' has if filed a Form 990-f7 for this year? If 'Yes,' has if filed a Form 990-f7 for this year? 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; lead as a bank account, securities account, or other financial accounts? If 'Yes,' enter the name of the foreign country; lead that yet any time during the tax year? If 'Yes,' the same of the foreign country; lead as a bank account, securities account, or other financial accounts. By the year of the organization and the shell transaction at any time during the tax year? If 'Yes,' the thin the name of the foreign country; lead any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at year organization solicit any contributions that were not tax deductible as charitable contributions? If 'Yes,' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). By the organization selection that it was or is a party to a prohibited any to the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? If 'Yes,' indicate	_	- I I I I I I I I I I I I I I I I I I I			
Statements, filed for the calendar year ending with or within the year covered by this return \$\frac{1}{2}\$ b b if at least one is reported on line 2d, did the organization file all required federal employment tax raturns? Note, if the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it filed a Form 990-T for this year? If 'No' to fine 3b, provide an explanation in Schedule 0. 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; \(\mathbb{P}\) See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? of If 'Yes,' did the organization file Form 8886-T? Coses 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 or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Organizations that may receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Organizations that may receive a contribution of undersective or indirective, to pay premiums on a personal benefit contract? Did the organization receive any funds, directly or indirectly, to pay pr			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax retrums? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? "If "No" to fine 3b, provide an explanation in Schedule 0. A tany time during the calendary 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)? b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountion? b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountion? b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and the very solicitation and express statement that such contributions or gifts were not tax deductible? C Did the organization shall were not tax deductible as charitable contributions or gifts were not tax deductible? Did the organization shall not the year of the organization file form 8282? If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8282? If the organization file form 8282 right during the year year year year year year year yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-rife (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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)? 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 Accounts. 8 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-17 c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 b If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year b) If "Yes," indicate the number of Forms 8282 filed during the year b) If "Yes," indicate the number of Forms 8282 filed during the year c) Did the organization sell, exchange, or otherwiseles, or other whites, did the organization sell. To Did the organization on a contribution of qualified intellectual property, did the organization file Form 8282? d) If "Yes," indicate the number of Forms 8282 filed during the year c) Did the organization sell according to a contribution of qualified intellectual property, did the organization file Form 8293 as required? If the organization is the suppor		· · · · · · · · · · · · · · · · · · ·	1 1		
3a V 1 1 1 1 1 1 1 1 1	b		2b		
b if "Yes," has it filed a Form 990-T for this year, if if "No" to line 3b, provide an explanation in Schedule O. 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, or other financial account). 5 If "Yes," enter the name of the foreign country; ≥ 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 888-T? 6 Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If "Yes," indicate the number of Forms 2826 filed during the year 10 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2822? 10 If "Yes," indicate the number of Forms 2826 filed during the year 10 If the organization exceved a contribution of qualified intellectual property, did the organization file a Form 1998-C? 11 If the organization neceive any funds, directly or indirectly, on a personal benefit contract? 12 If the organization neceive any funds, directly or indirectly, on a personal benefit contract? 13 If the organization have excess business holdings at any time during the year? 14 If the organization from the supporting organization file form 890 in lieu of Form 898 as required? 15 If th	2-				
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fi the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(2) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a The lift "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_				
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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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Enter the amount of reserves on hand Table Did the organization receive any payments for indoor tanning services during the tax year? Itale Table			///		
organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Isab Gross income from members or shareholders. Isab Itab It	_				
a Did the organization make any taxable distributions under section 4966?			8		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
Initiation fees and capital contributions included on Part VIII, line 12	_	· · · · · · · · · · · · · · · · · · ·	 		
Initiation fees and capital contributions included on Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·	AD		<u> </u>
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 Gross income from members or shareholders			1		
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	_) \		
b Gross income from other sources (Do not net amounts due or paid to other sources 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	Section 501(c)(12) organizations. Enter:			
against amounts due or received from them.)	a		} }		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-		امما	l	
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			128		
a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Name of the second seco			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand	b	and the transfer of the second			
14a Did the organization receive any payments for indoor tanning services during the tax year?		-			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			44-		
		in 100, the it mod at offit 120 to report these payments in 110, provide all expanation in oursease 0.		990	(2013)

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI		iruci	ions.
Secti	on A. Governing Body and Management		V	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		Yes	No
	If there are material differences in voting rights among members of the governing body, or			ļ
	if the governing body delegated broad authority to an executive committee or similar]]		}
	committee, explain in Schedule O.			1
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 2	}		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?		,	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	V	├
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3] 🗸
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7ь		\ -
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
_	the-year by the following: The governing body?	0	,	-
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	35	· •	
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	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	✓	_
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
126 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			Ì
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
8	The organization's CEO, Executive Director, or top management official	15a		1
Ь	Other officers or key employees of the organization	15b		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
, , ,	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ť
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only
	<u> </u>			
19	Own website Another's website Upon request Other (explain in Schedule 0) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interval in the c	erest	nalia	/ en
	financial statements available to the public during the tax year.	J. 331	إناءوم	,, ш
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the)	
	Organization: Michael Librich, 745 America St. Michaelura, A7 95200, 202 574 2059			

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Page 7

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	, Highest Compensate	ed 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 not	r any relate	d orga	aniz	atic	IL C	ompe	ensa	ited any curren	it officer, director	r, or trustee.
				((C)					
(A)	(8)	Position						(0)	(E)	(F)
Name and Title	Average					e than e		Reportable	Reportable	Estimated
Halle and Tide	hours per					or/trus		compensation	compensation from	
	week (list any	——			,	,		from	related	other
	hours for	일	3	Officer	€	39	광	the	organizations	compensation
	related	夏益	₹	€	9	Ş Ş	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호텔	፬		듗	88] `	(W-2/1099-MISC)	ļ	organization and related
	line)	Ž			Key employee	1 3	ł	}	ĺ	organizations
	1	Individual trustee or director	Institutional trustee		٣ ا	9	ļ.			
			8			Highest compensated employee				
(1) Nathan Ullrich - CFO	40	\	} '	ł	1	j	١	}	\ \	
		1		1	<u> </u>			17,450.00	0	
(2) Rev. Michael Ullrich - Exec. Director	4]]					
		1		✓		ļ	ļ	750.00	0	
(3) Bonita Ullrich - Assistant Director	1							!		
	(✓ '		✓		.	Ι.	\	o	
(4) Dr. Gary Ewen - Board Secretary	0									
		1		✓				. 0	o	
(5) Rev. Robert Ruesch - Board Member	0					1	Γ.			The second secon
-X-L	<u> </u>	1		✓				o	o	•
(6)										
		<u> </u>				<u> </u>	<u> </u>	1		<u></u>
(7)										
]]]			
(8)										
	†	1			Ì				-	l
(9)										
***************************************	1	ļ '				Į		}		
(10)				-	ļ	<u> </u>				
X-7	†	\			1	\	\	{	(
(11)	 		-	_		 -	┢			
<u> </u>	 	1								
(12)	 						—			
Y1	† <u>-</u>	1]	
(13)	-	 	T	\vdash	\vdash	\vdash	†			
3.7/	f	ſ	[ĺ	ĺ	[[[
(14)	 	<u> </u>	H	_	┢		 	 	· · · · · · · · · · · · · · · · · · ·	
<u></u>										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees			lighe	st C	ompensated E	mployees (co	ntinue	d)		
	(A) Name and title	(9) Average hours per week (list any	box, office	unles Fanc	Pos neck as pe d a d	rson	than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation frelated	mo	Estu	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from organiand	ensation in the nization related nizations	
(15)														
(16)								ļ 	-	,				
(17)					 						_	 -		
(18)			-								\dashv			
(19)					ļ									
(20)										<u></u>	+	<u> </u>		
(21)											+			
(22)											+			 -
(23)				-				\vdash			+			
(24)			<u> </u>								-			
(25)					<u> </u>			-						
1b	Sub-total							<u> </u>	\$18,200.00		0			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•						,	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited							<u> </u>	ore than \$100	,000 (of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o					emp	oloyee, or high	est compens	ated	3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal an \$1	ole (50,	000	nper 17 <i>II</i>	nsatio	s, "				4		·
5	Did any person listed on line 1a receive of for services rendered to the organization		mpe	nsat	ion	fror	n any	un	related organiz	ation or indiv	idual	5		<u>√</u> √
	on B. Independent Contractors		<u> </u>											
1	Complete this table for your five highest compensation from the organization. Repvear.													x
	(A) Name and business add	Iress							(B) Description of s	ervices	С	(C) ompens	ation	
								-						
	· · · · · · · · · · · · · · · · · · ·													
								-						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue	-			
		Check if Schedule O contains a response or note			<u></u>	<i>.</i>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्षे क	1a	Federated campaigns 1a	0			
E P	b	Membership dues 1b	0			
A E	С	Fundraising events 1c	<u>o</u>			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	<u>o</u>			
8 <u>F</u>	e	Government grants (contributions) 1e	<u>o</u> {		,	
활동	f	All other contributions, gifts, grants,				
혈		and similar amounts not included above 1f \$102,524.4	15			
ᅙ	g	Noncash contributions included in lines 1a-1f: \$			}	
	h	Total. Add lines 1a-1f ▶ Business Code	\$102,524.45			
Ĕ			- [
leve.	2a					
, e	b			··· , · · · · · · · · · · · · · · · · ·		
Ž	d		- 			
Ø.	e		+			
Ē	•	All other program service revenue .	+			
Program Service Revenue	9	Total. Add lines 2a–2f ▶	o		<u> </u>	
	3	Investment income (including dividends, interest		· · · · · · · · · · · · · · · · · · ·		
	}	and other similar amounts)	1	0	o	0
i	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	. 0
	5	Royalties	0	0	0	0
}	}	(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less: rental expenses				
	C	Rental income or (loss)	[
	d	Net rental income or (loss) ▶	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) Other	_		ļ	
		assets other than inventory				
	Ь	Less: cost or other basis				
	ĺ	and sales expenses	-		(
	C	Gain or (loss)		_	_	_
	d	Net gain or (loss)	0	0	<u> </u>	<u> </u>
venue	8a	Gross income from fundraising events (not including \$				
Other Re		of contributions reported on line 1c). See Part IV, line 18 a				
5	1	Less: direct expenses b			}	
		Net income or (loss) from fundraising events . Gross income from garning activities. See Part IV, line 19 a	0		0	c
	Ь	Less: direct expenses b				
		Net income or (loss) from gaming activities ▶		0	1 0	o
		Gross sales of inventory, less returns and allowances a		. 		
		Less: cost of goods sold b Net income or (loss) from sales of inventory ▶	o	0	0	
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	C					<u> </u>
	d	All other revenue	0			
	e	Total. Add lines 11a-11d	\			
	12	Total revenue. See instructions	\$102.524.45	0	1 0	

Part IX	Statement	of Functional	Expenses

Section	501(c)(3) and	d 501(c)(4)	organizations	must complete all	columns. All other	organizations must	t complete column	(A).
	(-)(-)	(-)(-)						4 2.

	Check if Schedule O contains a respon-				· · · · · · · · · · · · · · · · · · ·
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , 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,		J		
	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	18100.00	17350.00	750	0
6	Compensation not included above, to disqualified		ĺ	1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	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)	0	0	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):			1	
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	0	o	0	0
d	Lobbying		0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	\$1798.01	0	1798.01	0
14	Information technology	\$648.00		648.00	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			ł	
	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 .	0	. 0	. 0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered	Ì			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ļ		ļ	
	(A) amount, list line 24e expenses on Schedule O.)				
a	Banking Services	\$250.00		250.00	0
þ	Distributions to Missionaries other than	0	0	0	0
C	part of line 5 figure	48424.77	48424.77	0	0
đ					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	\$69,220.78	65774.77	3446.01	0
26	Joint costs. Complete this line only if the	[[ł	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundralsing solicitation. Check here if		}		
	following SOP 98-2 (ASC 958-720)	0			

Р	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Par	tX		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		\$2,529.47	1	\$35,668.14
	2	Savings and temporary cash investments	[0	2	100.00
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	[0	4	0
	5	Loans and other receivables from current and	former officers, directors,			
		trustees, key employees, and highest co		1))	
		Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), ar				'
	İ	sponsoring organizations of section 501(c)(9) volume			,	
ş		organizations (see instructions). Complete Part II of Sche	edule L	0		0
Assets	7	Notes and loans receivable, net		0		0
₹	8	Inventorles for sale or use	· · · · · · · · · · · · · · · · · · ·	0	-	0
	9	Prepaid expenses and deferred charges	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	9	0
	10a	Land, buildings, and equipment: cost or	i . i			
		other basis. Complete Part VI of Schedule D	10a			
		Less: accumulated depreciation	10b		10c	0
	11		.;	0		0
	12	Investments—other securities. See Part IV, line		0		0
	13	Investments program-related. See Part IV, line		0		
	14	Intangible assets		0		0
	15	Other assets. See Part IV, line 11		0		0
	16	Total assets. Add lines 1 through 15 (must equa		\$2,529.47		\$35,768.14
	17	Accounts payable and accrued expenses		0		0
	18	Grants payable		0		
	20	Tax-exempt bond liabilities		0		0
	21	Escrow or custodial account liability. Complete		. 0		0
(A	22	Loans and other payables to current and for				
ţ	22	trustees, key employees, highest comper	-		1	
賣		disqualified persons. Complete Part II of Schedu		0	22	o
Liabilities	23	Secured mortgages and notes payable to unrela	<u> </u>	0		0
	24	Unsecured notes and loans payable to unrelated		0		0
	25	Other liabilities (including federal income tax,				<u> </u>
		parties, and other liabilities not included on lines				
		of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · ·	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ► 🔲 and			-
99	1	complete lines 27 through 29, and lines 33 an	d 34.		()	_
a	27	Unrestricted net assets		\$830.34	27	\$9,509.46
Ba	28	Temporarily restricted net assets		\$1,699.13	28	\$26,258.68
힏	29	Permanently restricted net assets		0	29	0
Ξ	l	Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶ 📋 and		ł	
5	1	complete lines 30 through 34.	ł		1	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	-	0	$\overline{}$	0
88	31	Paid-in or capital surplus, or land, building, or e		0		0
Ĭ,	32	Retained earnings, endowment, accumulated in		0		0
ž	33	Total net assets or fund balances		\$2,529.47		\$35,768.14
_	34	Total liabilities and net assets/fund balances .		\$2,529.47	34	\$35,768.14 Form 990 (2013)
						rom 330 (2013)

om 9	90 (2013)			Pa	ge l∠	
Pari	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		\$102,5	24.45	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 \$69,220			
3	Revenue less expenses. Subtract line 2 from line 1	3 \$33,303.6				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		\$2,5	29.47	
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		\$35,8	33.14	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🗎 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			,	
	Schedule O.					
2a			28		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or				
	reviewed on a separate basis, consolidated basis, or both:		1	\		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_		
b	, , , , , , , , , , , , , , , , , , ,		2b		\	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a]			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		١.			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1	1		
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in				
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	✓_	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1	ļ		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u> </u>		

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ➤ 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

Employer identification number

	Ministries										313499		
				rity Status (All orga		•				nstruction	ons.		
The (·-	ation because it is: (Fo		_		-	•				
1				hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3				spital service organiza									
4	2												
	hospital's name, city, and state:												
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	✓ An or	ganizatio	on that normally	receives a substantia	al part of	its suppo	ort from a	governr	nental ur	it or fror	n the g	general	public
	descr	ibed in s	ection 170(b)(1)	(A)(vi). (Complete Par	rt II.)			_				-	•
8				n section 170(b)(1)(A									
9				receives: (1) more that									
				d to its exempt funct									
				ent income and unrel						n 511 ta	υx) πor	n busir	iesses
		-	_	ifter June 30, 1975. Se					•				
10		-	-	l operated exclusively		•	-			•			
11				nd operated exclusive									
				olicly supported organ									ection
			_	describes the type of	• •	•		<u> </u>	ite lines 1	1e throu	gh 11h	•	
		Type I	b 🗌 Type	,,					Type III–N			_	
е				that the organization									
				ers and other than one	e or more	publicly	supporte	ed organi	izations d	lescribed	in sec	tion 50	9(a)(1)
		ction 509											
f				written determination	on from t	the IRS t	that it is	а Туре	I, Type I	I, or Typ	e III s	upporti	ng _
	-	-	check this box										· 🗆
g		August ing pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the				
				ndirectly controls, eitl						d in (ii) a	nd	Yes	No
	(iii) below,	the governing be	ody of the supported	organizat	ion?					11	9(1)	
	(ii) A	family m	ember of a pers	on described in (i) abo	ve?						111	3(ii)	
	(iii) A	35% co	ntrolled entity of	a person described in	(i) or (ii) a	above? .					110	QiD	$\overline{}$
h				on about the support									
(I)	Name of sur		(ii) EIN	(iii) Type of organization	,	rganization	ı —	ou notify	(vi) t	s the	(vii) Am	ount of m	onetary
•	organizati	on		(described on lines 1-9		sted in your		ization in	organizat	ion in col.	ſ .	support	,
				above or IRC section (see instructions))	governing	document?	supr	of your ort?		zed in the S ?			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No			
A)				1	1	\		\	\		\		
	·				ļ				ļ		<u> </u>		
B)			1						[
			 		 				ļ		┼	·····	
C)											<u> </u>		
D)													
	.											 -	
E)													
			1		1		j				1		

							, ago -
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	te Part III.)	
	ion A. Public Support		<u>,</u>				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	ļ					
	membership fees received. (Do not						
	include any "unusual grants.")) <u> </u>	\$26,553.97	\$105,053.92	\$131,607.89
2	Tax revenues levied for the	ł					
	organization's benefit and either paid]	j	}	j		
	to or expended on its behalf			1 0	0	0	0
3	The value of services or facilities	ĺ					
	furnished by a governmental unit to the	\	}	}	1	, ,	
	organization without charge		ļ <u>.</u>	0	+	0	0
4	Total. Add lines 1 through 3		ļ <u> </u>	0	\$26,553.97	\$105,053.92	\$131,607.89
5	The portion of total contributions by	1	1	1	ľ		
	each person (other than a		Ì		}		
	governmental unit or publicly			į		1	
	supported organization) included on			ł			
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)		ļ	 	<u> </u>		
6	Public support. Subtract line 5 from line 4.		1	<u> </u>	L		
	on B. Total Support	4) 0000	(A) 0040	1 1 2 2 2 4	(n aa4a		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			0	\$26,553.97	\$105,053.92	\$131,607.89
8	Gross income from interest, dividends,	j	ļ]		
	payments received on securities loans,			1			
	rents, royalties and income from similar sources			_			
_	· ·			0	0	0	0
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on					_ {	_
10	• •		 	0	0	0/	0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						_
11	Total support. Add lines 7 through 10	-	 	0	0,		0
12	Gross receipts from related activities, etc.	(see instructi	ons)	·	4	12	\$131,607.89
13	First five years. If the Form 990 is for the						\$131,607.89 n. 501(c)(3)
•••	organization, check this box and stop her				· · · · ·		
Secti	on C. Computation of Public Suppor		e				<u> </u>
14	Public support percentage for 2013 (line 6			11. column (fl)		14	%
15	Public support percentage from 2012 Sch		-			15	%
16a	331/3% support test-2013. If the organiz						
	box and stop here. The organization qua						
b	331/3% support test-2012. If the organ	nization did no	ot check a box	x on line 13 o	r 16a, and line	15 is 331/3%	
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	ganization .		. 🕨 🛮
17a	10%-facts-and-circumstances test - 20	013. If the orga	anization did n	ot check a box	on line 13, 16	a. or 16b. and l	
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa	acts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly su	pported
	organization						¨. ▶ □
b	10%-facts-and-circumstances test - 20	012. If the ora	anization did n	ot check a box	c on line 13, 16	a, 16b, or 17a.	
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "fact	s-and-circums	tances" test. I	The organization	n qualifies as a	publicly
	supported organization						. ▶ 🗀
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						. ▶ □

Part III	C Cabadala fan	Oidiana Dasambad	
1244 I A B 1 KB 1	SUNDON SCREDULE for	Organizations Described	in Section Similaria
CIT C VIII	oappoi i ooiloaalo loi	Organizations Described	

(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.)

Secti	on A. Public Support						
	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.")						
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	L					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1		1		_
4	Tax revenues levied for the]			
	organization's benefit and either paid		<u> </u>]	1		
	to or expended on its behalf		L				
5	The value of services or facilities		1				
	furnished by a governmental unit to the				1		
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3		}				
_	received from disqualified persons		\				
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						,
	or 1% of the amount on line 13 for the year			ļ			
_	Add lines 7a and 7b		-		 		
8	Public support (Subtract line 7c from		 				
-	line 6.)						
Secti	on B. Total Support				L		
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,		1				
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		İ				
	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975	<u> </u>	<u> </u>				
	Add lines 10a and 10b						·
11	Net income from unrelated business				1		
	activities not included in line 10b, whether or not the business is regularly carried on	ĺ					
40	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
12	Other income. Do not include gain or loss from the sale of capital assets	}	}	j	} .		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				 		
	and 12.)	I	{		[:	
14	First five years. If the Form 990 is for th	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re			<u> </u>		🕨 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8					15	%
16	Public support percentage from 2012 Sch			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (17	%
18	Investment income percentage from 2012					18	<u>%</u>
19a	331/s% support tests—2013. If the organi						
	17 is not more than 331/3%, check this box	-	-	-		_	
b	331/x% support tests – 2012. If the organize line 18 is not more than 331/x%, check this test.						
20	Private foundation. If the organization di		=		· · · · · ·	•	=
20	rearresser is the organization of	- HOL CHECK &	227 OII III 10 14	,,, \	ACC CILII ACCILIC	min 200 1119110	ctions 🕨 🔲

scriedule A (r	Page Page						
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Part III, line 12. Also complete this part for any additional information. (See instructions).						
	······						

	······································						
••••							
		·					

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service

Open To Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Cord I	Ministries Internationa	ai						1		45-3	38134	99												
Par		efit Transaction								0-EZ,	Part '	V. line	40b.											
1	(a) Name of disqualified	<u>_</u>	(b) Relationship b		disqualified					of transaction			(d) Cor	rected?										
				- Guille			 		_,				Yes	No										
(1)							}						 	ļ										
(2)							ļ						<u> </u>	—										
(3)							├							ļ										
(4)			 				-							<u> </u>										
<u>(5)</u>														<u> </u>										
(6) 2 3	Enter the amount under section 4958 Enter the amount of	B							ring ti	he ye 	ear			L										
Part	Complete if the	i/or From Inter he organization reported an am	answered "Ye	s" on	Form 99	0-EZ, Part	V, line	e 38a or Form 9	90, Pa	urt IV,	line 2	6; or	f the											
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo	oan to or om the nization?	(e) Ongir principal an	inal (f) Balance due		(g) In c	(g) in default?		(g) in default?		g) In default?		(g) In default?		(g) in default?		(g) In default?		proved pard or nittee?		ntten ment?
				То	From				Yes	No	Yes	No	Yes	No										
(1)																								
(2)																								
(3)																								
(4)		·																						
(5)																								
(6)						l																		
(7)				<u> </u>								Ĺ												
(8)				<u> </u>																				
(9)				<u> </u>								L												
(10)				<u> </u>	<u> </u>	L		<u> </u>	<u> </u>	L				Ĺ										
Total					<u></u>	<u> </u>	<u>.▶</u>	\$	<u> </u>		<u> </u>													
Part		sistance Bene he organization				0, Part IV, I	ine 27	7.																
(a)	Name of interested perso		ship between inter		(c) Amount	of assistance	((d) Type of assistant	се	(e)	Purpo	se of a	ssistan	C8										
(1)																								
(2)																								
(3)																								
(4)																								
(5)																								
(6)]																				
(7)							ļ			<u> </u>														
(8)							ļ			<u> </u>														
(9)										ļ	·····													
(10)		1		- 1			1			ı														

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

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	aring of zation's nues?
					Yes	No
(1) Nathan Ullrich		CFO & supported		Distributed support	+	1
(2) Mich (3)	ael Ullrich	CEO, supported	\$750.00	support and stipend		1
(4)						
(5)						
(6)						
					}	
(8)						<u> </u>
(9) (10)						
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	instructions).	<u> </u>	
	g Part IV (1) Nathan Ullrich is a mi					
member b	ıt as a result of raised support for	his ministry in Thailand. He d	lid not receive any re	imbursement or pay from the gen	eral fund	1 in
2013.						
Concernin	g Part IV (2) Michael Ullrich, Natha	on's father, is the founder and	director of Cord. In 2	013 he received a modest stipen	1 from C	ord
	ing full-time as pastor of a small (
Wille WOLK	ing tun-unie as pastor or a sman o	January Control				
		<u></u>				

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

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Cord Ministries International	45-3813499
Explanations of Cord Ministries History and Operations:	
Cord was incorporated Nov. 17, 2011, applied for exempt status in late 2012, and didn't receive confirm	nation until Feb. 20, 2014.
Cord is established to be the sending organization for otherwise independent missionaries who also we	ork with other organizations
domestic and foreign that do not necessarily have 501(c)(3) status. Cord's main job is to make it possi	ble for these missionaries to raise
needed support and additionally to assist them in getting to and staying on the mission field.	
One of the first missionaries was Nathan Ullrich, son of the founder. He also serves as the Far East dir	ector and CFO of Cord. However,
currently, because of the size of Cord, the bookkeeping is done by the founding director, Michael Ullric	ch, in the US. Cord also makes
use of Cedarstone Partners of Wheaton, IL as the donation processor.	
This being our first year of a required 990, Cord is feeling its way through the process with the intention	n of having this paperwork done
professionally for the 2014 calendar year.	
	•••••••••••••••••••••••••••••••••••••••