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Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs gov/form990

OMB No 1545-0047 2013 Open to Public Inspection

<u> </u>	For the 2013 c	alendar year, or tax year beginning $\ 10/01/13$, and ending $\ 09/30/1$	14	,	
В	Check if applicable	C Name of organization Minn-Iowa Christian Broadcasting,		D Employer	identification number
1	Address change	Inc.			,
- 1	Name change	Doing Business As	-	41-1	412836
1	Ĭ	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	number
!	Initial return	PO Box 72, County Road 6		507-	526-3233
	Terminated	City or town, state or province, country, and ZIP or foreign postal code	•		
- [Amended return	Blue Earth MN 56013		G Gross receipt	s\$ 1,476,037
i	Application pending	F Name and address of principal officer			
ı	Application pending	Tom Wetzell	H(a) Is this a gr	oup return for subo	ordinates? Yes X No
		PO Box 72, County Road 6	H(b) Are all sul	pordinates include	d? Yes No
		Blue Earth MN 56013	If "No	" attach a list (se	e instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527			
J		ww.kjly.com	H(c) Group exe	emption number	•
K	Form of organization		ear of formation 1	000	State of legal domicile MN
		ımmary	our or torributor,	<u> </u>	Oldic of logal contions
·	T	scribe the organization's mission or most significant activities			
a	1	epresent and present the dynamic gospel of Jesus Ch	rist thr	ough	
ž		stian broadcasting and community outreach across so		_	and
Activities & Governance		hern Iowa.			
š		s box ▶ if the organization discontinued its operations or disposed of more than 25	10% of its not as	cote	
ŏ	1	of voting members of the governing body (Part VI, line 1a)	70 Of its fiet as	1 1	4
S	1	of independent voting members of the governing body (Part VI, line 1a)			4
Ē	1	nber of individuals employed in calendar year 2013 (Part V, line 2a)			26
ξ.		nber of individuals employed in calendar year 2013 (Part V, line 2a)			710
ζĞ	1	elated business revenue from Part VIII, column (C), line 12		0	
	1	ated business taxable income from Form 990-T, line 34		7a	0
	b Net unie	ated business taxable income from Form 990-1, line 54	Prior Ye	7b	Current Year
4.	8 Contribut	ions and grants (Part VIII, line 1h)		0,935	1,105,813
nue.	!	service revenue (Part VIII, line 2g)		3,817	354,259
Revenue	1	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,690	3,238
<u>~</u>	1	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,333	4,464
1	1	enue – add-lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,395	1,467,774
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0,036	0
		paid to or for members (Part IX, column (A), line 4)		3,000	0
, 0	1	other compensation, employee benefits (Part IX, column (A), lines 5–10)	67	2,972	646,777
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			010,77
ben	b Total fun	draising expenses (Part IX, column (D), line 25) 177, 615			· · · · · · · · · · · · · · · · · · ·
Ж	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	57	0,675	628,947
		enses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,683	1,275,724
	1	less expenses -Subtract-line 18 from line 12		712	192,050
5	6	/	Beginning of Cu		End of Year
Net Assets or	20 Total ass	ets (Part X,-line-16)		0,362	1,904,744
ASS	21 Total liab	rlities (Part X, line 26)		5,039	873,185
킾	22 Net asse	ts or fund balances. Subtract line 21 from line 20	83	5,323	1,031,559
		gnature Block			
U	Inder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the b	est of my know	rledge and belief, it is
		omplete Declaration of preparer (other than officer) is based on all information of which preparer h			,
		Indo De		1-3c	7-75
Sig	gn	ignature of officer		Date	
	re	Tom Wetzell Treas	urer		
		ype or print name and title			
	Print/Typ	e preparer's name Preparer's signalyre	Date Date	Check	ıf PTIN
Pai	d Sherry	D Heffernan, Ltd. Shy W. Cleffson C	Tto 101/06	5/15 self-emplo	' i
Рге	eparer Firm's na	Ch D 11-66 X 7 1 1 //		Firm's EIN	
Us	e Only	6650 Horseshoe Bend Dr		9	·
	Firm's ac	Componen NOI 55240 0540		Phone no	763-478-6518
Ma		s this return with the preparer shown above? (see instructions)		Phone no	X Yes No
_		uction Act Notice see the separate instructions	 		- 000

Part Statement of Program Service Accomplishments	t Form 990 (2013	Minn-Iowa Chris	tian Broadcasting,	41-1412836	Page 2
Check if Schedule O contains a response or note to any line in this Part III Brefty describe the organization simistion To represent and present the dynamic gospel of Jesus Christ through christian broadcasting and community outreach across southern Minnesota and northern Iowa. 2					i!
To represent and present the dynamic gospel of Jesus Christ through christian broadcasting and community outreach across southern Minnesota and northern Iowa. 2 Od the organization undertake any significant program services during the year which were not listed on the prior Form 990 of 990 EZ? If "Yes," describe these new services on Schedule O 3 Dd the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe those changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(3) and 501c(46) organizations are recurrent to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses T 753,599 motusing grants of S) (Revenue S 362,606) As a non-profit Christian radio ministry, Minn-Towa Christian Broadcasting, Incorporated continued its primary purpose of evangelization and Christian tracking during fiscal year 2014. While it is difficult to quantify how many decisions to accept Jesus Christ as Lord and Savior were made, or to what extent an individual listener grew in their knowledge of Christ, the vast majority of our listener letters, notes, emails and phone calls received this past year would indicate that this mission is being fulfilled in the hearts and homes of our listeners. For this progress, we give God all the glory! 2014 was another year marked by listener growth and diversification as our 4c (Code) (Expenses S including grants of S) (Revenue S) 4d Other program services (Describe in Schedule O) (Expenses S including grants of S) (Revenue S) 4d Other program services (Describe in Schedule O) (Expenses S) 4d Other program services (Describe in Schedule O) (Expenses S) 4d Other program services (Describe in Schedule O) (Expenses S)	•			ne in this Part III	X
christian broadcasting and community outreach across southern Minnesota and northern Iowa. 2	1 Briefly de	scribe the organization's mission			
2. Dot the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-527 If Yes, 'describe these new services on Schedule O Dot the organization cesse conducting, or make significant changes in how it conducts, any program services as measured by expenses Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocation to others, the total expenses, and revenue, any, for each program service reported 4a (Code)(Expenses \$ 753,599 including grants of \$) (Revenue \$ 362,606) As a non-profit (Christian radio ministry, Minn-Iowa Christian Broadcasting, Incorporated continued its primary purpose of evangelization and Christian teaching during fiscal year 2014. While it is difficult to quantify how many decisions to accept Jesus Christ as Lord and Savior were made, or to what extent an individual listener grew in their knowledge of Christ, the vast majority of our listener letters, notes, emails and phone calls received this past year would indicate that this mission is being fulfilled in the hearts and homes of our listeners. For this progress, we give God all the glory! 2014 was another year marked by listener growth and diversification as our 4b (Code)(Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)	To rep	resent and present	nt the dynamic gospe	el of Jesus Christ	through
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	4e Total pro	ogram service expenses >	153,599		Form 990 (2013)

Form 990 (2013) Minn-Iowa Christian Broadcasting, 41-1412836 Part IV Checklist of Required Schedules

	·		res	NO
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		_	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			_
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		i	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			-
-	reported in Part X, line 16? If "Yes," complete-Schedule D, Part IX	11d	X	
e	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			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		₹.	
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	<u> </u>	
14a	· · · · · · · · · · · · · · · · · · ·	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		
	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	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- 13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	_ · _ · _ ·			

Form 990 (2013) Minn-Iowa Christian Broadcasting, 41-1412836 Part IV Checklist of Required Schedules (continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	İ		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			37
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	22	İ	x
24-	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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	270	-	
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ļ	- (
	If "Yes," complete Schedule L, Part I	25b	İ	X
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		ŀ	
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		- 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
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	X	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		l	x
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	3,		
J.	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		_==_
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	į	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_X	
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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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				<u> </u>
			•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_ 3a _		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $\frac{1}{2}$	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial				
	account)?			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	Accou	nts			
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	ction?		5b	_	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie				37
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	~~~d~				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	yoous		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	36		15		
·	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		''		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	$\overline{}$?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter		ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	l				
	against amounts due or received from them)	11b	<u> </u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	7 	12a		ļ
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-	-	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	 	-
b	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					
v	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13b	-			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

•				
000 (0040)	Minneton	Chwiatian	Droodcoating	41-1412836
orm 990 (2013)	MILIIII-TOWA	CHLISCIAN	Broadcasting,	47-7475000

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

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		. 55	
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar			,		
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1ь	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
_	any other officer, director, trustee, or key employee?			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		х
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 of stockholders, or other persons who had the power to elect or appoint			-		
<i>i</i> a				7a		x
	one or more members of the governing body? Are any governess designess of the agreement or recovered to (or subject to approved by) members			/a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			76		$ \mathbf{x} $
	stockholders, or persons other than the governing body?	or by	ha fallauun	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne lollowin	-	х	
a	The governing body?			8a		X
þ	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					_~
200	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ornal	Povenu	9	<u> </u>	X
sec	tion B. Policies (This Section B requests information about policies not required by the Int	emai	Revenue	e Code) _V = =	Γ
_					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Ì		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		_	10b	7.	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the f	orm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>		
l 2a		_		12ā	_ X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	onflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					l
	describe in Schedule O how this was done			12c	<u> </u>	X
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by				1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	<u>i</u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			[1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			l		
	organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN				-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s only)			
	available 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 inte	est no	licv. and			
	financial statements available to the public during the tax year	30. pc	y, and			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	f the				
_0	organization PO Box 72, County		1 6			
	organization p and degeneration to box 12, country				26-3	

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	hours per week (list any		x, unle icer a	Pos check ess pe nd a d	rson : irecto	than one s both a r/trustee	in e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Eugene Stalkamp										
D	1.00			.,				o	0	_
Director/President (2)David J. Siegris	1.00	X	 	X	<u> </u>	╁		<u> </u>	0	0
(2)David J. Stegris	1.00									
Director/Secretary	1.00	x		x				o	0	o
(3) Dr. Tom Wetzell	1.00	1	├─	^						
(5)DI. IOM WECZEII	1.00									-
Director/Treasurer	1.00	X		x		1		0	0	o
(4) Dr. Eric Evans		1				t	_			 -
(,,==, ================================	1.00					1				
Director/Vice Pres.	1.00	x		X				0	0	0
(5) Matthew Dorfner										
	35.00		ĺ							
Executive Director	5.00		<u> </u>	X		<u> </u>		82,215	0	16,641
(6)		}								
(7)			-							
(8)										
(9)										
(10)					_					
(11)			1		-					
DAA	<u> </u>		L							Form 990 (2013

	2013) Minn-Iowa										Page 8		
art VI			stee	s, K			oyee	s, a	nd Highest Compensated				
•	`(A) Name and title	(B) Average hours per week (list any hours for	box	c, unle	Pos check ess pe nd a d	more rson :	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization and related organizations		
2)													
3)											-		
4)													
5)													
6)				ļ									
7)			-		-								
·)													
8)													
9)	· · · · · · · · · · · · · · · · · · ·				-								
b Sub	-				<u> </u>	<u>l</u>		>	82,215		16,64		
d Tota	al from continuation she al (add lines 1b and 1c) al number of individuals (in ortable compensation from	ncluding but not	limite	ed to		se lis	ted a	abov	82,215 e) who received more than		16,64		
B Did emp For orga	the organization list any folloyee on line 1a? If "Yes, any individual listed on linanization and related orga	ormer officer, di " complete Sche ne 1a, is the sum	recto edule	r, or J for	suc able	con	dividi npens	ual satio	oyee, or highest compensation complete Schedule J for su	from the	Yes No		
5 Did	vidual any person listed on line services rendered to the o				•				y unrelated organization of for such person	r individual	5 X		
ection E	. Independent Contract	ors											
	pensation from the organ	ization Report								nin the organization's tax ye			
	Name an	d business address							Descrip	(C) Compensation			
								_					
							_	-					
							_						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

0

	rl V		of Schedule		aıns a	response c	r note to any line	ın thıs Part VIII		
	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated can	npaigns	1a						
일	b	Membership d	ues	1b						
A, E	С	Fundraising ev	ents ents	1c	·					
들님	d	Related organi	ızatıons	1d						
Ę,	е	Government grants	(contributions)	1e						
other S	f					105,813				
9	_		ns included in lines 1a	a-1f \$			1 105 013			
a D e	<u>h</u>	Total. Add line	es 1a-1t			Busn Code	1,105,813			-
len	2a	Time sha	are income			515100	144,181	144,181		
Se l	b		s underwriti	nœ		515100	144,172	144,172		
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	c		ring income			515100	38,376	38,376		
	d	-	of towers			515100	27,530			27,530
	е									
ğ	f	All other progra	am service reve	service revenue					•	
<u>r</u>	g	Total. Add line	es 2a-2f			>	354,259			
	3	Investment inc	come (including	dividend	ls, intere	est,				
		and other simi	lar amounts)			▶	3,238			3,238
	4	Income from in	nvestment of tax	c-exemp	t bond p	roceeds 🕨 📙				
	5	Royalties					· · · · · · · · · · · · · · · · · · ·			
			(ı) Real		(n) f	Personal				
	6a	Gross rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	Net rental inco								
		sales of assets	(i) Securities	•	(11)) Other				
		other than inventory								
	þ	Less cost or other		-		-				
		basis & sales exps								
	_	Gain or (loss)	\							
	d O-	Net gain or (lo				P				
ne	8a	(not including \$	om fundraising eve	ents		-				
Other Revenu			reported on line 1c	,						
Re		See Part IV, line	•	' I		7,618				
Эeг				a b	-	8,263				
₽	C	Less direct ex	(loss) from fund	_	ovents	0,203	-645			
			om gaming activitie		events		013		 	
		See Part IV, line		a		-				
	h	Less direct ex		ь́						
	c		(loss) from gan	_	vities	•	i	İ		
			f inventory, less		*100_					
		returns and all	-	а						
	ь	Less cost of		ь						
		_	(loss) from sale	<u> </u>	entory	•				
			cellaneous Revenue			Busn Code				
	11a	Miscellar	neous				5,109			5,109
	b	- -								
	С							-		
	d	All other rever	nue							
	е	Total Add line				•	5,109			
	12	Total revenue	e. See instructio	ns		▶ [1,467,774	326,729		0 35,877
	-									- 900

Form 990 (2013)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response	se or note to any line in thi	s Part IX		
	ot include amounts reported on lines 6b, b, 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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		į		
	U S See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107 050	10 705	F2 C0F	40 000
	trustees, and key employees	107,250	10,725	53,625	42,900
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	16 044		0 022	0 022
_	persons described in section 4958(c)(3)(B)	16,044 410,616	232,980	8,022 149,258	8,022 28,378
7	Other salaries and wages	410,010	232,960	149,236	20,370
8	Pension plan accruals and contributions (include	66,470	36,296	24,503	5,671
	section 401(k) and 403(b) employer contributions)	8,893	4,856	3,278	759
9	Other employee benefits Payroll taxes	37,504	19,127	15,002	3,375
10 11	Fees for services (non-employees)	3.7302	13/12/	10,002	3/3/3
ı' a	Management				
b	Legal	6,404		6,404	
c	Accounting	14,464		14,464	
	Lobbying		-		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	800			800
12	Advertising and promotion	18,341	11,005	7,336	
13	Office expenses	93,878	38-, 037	8,840	47,001
14	Information technology				
15	Royalties				
16	Occupancy	178,908	147,353	11,640	19,915
17	Travel	18,645	10,298	976	7,371
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 F10		2 510	
19	Conferences, conventions, and meetings	2,518	_ 	2,518	
20	Interest	8,484		8,484	
21	Payments to affiliates	111,757	94,993	11,176	5,588
22	Depreciation, depletion, and amortization	25,568	20,454	2,557	2,557
23	Insurance Other expenses Itemize expenses not covered	23,300	20,333	2,331	2,331
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а		109,105	109,105		<u>.</u> <u>.</u>
a b	Miscellaneous	28,645	8,083	16,427	4,135
c	Electronics/repairs	11,430	10,287		1,143
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,275,724	753,599	344,510	177,615
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				
DAA	following SOP 98-2 (ASC 958-720)			<u></u>	Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 187,113 163,754 Cash-non-interest bearing 1 348,480 2 385,759 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 10,968 17,998 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 29,129 33,409 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 2,502,276 other basis Complete Part VI of Schedule D 10a 1,440,369 1,049,908 10b 1,061,907 b Less accumulated depreciation 10c 38,906 50,119 Investments—publicly traded securities 11 11 Investments-other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 198,828 198,828 15 Other assets See Part IV, line 11 15 1,870,362 1,904,744 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 46,168 53,315 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, _iabilities trustees, key employees, highest compensated employees, and _ _ _ disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 988,871 25 819,870 of Schedule D 1,035,039 26 873,185 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 827,116 983,069 27 27 Unrestricted net assets 8,207 48,490 28 Temporarily restricted net assets 28

> 1,904,744 Form 990 (2013)

1,031,559

29

30

31

32

33

835,323

1,870,362

29

31

33

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

<u>Fórm</u>	990 (2013) Minn-Iowa Christian Broadcasting, 41-1412836				Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,46	7,7	774
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,27	5,7	124
3	Revenue less expenses Subtract line 2 from line 1	3)50
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		83	5,3	323
5	Net unrealized gains (losses) on investments	5			4,186	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	,03	1,5	559
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	\	res	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, 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					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				- 1	
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-		- 1	=
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

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.

gov/form990. Inspection

OMB No 1545-0047

Open to Public

Internal Revenue Service

Name of the organization

Department of the Treasury

Minn-Iowa Christian Broadcasting, Inc.

Employer identification number 41-1412836

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 |X| An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 1**1** purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III—Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	in col (i) listed in your the		(v) Did you notify the organization in col (i) of your support?		Is the tion in col ized in the S ?	(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sect	ion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	-	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,012,467	968,150	282,592	1,500,935	1,105,	813	4,869,957
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							
4	Total. Add lines 1 through 3	1,012,467	968,150	282,592	1,500,935	1,105,	813	4,869,957
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							257,287
_	, , , ,							4,612,670
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u></u>	1.					1,012,0.0
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	,	(f) Total
	Amounts from line 4	1,012,467	968,150	282,592	1,500,935	1,105		4,869,957
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	53,985	18,540	2,427	27,349		,768	133,069
	sources	00,750						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					4	,109	4,109
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							5,007,135
12	Gross receipts from related activities, etc					į	12	1,514,920
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)		
	organization, check this box and stop her	<u>e</u>						<u> </u>
Sec	tion C. Computation of Public S	upport Percen	tage	<u> </u>				
14	Public support percentage for 2013 (line 6	i, column (f) divided	d by line 11, colum	n (f))			14	92.12%
15	Public support percentage from 2012 Sch					Į	15	91.97%
16a	33 1/3% support test-2013. If the organ	iization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	heck this		
	box and stop here. The organization qua							► X
b	33 1/3% support test—2012. If the organ				5 is 33 1/3% or m	оге,		- 1 1
	check this box and stop here. The organi							>
17a								
	10% or more, and if the organization mee							
	Part IV how the organization meets the "f	acts-and-circumsta	nces" test. The org	janization qualifies	as a publicly sup	ported		- 1
	organization							•
b	10%-facts-and-circumstances test—20							
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization m	eets the "facts-and	l-circumstances" te	st The organization	on qualifies as a pi	ublicly		
	supported organization							>
18	Private foundation. If the organization d instructions	id not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee		>

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)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(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 organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513					·		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	<u> </u>				ļ 		
7a	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					:		
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)	7						
Sec	tion B. Total Support		1	L	1	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
9	Amounts from line 6	,	`					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
– b [–]	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			_				
С	Add lines 10a and 10b				:			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)		<u> </u>	1	l	1		
14	First five years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	11(c)(3)		⊾ 1 1
800	organization, check this box and stop her ction C. Computation of Public S		ntage		*			P
				nn (fl)			15	%
15 16	Public support percentage for 2013 (line 8 Public support percentage from 2012 Sch			1111 (17)		ł	16	
16 Sec	ction D. Computation of Investme					i		
17	Investment income percentage for 2013 (I			3 column (fl)			17	%
18	Investment income percentage for 2013 (investment income percentage from 2012		•	o, ooianii (1 <i>))</i>			18	
19a	• • •			e 14, and line 15 i	s more than 33 1/3	ا 3%. and line		
. 50	17 is not more than 33 1/3%, check this b							• 1
b	33 1/3% support tests—2012. If the orga	-	-		-		and	- 1
	line 18 is not more than 33 1/3%, check the							>
20	Private foundation. If the organization di	· · · · · · · · · · · · · · · · · · ·	-			_		

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.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Namo	of	the	orga	nıza	tıcı

Minn-Iowa Christian Broadcasting,

Inc.

41-1412836 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located >-Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part VI	Land, Buildings, and i	=quipinent.			
	Complete if the organiz	ation answered "Yes" to Fo	orm 990, Part IV, line 11	a See Form 990, Pa	rt X, line 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			50,000		50,000
b Building	gs				
c Leaseh	old improvements				
d Equipm	nent				· <u></u>
_ e Other			2,452,276	1,440,369	1,011,907
Total, Add lin	nes 1a through 1e (Column (d) n	nust equal Form 990. Part X. colu	ımn (B), line 10(c))	•	1.061.907

Complete if the organization answered "Yes" to Form 990, Part IX, line 11 See Form 990, Part X, line 12 (a) Notes deviation (color over drycen resent roses Infrared deviations	Part VII	Investments—Other Securities.		441. 0 - 5 - 000 D	at V. Irana 40
1) Francial derivatives			- I		
Financial derivatives			(p) Book value	• •	
22 Closely-held equity interests	(4) 5	<u>-</u>			
3) Other					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		ed equity interests			
(B) (C) (C) (D) (E) (F) (F) (G) (H) Total. (Column (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) B) Book value (c) Memoral valuation (c) Memora					
(Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VII					
(C) (E) (F) (G) (G) (H) (Column (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) Blook value (c) Blook					
(E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(F) (G) (H) Total (Column (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) (d) (d) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	•				
(G) (H) Total. (Column (b) must equal Form 990, Part X, col (8) 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 (b) Book value Cost or end-of-yern mether value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) 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 (b) Book value (1) Licenses 1998, 821 (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) 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 15 (c) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Contact Column (b) must equal Form 990, Part X, col (8) 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					
Part Vill Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Membrad valuations (c) Membrad valu	• •				
Investments	, ,	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (i) Description of investment (ii) Block value (ic) Mentod to dividualize (ic) Mentod to dic) Mentod to dividualize (ic) Mentod to dividualize (ic) Mentod t					
(e) Membed of valuation Cost or ends of year market value (f) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	7 44 2 7 111		Form 990, Part IV, line	11c See Form 990, Pa	art X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (β) 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 (1) Licenses 198, 821 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (β) line 15) ▶ 198, 821 (1) Federal income taxes (2) Notes payable to related entity (b) 9004 value (b) 9004 value (c) 11f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 25 (c) Notes payable to related entity (b) 9004 value (c) Notes payable to related entity (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form 990, Part X, line 25 (c) 10f See Form 990, Part X, line 15 (c) 10f See Form					
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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) Description (c) Description (d) Licenses (1) Licenses (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 15 198,821 101 198,821 102 103 104 105 105 106 107 108 109 109 109 109 109 109 109				Cost or end-of-year r	narket value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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) Description (c) Description (d) Licenses (1) Licenses (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 15 198,821 101 198,821 102 103 104 105 105 106 107 108 109 109 109 109 109 109 109	(1)				
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Notes payable to related entity 819,870 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 819,870					
Inne 25	IBITA		o Form 990. Part IV. lin	e 11e or 11f See Form	990. Part X.
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 819,870					
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(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 819 , 870					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 819,870					
		on (b) must equal Form 990, Part X, col. (B) line 25.)	819.870		
					ts the

Sched	ule D (Form 990) 2013 Minn-Iowa Christian Broad	dcasting,	41-1412836	Page 4
Par			Revenue per Return.	
	Complete if the organization answered "Yes" to Form			
1	Total revenue, gains, and other support per audited financial statements		1	1,471,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	_4,186	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	4,186
3	Subtract line 2e from line 1		3	1,467,774
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c]	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	_ 5	1,467,774
Pai	t XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per Retur	n.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 1	12a	
1	Total expenses and losses per audited financial statements		1	1,275,724
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,275,724
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		

4b

Part XIII Supplemental Information

b Other (Describe in Part XIII)c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part X - FIN 48 Footnote

The organization has evaluated its potential exposure for uncetain tax positions and management has expressed there are no uncertain tax positions as of September 30, 2014. Tax returns for the past three tax years remain open for examination by tax jurisdictions.

9261 01/06/2015 9 50 AM

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

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

or identification number

OMB No 1545-0047

Internal Revenue Service Information about Schedulo L (Form 990 or 990-EZ) and its instructions is at www irs gov/for			orm990	
Name of the organ	nization	Mınn-Iowa	Christian Broadcasting,	Employer identific
		Inc.		41-1412836
Part I	Excess	Benefit T	ransactions (section 501(c)(3) and section 501(c)(4) organizations only)	

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Correcte		
1	(a) Name of disquarmed person	organization	(c) Description of transaction	Yes	No	
1)						
2)					T	
3)			_			
4)						
5)					1	
6)					1	

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Into	erested Perso	ons.					-				_	
	Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the												
		organization reported an amount on Form 990, Part X, line 5, 6, or 22											
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L			(f) Balance due	(g) ln (default?	(h) Ap			/ritten
		with organization	loan	or fro		principal amount					oard or nittee?	agree	ement?
				$\overline{}$	From			Yes	No	Yes	No	Yes	No
(1)					_				<u> </u>	<u> </u>	<u> </u>		<u> </u>
(2)	· · · · · · · · · · · · · · · · · · ·			+	_			+	-	—	<u> </u>	_	
(2)													
(3)				-	 		 	+-		\vdash	\vdash	ļ	-
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(9)													
(10)							<u></u>		<u> </u>	 	<u> </u>	ļ	<u> </u>
Total						▶ \$							

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
For Paperwork Reduction Act Notice, see the Instru	ctions for Form 990 or 990-E	Z.	Schedule	L (Form 990 or 990-EZ) 2013

Schedule L (i	Form 990 or 990-EZ) 2013				Page 2
Part IV	Business Transactions Involving		00 - 001 00		
	Complete if the organization answered "Yes (a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?
		organization			Yes No
	te Dorfner	See Part V	15,539	Salary	X
(2) Matt 1	Dorfner and Board Members	See Part V		Business relations	x
[3]					
(4)					
5)			 		
6) 7)			 		+
8)			·		
9)					
0)					
Part V	Supplemental Information Provide additional information for responses	· 			
Sched	dule L, Part V - Addition	onal Information	on		
Ms. I	orfner is the wife of l	Matt Dorfner,	the Executiv	e Director. She	
was p	paid \$15,539 in the pos	ition of part-	time office	manager of KJIA	
stati	ion and MICB Community 1	Relations			
5040	ton und mos community.				-
Mr. N	Matt Dorfner, and the Bo	oard of Directo	ors, serve a	s management and	on
	Board of a supported or				
<u> </u>			reraced end	ity, mim iowa	
Chris	stian Broadcasting, Four	ndation.			
_ 		-		<u> </u>	
					-

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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization Minn-Iowa Christian Broadcasting,

41-1412836

Form 990, Part III, Line 4a - First Accomplishment

24-hour a day Spanish broadcast ministry over KJTS New Ulm went on the air on Cinco de Mayo, 2014. In the planning, development and construction stage for over two years, the Christian Spanish broadcast is now on the air communicating the Gospel of Jesus Christ across a 20-25 mile coverage area from its New Ulm tower and transmitter site. Exciting future plans early in 2015 call for the introduction of the KJTS Spanish broadcast over the MICB translator in Mankato at 107.1 FM to greatly expand the coverage area.

Additionally, late in November of 2014, we began supplementing the Spanish broadcast programming from Moody broadcasting in Chicago by hiring a new part-time local Spanish speaking announcer to provide live programming from 7-9 AM each weekday. We look forward to seeing how the Lord might continue to build the Spanish broadcast ministry in the years to come as, to our knowledge, Minn-Iowa Christian Broadcasting presents the only 24-hour a day Christian Spanish broadcast in Minnesota or Iowa.

2014 also was a year that saw us working diligently to add to the MICB broadcasting network through the purchase of two more translators. These translators, located in Bloomington, MN and Elko, MN will add over a million potential new listeners as they will provide the MICB radio ministry to a large swath of the Minneapolis-St. Paul south metro area. In fact, once we begin broadcasting on these two translators, the combined MICB potential listening audience will jump from its current 879,000 to approximately 2.1 million people. After over a year of conversation and negotiations with a station broker and the current owners, MICB signed an

Minn-Iowa Christian Broadcasting,

Employer identification number 41–1412836

Asset Purchase Agreement to purchase these translators in late 2014. We are currently awaiting final approval from the FCC regarding these translators but fully expect to begin broadcasting on these translators in early January, 2015.

MICB, Inc/Kinship Christian Radio owned and operated Full Power stations include:

KJLY 104.5 FM Blue Earth, MN

KJYL 100.7 FM Eagle Grove, Iowa

KJCY 95.5 FM St. Ansgar-Mason City, Iowa

KJIA 88.9 FM Spirit Lake, Iowa

KJWR 90.9 FM Windom, MN

KJTS 88.3 FM New Ulm, MN

KJTT 88.3 FM Story City, Iowa

-MICB, Inc. /-Kinship Christian Radio owned and operated Translator stations include:

Mankato, MN 107.1 FM

St. Peter, MN 97.9 FM

Albert Lea, MN 101.9 FM

Blooming Prairie, MN 98.3 FM

New Ulm, MN 104.9 FM

Forest City, Iowa 94.7 FM

Mason City, Iowa 92.5 FM

Algona, Iowa 107.9 FM

Newell- Storm Lake, Iowa 96.3 FM

Morgan - Redwood Falls, MN 92.3 FM

Name of the organization

Minn-Iowa Christian Broadcasting,

Employer identification number

41-1412836

Rochester, MN 105.7 FM

Additionally, we provide Kinship Christian Radio programming to the translator located in Owatonna, MN at 93. 5 FM, which is owned by the nonaffiliated Owatonna Area Christian Radio, Inc.

The MICB, Inc ministry also continues to embrace and accelerate development of our digital presence and on-line presentation. A comprehensive reworking of our various web sites was completed in 2014 adding to a much greater on-line visual impact and greater functionality of our web pages. Kinship Christian Radio programming continues to be available worldwide via our web stream at www.KJLY.com and through our digital app for both Android and Apple smartphones and Apple iPads. Additionally, Kinship Christian Radio is also available for streaming at ITunes and Apple Radio.

During 2014, MICB, Inc and Kinship Christian Radio has, once again, seen - some very extensive infrastructure enhancements-with the final-installation of an emergency generator at our KJLY Mapleton, MN transmitter site completed. The installation of a satellite uplink and downlink system, which began in 2013, is now complete and is delivering Kinship Radio programming to our current seven full power sites. Additionally, we have begun capital campaigns to purchase and install auxiliary back up transmitters at both KJIA in Spirit Lake and KJCY in St. Ansgar. During 2014, we also added new supplementary air conditioning systems at both KJLY Mapleton and KJIA Spirit Lake as we work to continue to develop complete redundancy in electrical power supply, air conditioning and back up transmitters at each of our seven full power sites. Finally, 2014 also saw the purchase and installation of a new transmitter and antenna system at

Employer identification number

41-1412836

KJTS in New Ulm which has greatly expanded our performance and coverage.

2014 also saw a number of cosmetic and structural improvements to our flagship KJLY studios in Blue Earth, MN and needed repairs and upgrades in IT and radio frequency equipmentacross the entire network of radio sites and offices. Additionally, in conjunction with the professional services and advice of our auditor, Sherry Heffernan, CPA, MICB continues to assess our governance functions and improve our accounting protocol.

While MICB, Inc continues to expand and improve its programming and technical plant, we realize that, "unless the Lord builds the house, we labor in vain." MICB, Inc is completely dependent upon God's presence, power and provision for its continued success in the fulfillment of its goal of evangelization and Christian teaching. To that end, we seek to ever more so become and remain the Lord's humble servants in this effort.

- Form 990, Part VI, Line-8b --Documentation by Committee Explanation The organization does not have any committees which have the authority to act on behalf of the governing body.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by the Executive Director and is presented to and approved by the Board of Directors prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board reviews the Executive Director's performance and compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

Minn-Iowa Christian Broadcasting,

Employer identification number

41-1412836

All governing documents will be made available upon request.

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ▼ See separate instructions. ▶ Attach to Form 990. Minn-Iowa Christian Broadcasting, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

2013 OMB No 1545-0047

Open to Public Inspection

(f) Direct controlling Employer identification number entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 41-1412836 (e) End-of-year assets Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Parti

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Fart if Identification of Related Tax-Exempt Organizations during the tax year	e tax year	5					
(a)	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty status	ll ng	(g) Section 512(b)(13) controlled entity?)(13) tity?
אפווב, מסמיפט מות דווא כן נממונים כן קמיו אמינים.		or foreign country)		(if section 501(c)(3))	entity	Yes	S S
(1) Minn-Iowa Christian Brdcasting Fdn PO Box 72, County Road 6 41-1699000							
Blue Earth MN 56013	Support	Æ	501c3	11a	MICB Inc.	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule R (Form 990) 2013

Schedule R	Schedule R (Form 990) 2013 Minn-Iowa Christia	an Broadcas	ting	41-14	12836				21 /2 F-0	5	٩	Page 2
Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year	ions Taxable a rganizations tr	as a F eated	artnership as a partner	Complete if the rship during the	e organizatio e tax year	n answered "Yes	on Form 98	90, Part IV, III	e 34		
	(a) Name, address, and EIN of related organization	(b) Primary activity (d) (s) (s)	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predomnant income (related, unrelated excluded from tax under sections \$12-514)	(f) Share of total Income	(g) Share of end-of- year assets	(n) Disproportionate alloc? Yes No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage g ownership	ntage rrship
E				-								
(2)												_
(3)												
(4)				-								
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ions Taxable	as a C	Corporation treated as a	or Trust Com corporation or	plete of the or trust during	ganization answe the tax year	ered "Yes" o	on Form 990, Part IV,	Part IV		
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage	ıtage ship	Section 512(b)(13) controlled entity?) (13) (13) olled ty?
(1)											Yes	o Z
(2)												
(3)												
(4)												
DAA								1	Schedule R (Form 990) 2013	R (For	(066 m	2013

41-1412836 Schedule R (Form 990) 2013 Minn-Iowa Christian Broadcasting,

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he organization answered "Yes" on Form 99
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Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	S _O
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed organizations listed i	n Parts II–IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity;				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e	X	
				*		×
				1	T	
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				1;		×
J Lease of facilities, equipment, or other assets to related organization(s)				÷		×
				:		;
 K Lease of racliffes, equipment, or other assets from related organization(s) 				¥	1	(۲
I Performance of services or membership or fundraising solicitations for related organization(s)				=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)				1		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				11	×	
o Sharing of paid employees with related organization(s)				10	×	
						:
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				P		×
r Other transfer of cash or property to related organization(s)				=		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ne, including covered re	lationships and transact	on thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	int involved	10	
	type (a-s)		D			
TO STATE BOARD (V)	(1000			
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Schedule R (Form 990) 2013

Part Vi

Schedule R (Form 990) 2013 Minn-Iowa Christian Broadcasting,

41-1412836

Page 4

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) Drimany advisory	(b)	(c)	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate		(J) General or	(k) Percentage
אמוופי, מסטופטט, מוט בוא סו פווויא	funda de la companya	domicile	income (related	section	حَ		allocations?	œ '	managing	ownership
		(state or foreign	unrelated, excluded from tax under	5U1(c)(3) organizations?	SL	assets		(Form 1065)	, pariner	·,
		country)	sections 512-514)	Yes No	0		Yes No		Yes No	
(1)										
(2)										
(3)		-								
(4)										
(5)										
(9)										_
(1)		-								
(8)										
(6)										
(10)										
(11)		_								
								Schedu	ıle R (Forπ	Schedule R (Form 990) 2013

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

See separate instructions.

► Attach to your tax return.

Name(s) shown on return

Minn-Iowa Christian Broadcasting,

Identifying number 41-1412836

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (c) Elected cost (b) Cost (business use only) 6 (a) Description of property 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 111,757 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Part III 0 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 -18— If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/inveslment use (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property 20-year property S/L 25-year property S/L 27 5 yrs MM h Residential rental property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs 12-year ММ 40-<u>year</u> 40 yrs S/L С Part IV Summary (See instructions) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 111,757 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

11/8/2014 9:34 AM 9261 Minn-Iowa Christian Broadcasting, Federal Statements 41-1412836 FYE: 9/30/2014 **Tax-Exempt Interest on Investments** Description Unrelated Exclusion Postal Acquired after InState Business Code Code Code 6/30/75 Muni (\$ or %) Amount 14 3,238 3,238 Total

# 11/8/20 928 A.M. Jowa Christian Broadcasting. Federal Statements Federal Statements # 11/4/1886 Federal Statements Federal Statements # 11/4/1886 Amount			*** *** *** *** *** *** *** *** *** **
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33,380 \$ 1,105,813	Description		nt
	Other Special Forces Cash Contribution	1,1	, 380
	Total		
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41 1412836 Federal Statements

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ecial Forces

Other Direct Fundraising or Gaming Expenses

Description	 mount
Consultants Miscellaneous	\$ 800 3,171
Total	\$ 3,971

9261 Minn-Iowa Christian Broadcasting,
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FYE: 9/30/2014

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omen's Conference

Other Direct Fundraising or Gaming Expenses

Description	<i></i>	\mount
Speakers Miscellaneous	\$	2,710 1,848
Total	\$	4,558