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EXTENDED TO AUGUST 17, 2015

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	e 2014 calendar year, or tax year beginning and ending	1	
В	Check i applica	C Name of organization	D Employer identifi	cation number
[Addi	midwest Christian Ministries		
	Nam chan	ge Doing business as	26-2	919712
	Initia retur Final retur	Number and street (or PO box if mail is not delivered to street address) [Room/s]	suite E Telephone numbe (515	
_	term ated Ame	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	92,803.
늗	retur Appl	DEG HOTNES, TA 30322	H(a) Is this a group re	
_	tion pend	Finame and address of principal officer:	for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
		tempt status: X 501(c)(3)		list. (see instructions)
_		ite: ► N/A forganization X Corporation Trust Association Other ► L	H(c) Group exemptio	
	art I	forganization X Corporation Trust Association Other ► L. Summary	Year of formation 2008 A	A State of legal domicile LA
	1	Briefly describe the organization's mission or most significant activities: TO MAKE	RENTAL OFFICE	SPACE
& Governance			NIZATIONS DES	
ž	2	Check this box if the organization discontinued its operations or disposed of r		
χe	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
Š.	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
, iğ	6	Total number of volunteers (estimate if necessary)	6	6
Activities	7 a	Total unrelated business revenue from Part VIII rolumn (C), line 12	7a	0.
, Ą	b	Net unrelated business taxable income from Form 990 T, line 34	7b	0.
» »	† <u> </u>		Prior Year	Current Year
۹ >> ۵۱	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g) WAY 2 6 2015	77,080.	85,978.
Se C	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37.	30.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,938.	3,967.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,055.	89,975.
}	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000.	36,824.
3	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ي ﴿	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25)		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,552.	114,281.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,552.	151,105.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,497.	-61,130.
or es		Heveride less expenses. Cobilder line to non line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,050,046.	988,916.
Ass	21	Total liabilities (Part X, line 26)	0.	0.
₹,Ë	22	Net assets or fund balances. Subtract line 21 from line 20	1,050,046.	988,916.
,	art II	Signature Block		7 3 7 7 2 3 1
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the best of my	knowledge and belief, it is
		t, and complete Declaration of preparer (other than officer) is based on all information of which prep		, ,
	, 00			
Sig	n	Signature of officer	Date	_/
Her		LEMAR KOETHE	5/15	115
110.	·	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı	JON PAULSEN / G / G	5-14-15 If self-employe	P00224025
	arer	Firm's name MERIWETHER, WILSON, AND COMPANY, PL		42-0731256
-	Only	Firm's address 4500 WESTOWN PARKWAY, SUITE 140	7.000 2.00	
	,	WEST DES MOINES, IA 50266-6717	Phone no 51!	5-223-0002
Ma\	the l	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Form 990 (2014)

Form 990 (2014) MIDWEST CHRISTIAN MINISTRIES Part IV Checklist of Required Schedules

			res	LAO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X	
2		2	Λ	X
3	Is the organization required to complete Schedule B, Schedule of Contributors?			
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			Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	"		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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		l	.,	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	17
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ <u>X</u>
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total		ľ	v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's separate or consolidated inhancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	İ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>_X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	}	- 1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	- 1	х
00 -	complete Schedule G, Part III	19		<u>^</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<u> </u>	2014

Form 990 (2014) MIDWEST CHRISTIAN MINISTRIES
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		ľ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u></u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ĺ	1	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete]		۱
	Schedule K. If "No", go to line 25a	24a		Х
Ŀ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24b	-	
C				
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization erigage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	5			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		Λ
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	and the second s	28a]	X
b		28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ĺ	
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 1	Ì	1,
	Part V, line 1	34		<u>X</u> _
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		ļ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
^-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Treating in Form 500 maio and required to demplote demodate 5		990 (2	2014)
			- 1-	.,

<u></u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	;		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ŋ '		
c	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 2	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)]		
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 O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1 1		ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		<u>X</u>
ь	,,,,	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts] ,,]		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		.	v
a		7a 7b		<u> </u>
b		''	-	
С	to file Form 8282?	7c	- 1	X
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ĺ	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\neg \uparrow$	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	J	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			!
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	}	
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		1	
	Enter the amount of reserves on hand	44-		X
		14a	\rightarrow	
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

MIDWEST CHRISTIAN MINISTRIES 26-2919712 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 Section 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 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 3 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request U Other (explain in Schedule O) Own website ___ Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: LEMAR KOETHE - 515-252-0700

50322

6000 DOUGLAS AVENUE, DES MOINES, IA

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≂orm	qqn	(2014)	

MIDWEST CHRISTIAN MINISTRIES

26-2919712

Page 7

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

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

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 (A)	aniza			пре	กรล	(D)	(E)	(F)		
(A) Name and Title	(B)			Pos	C) sitior	1			1	(r) Estimated
ivaine and Title	Average hours per	(do	(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	amount of
	week	offi	cer ar	nd a c	irect	or/trus	tee)	from	from related	other
	(list any hours for						ĺ	the	organizations	compensation
	I	or director	l e			B		organization	(W-2/1099-MISC)	from the
	related	Sta	truste		92	pens		(W-2/1099-MISC)		organization
	organizations below	Lea Tr	Sug.		old	5 5	١.			and related
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			organizations
(1) WILLIAM R GUSTOFF	0.00	╁╧	┝╧	<u> </u>	×	Ξ 6	-			
SECRETARY		X		X	ł	1	l	0.	0.	0.
(2) JAMES D MURPHY	0.00	1	 	**	-	-				
VICE PRESIDENT		Х		X				0.	0.	0.
(3) LEMAR KOETHE	0.00	 				T				
PRESIDENT		X		X				0.	o.	0.
(4) GREG CRAWFORD	0.00	-	†	-						
DIRECTOR								0.	0.	0.
(5) IAN ROJAS	0.00									
DIRECTOR		X						0.	0.	0.
(6) JANICE SCAVO	0.00									
TREASURER		l		X_				0.	0.	0.
										·- <u>-</u> -
		<u> </u>				<u> </u>				
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	 		-	-		\vdash				

1.0	TE THE Section A. Officers, Directors, Trus	itees, Key Em	ploy	<u>rees</u>	, an	d H	ighe	st C	ompensated Employe	es (continued)				
	` (A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	9	Estimated		
	•	hours per	box	, unie	ss pe	erson	is bo	th an	compensation	compensation	on	ar	nount	of
		week	}	Cer ai	T	I)	100)	from	from relate			other	
		(list any hours for	director						the	organization			pensa	
		related	5	₽3	l	ł	satec		organization (W-2/1099-MISC)	(W-2/1099-MI	SU)	ſ	rom th janizat	
		organizations	Individual trustee	Institutional frustee		8	100		(***25 1039 141100)				d relat	
		below	dana	E E	<u>,</u>	l de	S 52	E				l	anızatı	
		line)	Pg.	髰	Officer	Key employee	Highest compensated employee	F						
			1		1									
														
		1						_		·				
														
			ĺ	ĺ		1	ĺ	i '						
							\vdash							
		ļ 		ļ							i			
			<u> </u>				\vdash							
		 					一							
		· · · · · · · · · · · · · · · · · · ·		-			├							
								-						
46	Sub-total Sub-total					_	L		0.		0.	<u> </u>		0.
		l C4: A							0.		0.			0.
	Total from continuation sheets to Part VI	i, Section A							0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th		linta	ام ام				'	000 of report of				
2	compensation from the organization	or inflited to th	ose	IISTE	ual	JOVE	=) WI	10 16	ceived more (nam \$100	,000 of reportab	ie			0
	Compensation from the organization						_						Yes	No
3	Did the ercenization list any former officer	director or tru	ot o	. ka		مامه		~ t	uahaat aamaanaatad a	moleves en	1			
3	Did the organization list any former officer,		Stee	, Ke	y en	пріо	уее,	Of I	ngnest compensated er	ripioyee on			1	X
4	line 1a? If "Yes," complete Schedule J for s							حاله ما		hiti		3		<u> </u>
4	For any individual listed on line 1a, is the su									ne organization		.	- 1	v
_	and related organizations greater than \$150										}	4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services		_	1	v
Soci	rendered to the organization? If "Yes," com	<u>piete Scheaule</u>) J 70	or su	icn j	oers	<u>ion</u>					5		<u> </u>
	tion B. Independent Contractors		. حد د	. به د	-• -			AL	not received th	1100 000 of a		ntin = f		
1	Complete this table for your five highest con										pens	ation i	rom	
	the organization. Report compensation for	ine calendar ye	ear e	nair	ng w	itn e	or w	tnin		ear	-			
	(A) Name and business	address	NC	NE	,				(B) Description of se	ervices	C	O) Omner	<i>ı)</i> nsatıor	n
	Traine and sasiness		IVC	INE				_	200011121111111111111111111111111111111	3, 7,000	<u>_</u>			
										[
								+					 -	
								-						
			-					+						
								+						
								-						
	Table 10 and 10	- leade 1 1	- A P			4 la			ale accel code a construction	ana Ab c				
2	Total number of independent contractors (in		ot iin	nited	1 01	thos O		tea.	above) who received me	ore than				
	\$100,000 of compensation from the organiz	alion -								£			200 (2	

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a		······································			
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1b					
S, C		Fundraising events	1c					
Gift		d Related organizations	1d					
š.E	∫ €	Government grants (contribut	tions) 1e					
i S	f	All other contributions, gifts, gran	its, and					
혈류		similar amounts not included abo	ve 1f					
a de	ع	Noncash contributions included in lines	: 1a-1f \$					
<u>3</u> E	H	Total. Add lines 1a-1f		•				
				Business Code				
e	2 a	RENTAL INCOME		531120	85,978.	85,978.		
ه کے	l t)						
Program Service Revenue	c							
e v	d	1						
ρ	е	·						
ā	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f		>	85,978.			
	3	Investment Income (including	dividends, intere	est, and				
		other similar amounts)		▶ [30.			30.
	4	Income from investment of ta	x-exempt bond p	proceeds 🕨				
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6 a	Gross rents	6,795.					
	b	Less: rental expenses	2,828.					
	c	: Rental income or (loss)	3,967.					
	d	Net rental income or (loss)		>	3,967.	_		3,967.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	L					
	c	Gain or (loss)						
	d	Net gain or (loss)		•				
ø	8 a	Gross income from fundraising	g events (not					
n l		ıncluding \$	of					
leve		contributions reported on line						
Other Revenue		Part IV, line 18	а					
Ĕ	b	Less direct expenses	b					
	С	Net income or (loss) from fund	Iraising events	•				
	9 a	Gross income from gaming ac	tivities. See					
- }		Part IV, line 19	а					
}	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities	•				
	10 a	Gross sales of inventory, less	returns					
1		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	c	Net income or (loss) from sales	s of inventory	>			······	
		Miscellaneous Revenue	e	Business Code				
	11 a						- <u>-</u>	
ļ	ь							
	С							
	d	All other revenue					,	
[е	Total. Add lines 11a-11d		•				
(12	Total revenue. See instructions		▶	89,975.	85,978.	0.	3,997.

Form 990 (2014) MIDWEST CHRIST Part IX Statement of Functional Expenses

555	Check if Schedule O contains a respons			mpiete column (ry.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	36,824.	36,824.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1,895.		1,895.	
d	Lobbying				
е	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 Sch O)				
12	Advertising and promotion	42,000.	42,000.		
13	Office expenses	462.	462.		_
14	Information technology				
15	Royalties		, , , , , , , , , , , , , , , , , , , ,		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	22 152	22 152		
22	Depreciation, depletion, and amortization	22,153.	22,153.		
23	Insurance	922.	922.		······································
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0) UTILITIES	29,420.	29,420.		
a	JANITORIAL	9,223.	9,223.		
b	BUILDING REPAIR	2,559.	2,559.		<u> </u>
c بہ	OUTSIDE LABOR	2,145.	2,145.		
d		3,502.	3,502.		
	All other expenses Total functional expenses. Add lines 1 through 24e	151,105.	149,210.	1,895.	0.
25 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				. <u>. </u>

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 72,016. 20,464. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,102,294. 10a basis. Complete Part VI of Schedule D 978,030. 133,842. 10b 10c 968,452. b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,050,046. 988,916. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 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, trustees, Liabilities 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 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,050,046. 988,916. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,050,046. 1,050,046. 988,916. 988,916. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances

Forr	n 990 (2014) MIDWEST CHRISTIAN MINISTRIES	26	<u>-29197</u> :	12	Page 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			<u>,975 .</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,105.
3	Revenue less expenses. Subtract line 2 from line 1	_3			,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	050	046.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
···	column (B))	10		88	916.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Y	es No
1	Accounting method used to prepare the Form 990: Cash Cash Cornal X Other MODIFIE	D C	ASH		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a l	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?		_2	ь	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	š,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule ().		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	idit		
	Act and OMB Circular A-133?		I	a	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		I	ь	
			Fc	rm 9 9	0 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nar	ne of	the organization						Employe	r identification number
		MIDW	EST CHRIST	TIAN MINISTR	IES	_		2	6-2919712
Pa	art I	Reason for Public	Charity Status	(All organizations must o	omplete t	nis part.) S	ee instruction	s	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only	y one box.)			
1	\sqcup	A church, convention of ch	nurches, or associat	ion of churches describe	ed in secti	on 170(b)(1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E.)					
3		A hospital or a cooperative	hospital service org	ganization described in s	ection 17	0(b)(1)(A)(i	ii).		
4		A medical research organiz	zation operated in co	onjunction with a hospit	al describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:		<u></u>					
5		An organization operated f	or the benefit of a c	ollege or university own	ed or opera	ated by a g	overnmental ı	ınıt descri	oed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	닐	A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that norma	-	antial part of its support	from a go	vernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9	X	An organization that norma	• , ,					•	• ,
		activities related to its exer	-	•				• •	=
		income and unrelated busin		e (less section 511 tax) f	rom busine	esses acqu	ired by the or	ganızatıon	after June 30, 1975.
	\Box	See section 509(a)(2). (Co							
10	H	An organization organized	·		-				
11		An organization organized							
		more publicly supported or							check the box in
_		lines 11a through 11d that							
а	Ц.	Type I. A supporting organization	•	•			• •		
		the supported organization			a majority	or the dire	ciors or truste	es or the s	supporting
b		organization. You must of Type II. A supporting org	•		ation issibili	ta aumant	ad arganization	a/a\ b\ ba	a de la companya de l
									-
		control or management organization(s). You mus			same pers	ons mai co	ATTIOL OF ITIALIA	ge me sup	pported
С	[Type III functionally inte	-		in connec	tion with :	and functional	ly integrati	ad with
·	٠	its supported organizatio	- ''					iy iiitegiati	sa with,
d		Type III non-functionally						ted organi	zation(s)
		that is not functionally int	-						
		requirement (see instruct	-		-		-	our accorn	
е	Г	Check this box if the orga	-					II. Type III	
•		functionally integrated, or					, ро ., , , ро	, .,,,,	
f	Ente	r the number of supported of		onany magazina asppas					
		ide the following information	_	ed organization(s).					
) Name of supported	(ii) EIN	(III) Type of organization		rganization	(v) Amount of	monetary	(vi) Amount of
		organization	}	(described on lines 1-9 above or IRC section		in your document?	support	`	other support (see
				(see instructions))	Yes	No	Instructi	ons)	Instructions)
					,				
						<u> </u>			
					 -				
					 -				
					}				

Part II	Supp	or	t S	che	dule	for	Organ	izations	Desc	ribed i	n Sectio	ns	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.)

Se	ction A. Public Support			<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					ĺ	1
	ızation's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						ĺ
	furnished by a governmental unit to			Ì			
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		 	.		· (111111111111111111111111111111111111	
	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u> ,	<u> </u>
	ction B. Total Support	,	T		1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		-			<u> </u>	
8	Gross income from interest,			{			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						· · · · · · · · · · · · · · · · · · ·
9	Net income from unrelated business				1		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				<u> </u>		
11	Total support. Add lines 7 through 10					<u> </u>	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	. —
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publ					1	
	Public support percentage for 2014 (column (f))		14	
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the c				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
Ь	33 1/3% support test - 2013. If the				l line 15 is 33 1/39	6 or more, check th	ils box
	and stop here. The organization qual					11: 44: 4004	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						nization
	meets the "facts-and-circumstances"	_	•				▶
Ь	10% -facts-and-circumstances tes						
	more, and if the organization meets the						·
	organization meets the "facts-and-circ		-				₹ -
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2014

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u> </u>	note art my					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	21,050.					21,050.	
	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	25,111.	46,460.	70,685.	77,080.	85,977.	305,313.	
3	Gross receipts from activities that		ĺ					
	are not an unrelated trade or bus-							
	iness under section 513	·					<u> </u>	
4	Tax revenues levied for the organ- ization'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	46,161.	46,460.	70,685.	77,080.	85,977.	326,363.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	21,950.	780.	780.			23,510.	
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	4,550.	21,800.	41,150.	50,625.		176,277.	
	Add lines 7a and 7b	26,500.	22,580.	41,930.	50,625.	58,152.	199,787.	
	Public support (Subtract line 7c from line 6)		<u></u>				126,576.	
	ction B. Total Support					T		
	ndar year (or fiscal year beginning in)	(a) 2010 46,161.	(b) 2011 46,460.	(c) 2012 70,685.	(d) 2013 77,080.	(e) 2014 85,977.	(f) Total 326, 363.	
	Amounts from line 6 Gross income from interest,	40,101.	40,400.	70,003.	//,000.	05,911.	320,303.	
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	14,403.	16,923.	16,943.	15,218.	6,825.	70,312.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses			}				
	acquired after June 30, 1975			·- <u>-</u> -				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	14,403.	16,923.	16,943.	15,218.	6,825.	70,312.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)	60,564.	63,383.	87,628.	92,298.	92,802.	396,675.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	year as a section	501(c)(3) organiza	ation,	
	check this box and stop here				· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Sec	tion C. Computation of Publi	c Support Per	centage		- -			
	Public support percentage for 2014 (li			olumn (f))		15	31.91 %	
	Public support percentage from 2013		_			16	33.48 %	
	tion D. Computation of Inves						17 72	
	Investment income percentage for 20°	-	• •	∋ 13, column (f))	}	17	17.73 %	
	Investment income percentage from 2			_ h_ 44 4 bo	(F to move these 20	18	17.79 %	
19a	19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2013. If the	•					nd	
	line 18 is not more than 33 1/3%, check						→ X	
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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part Vi**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI**how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Vi**when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VIwhat controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part W Supporting Organizations (continued). Yes No	Sch	edule A (Form 990 or 990-EZ) 2014 MIDWEST CHRISTIAN MINISTRIES 26-	291971	2 P	age 5
11 Has the organization accepted a grit or contribution from any of the following persons? 2 A person who directly or indirectly contribution from any of the following persons described in (b) and (c) below, the governing body of a supported organization? 3 A family member of a person described in (a) above? 4 A 35% controlled entity of a person described in (a) above? 5 A 35% controlled entity of a person described in (a) above? 5 A 15% controlled entity of a person described in (a) above? 6 A 15% controlled the directors, furthers, or membership of one or more supported organizations have the power to regularly appoint or elect all least a majority of the organizations describe at all times during the tax year? If 'No,' describe in Part VI how the supported organization factors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization of effectively powerled, supervised, or controlled the organization or restrictions, if any, applied to such powers during the tax year. 7 If 'No,' describe in Part VI how the supported organization of the supported organization or describe how the powers to appoint ancient remove directors or trustees were efficiently and the average of organization or restrictions, at year, applied to such powers during the tax year. 8 If the organization operate to the benefit of any supported organization of the supported organization ("Nes" explain in Part VI how controlled the support of any applied to applied organization ("Nes" explain in Part VI how controlled the support of a supported organization(s) that operated, supervised, or controlled the support of organization of the supporting Organizations 9 If Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a major	Pa				
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those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
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that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		those supported organizations and explain how these activities directly furthered their exempt purposes,			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		how the organization was responsive to those supported organizations, and how the organization determined			
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reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		reasons for the organization's position that its supported organization(s) would have engaged in these		- 1	
 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i>. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		activities but for the organization's involvement.	2b		
trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer (a) and (b) below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		trustees of each of the supported organizations? Provide details in Part VI.	3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	<u>dule A (Form 990 or 990-EZ) 2014 MIDWEST CHRISTIAN MINIS</u>	TRIES		26-2919712 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on f	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a_		
b	Average monthly cash balances	1 b_		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly-integrated	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount

Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions).

instructions).

d Excess from 2013e Excess from 2014

and 4c.

8 Breakdown of line 7:

b C

Also complete this part for any additional information. (See instructions)		al Information. Provide	·	•	, rait ii, iiile 17a Or 17	b, and Fart III, Ime 1
	, and complete the	no part for any additional in	iormation. (See motion	5.10115/1		
						
						<u> </u>
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MIDWEST CHRISTIAN MINISTRIES

Employer identification number 26-2919712

	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total averband and of very	(a) Dollor advised fullds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		- 16 di
5	Did the organization inform all donors and donor advisors in		— — —
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	∟ Preservation of a cen	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	rodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ubition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		· ·
	the text of the foothole to its infancial statements that describ		
b		C 958), to report in its revenue statement	t and balance sheet works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS		
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed relating to these items:		blic service, provide the following amounts
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed relating to these items: (i) Revenue included in Form 990, Part VIII, line 1		blic service, provide the following amounts
	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ducation, or research in furtherance of pu	blic service, provide the following amounts \$ \$
b 2	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed relating to these items: (i) Revenue 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 treating in the property of the property	ducation, or research in furtherance of pu	blic service, provide the following amounts \$ \$
	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ducation, or research in furtherance of pu	blic service, provide the following amounts \$ \$

Sche	edule D (Form 990) 2014 MIDWEST	CHRISTIAN	MIN	VISTRIE	<u> </u>			26-2	91971:	2 Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	storical Tr	easures,	or Oth	er Sin	nilar Ass	ets(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	is, che	ck any of the	following th	at are a s	significa	int use of it	s collection	items
	(check all that apply):									
а	Public exhibition	d	ı 🛄	Loan or exc	hange progi	rams				
b	Scholarly research	е	. \square	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	they further t	he organizat	ion's exe	empt pu	irpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or oth	ner sımıla	ar asset	s _	_	
	to be sold to raise funds rather than to be m								Yes	No No
Pa	rt V Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if th	e organizatio	on answered	"Yes" to	Form 9	90, Part IV	, line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	r contribution	ns or other a	ssets no	t includ	 ed		
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
	•	·	-						Amount	
С	Beginning balance						10	:	-	
d	Additions during the year						10	d		
е	Distributions during the year						16	•		
f	Ending balance							f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liabi	llity?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	f the organization an	swered	d "Yes" to Fo	rm 990, Part					
		(a) Current year	(b) l	Prior year	(c) Two year	rs back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance				<u> </u>					
b	Contributions				ļ					
C	Net investment earnings, gains, and losses				<u></u>				 	
d	Grants or scholarships				ļ <u>.</u>				<u> </u>	
е	Other expenditures for facilities					ļ				
	and programs				<u> </u>				 	
f	Administrative expenses								ļ.——	
9	End of year balance			. — . – .	<u></u>					
2	Provide the estimated percentage of the curr	rent year end balanc		1g, column (a	a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
•	The percentages in lines 2a, 2b, and 2c should be a sh									
За	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are nelo a	na aaministe	erea for t	ne orga	inization	г	- N-
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required a	n Caba	dulo D2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								30	
Par			WITHCHIL	iuitus.						
X CAN	Complete if the organization answered		Part I\	/ line 11a S	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or ot		7	or other		ccumul	ated	(d) Book	value
	bescription of property	basis (investm			(other)	• • •	preciation		(a) Book	Tail00
12	Land			+	4,989.	<u> </u>		····	324	,989.
	Buildings				9,756.		118,	502.		,254.
	Leasehold improvements			<u> </u>	•					<u> </u>
	Equipment									
	Other			2	7,549.		15,	340.	12	,209.
	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colur							,452.

(a) Description of security or category (inclu		(b) Book value	11b. See Form 990, Part X, line (c) Method of valuation: 0	Cost or end-of-year market value
) Financial derivatives	g o. occurry)	1-1 - 3011 10100	(c)	The state of your marrier value
) Closely-held equity interests	 -	-	·	
Other				
(A)				
(B)				
(C)			<u> </u>	
(D)				
(E)			 -	
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X,	col (B) line 12)			
art VIII Investments - Progra			<u> </u>	
 		Form 990 Part IV line	11c. See Form 990, Part X, line	.13
(a) Description of investm		(b) Book value		Cost or end-of-year market value
(1)		, , ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	-			
(9)				
al. (Col. (b) must equal Form 990, Part X,	col (9) line 13 \	·		······································
art IX Other Assets.	COL (B) little 13 [P]		<u></u>	
	n answered "Ves" to l	Form 990 Part IV line	11d. See Form 990, Part X, line	. 15
Complete ii the organizatio		scription	11d. 050 1 0111 050, 1 dit 7, iiii	(b) Book value
(1)				(4, 2 3
(1)		··		
(2)	_ 			
(2)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	Port V and (P) to a fi			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990,	Part X, col. (B) line 15	5.)		>
(4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, part X Other Liabilities.			11a or 11f See Form 990 Port	X line 25
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization	n answered "Yes" to I	Form 990, Part IV, line	11e or 11f. See Form 990, Part	▶ X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio	n answered "Yes" to I	Form 990, Part IV, line	11e or 11f. See Form 990, Part (b) Book value	X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, ext X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes (2)	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes (2) (3)	n answered "Yes" to I	Form 990, Part IV, line		▶ X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes (2) (3) (4)	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes (2) (3) (4) (5)	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes (2) (3) (4) (5)	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.
(4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, art X Other Liabilities. Complete if the organization (a) Descriptio (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n answered "Yes" to I	Form 990, Part IV, line		▶ X, line 25.
(4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n answered "Yes" to I	Form 990, Part IV, line		X, line 25.

Schedule D (Form 990) 2014

432054 10-01-14

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

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

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

► Attach to Form 990.

OMB No 1545-0047	2014	Open to Public

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

2 Schedule I (Form 990) (2014) Employer identification númber 26-2919712 ASSISTING CHURCH GROWTH IURTURING BELIEVERS AND (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any VORLDWIDE Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 36,824 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table MIDWEST CHRISTIAN MINISTRIES (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 54-6338714 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ROSSER FOUNDATION DBA ICM 1901 NORTH ARMISTEAD AVE or government Name of the organization HAMPTON, VA 23666 Parti Part#

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance DISCUSSIONS AT BOARD MEETINGS REGARDING HOW THE MONEY IS USED (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 432102 10-15-14

Page 2

26-2919712

MIDWEST CHRISTIAN MINISTRIES

Schedule | (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

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 MIDWEST CHRISTIAN MINISTRIES 26-2919712 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IRS 509(A)(1) OR 509(A)(2) THAT HAVE AS THEIR PRIMARY PURPOSE THE SPREADING OF THE GOSPEL OF JESUS CHRIST AND TAUGHT IN THE HOLY BIBLE. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE CLASS OF MEMBERS. THE MEMBERS ARE THOSE ORGANIZATIONS ADMITTED BY THE BOARD OF DIRECTORS AS TENANTS OF THE OFFICE SPACE THAT ARE SECTION 501(C)(3) ORGANIZATIONS DESCRIBED IN SECTIONS 509 A(1) OR 509 A(2) AND HAVE AS THEIR PRIMARY PURPOSE THE SPREADING OF THE GOSPEL OF JESUS CHRIST AND TAUGHT IN THE HOLY BIBLE. THE MEMBERS HAVE NO VOTING RIGHTS. THE RIGHTS OF THE MEMBERS ARE TO BE TENANTS OF THE OFFICE SPACE AND AT THE DISCRETION OF THE BOARD, TO BE A SUPPORTED ORGANIZATION OF MIDWEST CHRISTIAN MINISTRIES. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE EITHER PRIOR OR SUBSEQUENT TO THE FILING OF THE FORM BASED ON THE SCHEDULING OF BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY ACTUAL AND ANY POTENTIAL CONFLICTS OF INTERESTS AS THEY ARISE AND AT LEAST ON AN ANNUAL BASIS. OFFICERS AND DIRECTORS WITH CONFLICTS OF INTERESTS

IDENTIFIED ARE ASKED TO ABSTAIN FROM ANY VOTE/DECISION REGARDING A MATTER

FORM 990, PART VI, SECTION C, LINE 19:

WITH WHICH THEY ARE NOT INDEPENDENT.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization MIDWEST CHRISTIAN MINISTRIES	Employer identification number 26-2919712
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
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Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

990

Sequence No 179 Identifying number

b 12-year 12 yrs. S/L c 40-year / 40 yrs. MM S/L Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 21	1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- 6 (a) Decorption of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 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 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, lost do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, lost to enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, lost to enter more than line 11 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance and Other Depreciation (Do not include listed property) 15 Special depreciation allowance and Other Depreciation (Do not include listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service in tax years beginning before 2014 19 A 3-year property 2	GE 10		26-2919712
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21 Listed property. Enter amount from line 28		MM	S/L	
21 Listed property. Enter amount from line 28				· · · · · · · · · · · · · · · · · · ·
	21 Listed property. Enter amount from line 28		21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.	22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.			
Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr. 22 23,059.			22	23,059.
23 For assets shown above and placed in service during the current year, enter the				
	portion of the basis attributable to section 263A costs			

(b)

Date amortization begins (c)

amount

(d)

(e)

Amortization

period or percentag

(f)

Amortization for this year

Description of costs

42 Amortization of costs that begins during your 2014 tax year:

43 Amortization of costs that began before your 2014 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revente Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II (on page 2 of	this form)).		
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	orm 8868.		
Electron	nic filing <i>(e-file).</i> You can electronically file Form 8868 if y	ou need	a 3-month automatic extension of tin	ne to file ((6 months for a corp	oration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	ransfers	Associated With Ce	ertain	
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the ele	ectronic filing of this	form,	
	v.irs gov/efile and click on e-file for Charities & Nonprofits						
Part I							
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete	ı		
Part I on	ly				•	• 🗀	
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques				
to file income tax returns.					Enter filer's identifying number		
Type or	e or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
Cilo by the	MIDWEST CHRISTIAN MINISTRIES				26-2919712		
File by the due date fo	tate for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
filing your return See							
instructions City, town or post office, state, and ZIP code For a foreign address, see instructions.							
DES MOINES, IA 50322							
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			$0 \mid 1$	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07		
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)	0 (other than individual)			
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	LEMAR KOETHE						
• The b	ooks are in the care of > 6000 DOUGLAS AV	/ENUE	- DES MOINES, IA	50322	<u>.</u>		
	none No. ► 515-252-0700		Fax No. ▶				
• If the organization does not have an office or place of business in the United States, check this box							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box 🕨	. If it is for part of the group, check this box				- •		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension							
ıs f	is for the organization's return for:						
>	► X calendar year 2014 or						
•	tax year beginning, and ending						
		_ _			_		
2 If ti	ne tax year entered in line 1 is for less than 12 months, cl	neck reas	on: Initial return 🔲 F	inal retur	m		
	Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions.				_3a	\$	0.	
-	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	ımated tax payments made. Include any prior year overp					0.	
		3b from line 3a. Include your payment with this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					\$	0.	
	If you are going to make an electronic funds withdrawal			453-EO a	nd Form 8879-EO fo	r payment	

instructions.