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Department of the Treasury

Internal Revenue Service

DLN: 93491118001015

OMB No 1545-0052

2014

Open to Public Inspection

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation KENDRICK MINISTRIES INC							A Employer identification number				
KE	NDRICK	C MINISTRIES INC				31-1522478					
Num	ber and	street (or P O box number if mail is n	not delivered to street address) Room/suite		B Telephone number (see instructions)					
	BOX 4			, Internity cante		(601) 428-5914					
C.t.	4	-t-t 71D	- Fausan			C If everyntion	n application is pending, check here				
		i, state or province, country, and ZIP or 394410004	Toreign postal code			C ii exemption	аррисацоп із репин	g, check here F			
G Ch	eck a	ll that apply Initial return	Initial return of a	former public charity	y	D 1. Foreign o	rganizations, check h	ere 🕨 🦵			
		Final return	A mended return			2. Foreign o	rganizations meeting	the 85%			
			ge Name change			•	ck here and attach co undation status was t	•			
_		pe of organization	· · · · · — · · ·				n 507(b)(1)(A), chec				
			JAccounting method	Cash Acci		F If the found	ation is in a CO month				
		ket value of all assets at end From Part II, col. (c),	Other (specify)	r Casii r Acci	uai		ation is in a 60-mont n 507(b)(1)(B), chec				
line	16)	\$ 18,390	(Part I, column (d) must	be on cash basıs.)							
Pai	rt I	Analysis of Revenue a total of amounts in columns (b), (c necessarily equal the amounts in columnstructions)	c), and (d) may not	(a) Revenue and expenses per books	(b) N	let investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc	, received (attach					(casii Basis siii,)			
		schedule)		403,503							
	2	Check ► ☐ If the foundation is	not required to attach	,							
		Sch B									
	3	Interest on savings and tempo	rary cash investments								
	4	Dividends and interest from se									
	5a	Gross rents									
Reveilue	ь	Net rental income or (loss)									
	6a	Net gain or (loss) from sale of a	assets not on line 10								
	b	Gross sales price for all assets	s on line 6 a								
ě	7	Capital gain net income (from F	Part IV, line 2)								
	8	Net short-term capital gain .									
	9	Income modifications									
	10a	Gross sales less returns and									
	_	allowances									
	b	Less Cost of goods sold						_			
	с 11	Gross profit or (loss) (attach so Other income (attach schedule									
	12	Total. Add lines 1 through 11		403,503		0					
	13	Compensation of officers, direc		51,323							
	14	Other employee salaries and w		,							
φ	15	Pension plans, employee benef		2,814							
š U	16a	Legal fees (attach schedule).		·							
Expenses		Accounting fees (attach sched		102							
	С	Other professional fees (attach	nschedule)								
Ţ	17	Interest		2,355							
Admını strative	18	Taxes (attach schedule) (see i	nstructions)								
Ξ	19	Depreciation (attach schedule)) and depletion	% 8,058		<u> </u>					
튁	20	Occupancy									
4	21	Travel, conferences, and meeti		4,941							
and	22	Printing and publications		209							
	23	Other expenses (attach schedu		329,573							
at I	24	Total operating and administra	-								
Operating		Add lines 13 through 23		399,375		0		0			
0	25	Contributions, gifts, grants paid		0				0			
	26	Total expenses and disburseme	ents. Add lines 24 and	399,375		0		0			
	27	Subtract line 26 from line 12		,-,0							
	а	Excess of revenue over expense	es and disbursements	4,128							
	ь	Net investment income (if nega	ative, enter -0-)			0					
	С	Adjusted net income (if negative	ve, enter -0-)								

Pa	rt II	Balance Sheets Should be for end-of-year amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	15,330	18,390	
	2	Savings and temporary cash investments	12.019	,	· · ·
	3	Accounts receivable -			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
	*	Less allowance for doubtful accounts			
	_	Grants receivable			
	5	<u> </u>			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
sets S	8	Inventories for sale or use			
w.	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U S and state government obligations (attach schedule)			
		Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲82,776			
		Less accumulated depreciation (attach schedule) ► 52,183	33,535	19 30,593	
	15	Other assets (describe 🟲)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	60,884	48,983	18,390
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
8	21	Mortgages and other notes payable (attach schedule)	46,499	% 30,470	
	22	Other liabilities (describe 🟲)			
	23	Total liabilities (add lines 17 through 22)	46,499	30,470	
,n		Foundations that follow SFAS 117, check here 🕨 🔽			
ě		and complete lines 24 through 26 and lines 30 and 31.			
an	24	Unrestricted	14,385	18,513	
Balance	25	Temporarily restricted			
귤	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
₹	30	Total net assets or fund balances (see instructions)	14,385	18,513	
_	31	Total liabilities and net assets/fund balances (see instructions)	60,884	48,983	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must aç	jree	_
		with end-of-year figure reported on prior year's return)		1	14,385
2		Enter amount from Part I, line 27a		2	4,128
3		Other increases not included in line 2 (itemize) 🟲		3	
4		Add lines 1, 2, and 3		4	18,513
5		Decreases not included in line 2 (itemize)		5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P		ne 30 . 6	18,513

	0-PF(2014)					Page 3
Part I	Capital Gains	and Losses for Tax on Inve	stment Incom	(b) How acquired	<u> </u>	
		the kind(s) of property sold (e g , rouse, or common stock, 200 shs I		P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
		(f) Depreciation allows (or allowable)	1	st or other basis xpense of sale		or (loss) minus (g)
a		,	'	'		(3)
ь						
С						
d						
e						
Cor	nplete only for assets s	showing gain in column (h) and own	ed by the foundatio	on on 12/31/69	(I) Gains (Col	(h) gain minus
	M V as of 12/31/69	(j) Adjusted basis	(k) Ex	ccess of col (ı)	col (k), but not	ess than -0-) or
		as of 12/31/69	over	col (j), if any	Losses (fro	om col (h))
a b						
c d						
е			If gain also anto	w.m.Dawt I lima 7 1	1	
2	Capital gain net inco	me or (net capital loss)	If gain, also enter If (loss), enter -0			
_	Not about town comb	يا ما معاقده معالم معال	· - 1222(E) (6	- ,	2	
3		al gain or (loss) as defined in section				
		Part I, line 8, column (c) (see instri	uctions) If (loss), e	enter-O- [3	
Part \	Qualification (Jnder Section 4940(e) for I	Reduced Tax o	n Net Investme	nt Income	
For opti	onal use by domestic p	orivate foundations subject to the s	ection 4940(a) tax	on net investment	ıncome)	
		·	. ,		,	
fsectio	n 4940(d)(2) applies,	leave this part blank				
		e section 4942 tax on the distribut ot qualify under section 4940(e) D	,	•	rıod?	┌ Yes ┌ No
1 Ent	er the appropriate amo	unt ın each column for each year, s	ee instructions bef	fore making any enti	res	
	(a)	(b)	(c	.)	(d)	
year (o	period years Calendar r tax year beginning in)	Adjusted qualifying distributions	Net value of noncha	arıtable-use assets	Distributior (col (b) divided	
	2013					
	2012					
	2011	77,999				
	2010	103,159				
	2009	180,340		11,466	_	15 728240
2	·	in (d)			2	15 728240
3		ratio for the 5-year base period—di the foundation has been in existenc			3	15 728240
4		f noncharitable-use assets for 201			4	(
5		3	·	<u> </u>	5	•
6		stment income (1% of Part I, line 2		<u> </u>	6	
7					7	
					-	
8	Enter qualifying distr	ibutions from Part XII, line 4			8	(

	990-PF (2014)			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A"			
	Date of ruling or determination letter (attach copy of letter if necessary-see ; instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
_	here Fand enter 1% of Part I, line 27b			
С	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	C redits/P ayments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
1a	TVII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
_u	It participate or intervene in any political campaign?	1a	103	No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
_	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation 🕨 \$ (2) On foundation managers 🕨 \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			<u>-</u> -
	and addresses.	10		No

Do	Will A Statements Departing Activities (continued)			age u
	**TYII-A Statements Regarding Activities (continued)			I
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			 _{NI=}
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶BOB KENDRICK Telephone no ▶(601) 428-	5914	
	Located at ►44 MCANDREWS DRIVE LAUREL MS ZIP+4 ►39443			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			
15			• •	,
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country •			
Pa	tt Ⅵ¶=B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014? Yes Vo			
	If "Yes," list the years 🕨 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation	1		
_	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	l		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	1		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	l		
	If the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

	1990-PF (2014)									Page o
	rt VIII-B Statements Rega				nich Form 4720	May	Be Required (cont	inue	d) □ □	<u> </u>
5a	During the year did the foundatio							_		
	(1) Carry on propaganda, or othe		·	_	•	-		' No		
	(2) Influence the outcome of any	-			**			_		
	on, directly or indirectly, any	vote	registration drive?.	•		•				
	(3) Provide a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		「 Yes ▽	No		
	(4) Provide a grant to an organiza	ped								
	ın section 4945(d)(4)(A)? (s	ee ins	structions)				┌ Yes ▽	No		
	(5) Provide for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or					
	educational purposes, or for t	he pr	evention of cruelty t	o ch	ıldren or anımals?.		Yes 🔽	No		
b	If any answer is "Yes" to 5a(1)-	5), d	ıd any of the transac	tion	s fail to qualify under	the	exceptions described in			
	Regulations section 53 4945 or	nac	urrent notice regard	ıng d	disaster assistance (see	instructions)?		5b	
	Organizations relying on a currer						_	_		
c	If the answer is "Yes" to question									
•	tax because it maintained expend	-	• •		•			- No		
	If "Yes," attach the statement requ					•		140		
6-										
6a	Did the foundation, during the year							7 N-		
	a personal benefit contract?								.	
b	Did the foundation, during the yea	ar, pa	y premiums, directly	/ or i	indirectly, on a perso	naı	benefit contract?	•	6b	No
	If "Yes" to 6b, file Form 8870.							_		
7a	At any time during the tax year, w									
b	If yes, did the foundation receive			_					7b	
Pa		t Of	ficers, Directors	s, T	rustees, Founda	tio	n Managers, Highly	Paid	Emp	loyees,
_	and Contractors									
	List all officers, directors, trustee					see i				
	(a) Name and address	(B)	Title, and average hours per week	٠ ،	c) Compensation If not paid, enter	ے	(d) Contributions to mployee benefit plans		•	e account,
	(a) Name and dadress	de	evoted to position	\	-0-)		d deferred compensation	ot	her allo	wances
BOB N	1 KENDRICK	1	PRESIDENT		51,323		0			0
PO E	30 X 4	40 00			·					
LAU	REL,MS 39441									
RICH	ARD HEADRICK	VICE-PRESIDE			0		0			0
34 V	VANSLEY ROAD	1 00)							
LAU	REL,MS 39440									
RONN	IE HOLIFIED	-	ASURER	0			0			0
	VICTORY ROAD	1 00)							
	REL,MS 39443									
BREN	T BENSON	-	RETARY	0		0			0	
	SHERWOOD FOREST ROAD	1 00)							
	SVILLE, MS 39437			<u> </u>						
	Compensation of five highest-paid	l emp	oloyees (other than i	thos	e included on line 1— T	see		nter "ľ	NONE."	
(a)	Name and address of each emplo		(b) Title, and aver				(d) Contributions to employee benefit	(e) F	vnens	e account,
(a)	paid more than \$50,000	yee	hours per week		(c) Compensatio	n	plans and deferred			owances
			devoted to positi	on			compensation			
NON	IE									
			1							
			1							
]							
Tota	I number of other employees paid	ver	\$50,000							

Form 990-PF (2014)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	S	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include it		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign	ı foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	
ь	A verage of monthly cash balances	1b	(
c	Fair market value of all other assets (see instructions)	1c	(
d	Total (add lines 1a, b, and c)	1d	(
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	(
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	(
6	Minimum investment return. Enter 5% of line 5	6	(
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper certain foreign organizations check here \blacktriangleright and do not complete this part.)	atıng	foundations and
1	Minimum investment return from Part X, line 6	1	
<u>-</u> 2a	Tax on investment income for 2014 from Part VI, line 5		
zu b	Income tax for 2014 (This does not include the tax from Part VI) 2b	1	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	+
6	Deduction from distributable amount (see instructions)	6	+
		7	
<u>7</u>	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1		
Par	Qualifying Distributions (see instructions)	ı	<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	(
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	(
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet the section 4940(e) reduction of tax in those years	her the	e foundation qualifies for

	olidistributed fricollie (see liisti	actions)			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
4	Distributable amount for 2014 from Part VI June 7	Corpus	rears prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
	Total for prior years 20				
	Excess distributions carryover, if any, to 2014				
	From 2010				
	,				
	From 2012				
	From 2013	260.020			
	Total of lines 3a through e	360,929			
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$				
	Applied to 2013, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
6	same amount must be shown in column (a).) Enter the net total of each column as				
O	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	360,929			
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				(
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8	Excess distributions carryover from 2009 not				
·	applied on line 5 or line 7 (see instructions)	179,769			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	181,160			
10	Analysis of line 9				
а	Excess from 2010 103,160				
b	Excess from 2011				
	Excess from 2012				
d	Excess from 2013				
е	Excess from 2014				

Check here F if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

3 Grants and Contributions Paid	If recipient is an individual,		ulure Payment	
Recipient 	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year	or substantial contributor			
Total	 			
b Approved for future payment				
Total	-	1	l 3h	

Form 990-I	PF (2014) -A Analysis of Income-Produci	na Activitie				Page 12
	s amounts unless otherwise indicated	_	usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
						,
с						
f						
2 Membe 3 Interes	and contracts from government agencies rship dues and assessments					
	nds and interest from securities					
a Debt-	financed property					
6 Net rer	ebt-financed property					
8 Gain or	nvestment income					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory evenue a					
b						
е						
	al Add columns (b), (d), and (e)					
(See w	orksheet in line 13 instructions to verify ca	alculations)				
Line No.	Explain below how each activity for whic the accomplishment of the foundation's instructions)	h income is re	ported ın column ((e) of Part XVI-A c	ontributed import	

Form 990-PF	(2014)										Pa	ge 13
Part XVII	Information R Noncharitable					action	ns and F	Relationships	With			
	rganization directly or 01(c) of the Code (oth	ndirectly	engage	ın any of	the following wit						Yes	No
organizat												
	from the reporting fou											l
• •										1a(1)		No
	rassets									1a(2)		No
b Other train		k. bl			_					41.74		
	s of assets to a noncha											No
	hases of assets from a											No
	al of facilities, equipme											No
	bursement arrangeme									1b(4)		No No
	s or loan guarantees. mance of services or r									1b(5)		
										1b(6)		No
	f facilities, equipment, wer to any of the above											No
	ds, other assets, or sensets,	angement	, show	ın column		fthe goo	ods, other		ces receive	ed		nts
+												
												
2a Is the four	ndation directly or indi	roctly offi	listadia	uth or role	atad ta ana ar r	ooro tav	ovemnt	organizations				
described	I in section 501(c) of t complete the following	he Code (d		-	•		-	=		.F _Y e	s F	₹ _{No}
	(a) Name of organization			(t) Type of organiza	tion		(c) Descr	ıptıon of relatı	onship		
Und	er penalties of perjury	I declare	that I	l have exan	nined this return	n includ	ına accon	nnanving schedi	iles and sta	tement	s and	to
the	best of my knowledge	and belief,	ıt ıs tr	ue, correc								
Sign	rmation of which prepa	rer has an	y know	ledge	1							_
	****				2015-04-15	k.	*****		May the return	IRS disci	uss this	
						—)	-			preparei	shown	
"	Signature of officer or t	rustee			Date	,	Title			tr)? 🦳 Y	′es ┌ I	No
	Print/Type preparer's name Prepa			arer's Sıgn	gnature Date 2015-04-2		5-04-20	Check if self- employed ▶	PTIN	000014	133	
Paid Preparer	Firm's name ► HOLT & ASSOCIATE	S PLLC						Firm's EIN ► 6	4-088627	5		
Use	Firm's address ▶											
Only	2815 HWY 15 NORT	H LAURE	L, MS	3944018	312			Phone no (60	1)649-300	00		

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DLN: 93491118001015

OMB No 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Employer identification number

KENDI	RICK MINISTRIES IN	С	31-1522478
Organ	ization type (check o	ne)	31-1322470
Filers	of:	Section:	
Form 9	90 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	l
		527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor Complete Parts I and II See instructions for determining a co	
Specia	ai Rules		
Γ	under sections 509(a received from any on	escribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1 \Bar{s}\%$ supply (1) and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Partile contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
Γ	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	-
Γ	during the year, contr this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ibutions exclusively for religious, charitable, etc., purposes, but no such contributed the total contributions that were received during the year for an exclusively enter any of the parts unless the General Rule applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
KENDRICK MINISTRIES INC

Employer identification number

31-1522478

Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)

Name of organization
KENDRICK MINISTRIES INC

Employer identification number
31-1522478

art II Nonca	ash Property (see instructions) Use duplicate copies of Part II if additional spa	ce is	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om rtl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<u> </u>	
		_	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
	organization			Employer identification number
ENDRIC	K MINISTRIES INC			31-1522478
Part III		ar from any one enter the total of instructions)	contributor . Complete c	
(a) No. from Part I	(b) Purpose of gift	<u> </u>) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a		Transfer of gift Relations	ship of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a		Transfer of gift Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a		Transfer of gift Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a		Transfer of gift Relations	ship of transferor to transferee

Software ID: Software Version:

EIN: 31-1522478

Name: KENDRICK MINISTRIES INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOPE FOUNDATION ONE FREEDOM SQUARE LAUREL, MS39441	\$165,370 	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
	EMMANUEL BAPTIST CHURCH 2100 NOBLE ROAD RALEIGH, NC 27608	\$\$	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
_13	TERESA BROWNING 53 SPRING ROAD LAUREL, MS39443	\$	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
2	NEW HARVEST CHURCH 8014 OAKRIDGE PLACE MERIDIAN, MS 39305	\$14,830 	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
8	1ST BAPTIST WAYNESBORO 814 AZALEA DR WAYNESBORO, MS39367	\$5,500	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
_3	SALEM HEIGHTS BAPTIST CHURCH PO BOX 2758 LAUREL, MS394412758	\$43,934 	Person F Payroll F Noncash F (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FAITH POLK 5695 CUT POINT ROAD LOTTIE, LA 70756	\$	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
_4	GOODNEWS BAPTIST CHURCH 29812 GOODNEWS CHAPEL ROAD DOZIER, AL36028	\$ <u>21,731</u>	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
10	JOHN TRIPLETT 2480 IVEY OAKS DRIVE CUMMINGS, GA 30041	\$9,000	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
_ 5	WENDELL HUDSON PO BOX 1300 PURVIS, MS39475	\$	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
11	KEN MORROW 3209 RIDGE TOWNE PLACE 305 DULUTH, GA 30096	\$5,300	Person F Payroll F Noncash F (Complete Part II for noncash contribution)
6	SOUTHERN DEVELOPMENT OF SOUTHERN MS 40 DEEP SOUTH LANE PURVIS, MS39475	\$10,000	Person F Payroll F Noncash F (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	RANDY LADNER PO BOX 2190	\$10,500	Person マ Payroll 「 Noncash 「
	MADISON, MS391302190		(Complete Part II for noncash contribution)

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DLN: 93491118001015

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

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

 $A\,tta\,c\,h\,ment$

											Sequence No 1/9
	e(s) shown on return DRICK MINISTRIES :	INC			activity to which DEPRECIATION	this f	orm rela	ates			entifying number
Pa	rt I Election	To Expense (Certain Prop	erty Und	ler Section	179				3.	L-1522478
		ou have any li						omple	te Part I.		
1	Maxımum amount (s	ee instructions)								1	500,000
2	Total cost of section	179 property p	aced in service	(see instri	uctions) · ·					2	
3	Threshold cost of se	ction 179 prope	rty before reduc	tion in limi	tation (see ins	truc	tions)			3	2,000,000
4	Reduction in limitation	on Subtract line	3 from line 2 I	f zero or les	ss, enter - 0 -					4	
5	Dollar limitation for t				•	-0-	If ma	rried fi	lına		
	separately, see instr	•			•				_	5	
										•	
6	(a)	Description of pr	operty		(b) Cost (bu		ess us	e ((c) Elected	cost	
											-
7	Listed property Ent	er the amount fro	om line 29		<u> </u>		7	┰┸			
	Total elected cost of			· ·	umn (a) lines	•				8	I
8		•				o ai	iu /				
9	Tentative deduction					•	• •		• • •	9	
10	Carryover of disallov					•	• •			10	
11	Business income lim	itation Enter the	e smaller of bus	iness incoi	me (not less th	nan z	ero) o	r line 5	(see		
	instructions) •					•				11	
12	•					ian l	ine 11		• • •	12	
	Carryover of disallowe					<u>. • </u>	13				
	e: Do not use Part										
										proper I	ty) (See instructions)
14	Special depreciation			(other tha	n listed proper	ty) p	olaced	ın serv	rice during		
	the tax year (see ins	,				•				14	
15	Property subject to s	section 168(f)(1) election			•				15	
16	Other depreciation (•	• •			16	4,325
Par	MACRS De	preciation (I	Do not includ			e ir	struc	tions.)		
	MACDC I I I	. , ,			ction A	204					2722
	MACRS deductions f	•								17	3,733
18	If you are electing to										
	Section B—Ass	ck nere	Corrige Du	···· 201					<u></u> F □		ation Sustan
	Section b-Ass	The second of th	(c) Basis		4 lax fear	T SI	ng u	ie Ge	пегат ре	reci	system
(4	a) Classification of property	(b) Month and year placed in service	deprecial (business/inv use only—see insti	tion estment	(d) Recovery period	(e)	Conv	ention	(f) Meth	nod	(g)Depreciation deduction
19a :	3-year property										
b !	5-year property										
c 7	⁷ -year property										
d :	10-year property										
	15-year property										
	20-year property										
<u>g</u>	25-year property				25 yrs				S/L		
	Residential rental				27 5 yrs		MM		S/L		
	oroperty				27 5 yrs	_	MM		S/L		
	Ionresidential real property				39 yrs		M M M M		S/L		
		n C—Assets Plac	od in Sanjica D	uring 2014	Tay Voor Using	. 		mativo	S/L Depresiation	n Sve	
20a (Class life	C-Assets Flat	Sed III Selvice D	uring 2014	Tax Teal Osliig		Aitei	liative	S/L	лі зуз	
	12-year	1			12 yrs	\vdash			S/L		
	10-year	1			40 yrs		MM				
		· y (see instruc	tions.)		,	<u> </u>					
	isted property Enter	-								21	
	otal. Add amounts fro			lines 19 a	nd 20 in colum	n (a), and	line 21	. Enter		
	here and on the appr	opriate lines of y	our return Part	tnerships a	nd S corporati	ons-				22	8,058
	or assets shown abov portion of the basis att	•	_			: 	23				

Form 4562 (2014) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre 24a Do you have evider							cric ii			Yes," is 1						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(o Cost o	i) r other sıs	Basis for (busines	(e)		(f) Recove period		(g) ethod/ ovention		(f Depred dedu	iation/		(i) Electe section cost	ed 179
25Special depreciation allo	•		ty placed	ın service d	during the	tax year	and u	sed mo	re than	25						
26 Property used more	•		usiness	use						1 ==						
,		%														
		%									+					
27 Property used 50%	n orless in a		ness IIs	.e										—		
zr i topetty used 50 %	0 01 1033 111 0	%	11033 43						S/L -							
		%							S/L -		\perp					
		%			<u> </u>			_	S/L -							
28 Add amounts in co						ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın					•					•		29			
Complete this section	for vehicles	used by a sol	e propri	—Infor	tner, or o	ther "n	nore t	han 5	% own	er," or	relat	ed per	son			
If you provided vehicles to	your employee	es, first answer th	e questio		a)		neet a b)	n excep	(c)	completir	ng this		_	_		(f)
30 Total business/in year (do not inclu			ng the •	Vehi	•	Vehi	-	V	ehicle	3 '	Vehi	•		e) icle 5		icle 6
31 Total commuting	mıles drıven	during the yea	ır .													
32 Total other person	nal(noncomn	nuting) miles d	rıven													
33 Total miles driven through 32	during the y	ear Add lines	30													
34 Was the vehicle a	vailable for p	personal use	-	Yes	No	Yes	No	Ye	s I	Vo Y	es/	No	Yes	No	Yes	No
during off-duty ho			_											+		+
35 Was the vehicle u owner or related p	sed primaril	y by a more tha	an 5%													
36 Is another vehicle		r personal use	2 .													†
Section Answer these question 5% owners or related	ns to determ		t an exc												not mo	re tha
37 Do you maintain a employees?	written poli	cy statement t	hat prol	nibits all	personal • •	use of	vehic	cles, ır	ncludın 	g comr	nutın	g, by	your 	<u> </u>	'es	No
38 Do you maintain a employees? See t												your				
39 Do you treat all us	se of vehicle	s bv emplovee	s as pe	rsonal us	e?											
40 Do you provide movehicles, and reta	ore than five	vehicles to yo	ur empl			rmatio	n fror	n your	emplo	yees a	bout	the us	se of			
41 Do you meet the r				automobi	le demor	nstratio	n use	e? (Se	e ınstr	uctions) .					
Note: If your answ	er to 37, 38,	39, 40, or 41 is	"Yes,"	do not con	nplete Se	ction B	for th	ne cove	ered vel	hicles.						
	rtization															
(a) Description of c	osts	(b) Date amortization		(c A mort a mo	ızable		C	(d) Code ection		(e) mortiza period	or			(f) ortizati this ye		
42 A mortization of as	ctc that has	begins	r 2014	tay 2005	/coc ins	tructic)		<u> </u>	ercent	aye					
42 A mortization of co	vata tilat beg	jiiis uuriiig you	1 2014	cax year	(see IIIS	T	15 /		1							
	+		-			-+										
42 A mortination of a	oto that has	inn hofore	. 2014	+av ::a==							42					
43 A mortization of co	_	•		•	ere to re	nort	•			_	43 44					
		,, === me m					-			- 1						

TY 2014 Accounting Fees Schedule

Name: KENDRICK MINISTRIES INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	102			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: KENDRICK MINISTRIES INC

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SOUND SYSTEM	2000-02-15	4,184	4,184	S/L	7 0000	1	1		
LAND	2000-08-16	1,898							
SOUND SYSTEM	2001-11-01	1,503	1,503	S/L	7 0000		[
1998 CHEVY EXT CAB 1500	2003-08-25	10,505	10,505	S/L	5 0000				
2003 FORD EXPLORER	2006-05-25	11,500	11,500	200DB	5 0000				
RADIO EQUIPMENT	2006-12-12	1,926	1,926	200DB	7 0000		·		
OFFICE EQUIPMENT	2006-12-14	685	685	5 200DB	7 0000				
RADIO EQUIPMENT	2010-09-15	6,850	3,262	S/L	7 0000	978	·		
VEHICLE	2012-02-09	19,439	10,108	200DB	5 0000	3,733	·		
RADIO EQUIPMENT	2013-08-15	3,490	208	S/L	7 0000	498			
RADIO EQUIPMENT	2013-09-20	1,420	51	. S/L	7 0000	203			
BROADCAST ELECTRONICS	2013-10-17	1,927	46	S/L	7 0000	275			
RADIO PARTS	2013-11-18	4,507	54	S/L	7 0000	644			
RADIO EQUIPMENT	2013-11-20	7,826	93	S/L	7 0000	1,118			
RADIO EQUIPMENT	2014-02-18	5,116		S/L	7 0000	609	1	<u>'</u>	

TY 2014 Land, Etc. Schedule

Name: KENDRICK MINISTRIES INC

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	80,878	52,183	28,695	
	1,898		1,898	

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TY 2014 Mortgages and Notes Payable Schedule

Name: KENDRICK MINISTRIES INC

EIN: 31-1522478

Total Mortgage Amount:

Item No.	1		
Lender's Name	BANK OF JONES COUNTY		
Lender's Title			
Relationship to Insider	NONE		
Original Amount of Loan	50,000		
Balance Due	30,470		
Date of Note	2013-09		
Maturity Date	2016-09		
Repayment Terms	MTHLY PMTS 1,532.02		
Interest Rate	0.0600		
Security Provided by Borrower	DEED OF TRUST ON PROPERTY		
Purpose of Loan	PURCHASE RADIO EQUIPMENT		
Description of Lender Consideration			
Consideration FMV			
,			

TY 2014 Other Expenses Schedule

Name: KENDRICK MINISTRIES INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	2,683			
TELEPHONE	296			
POSTAGE & SHIPPING	7,669			
CONTRACT LABOR	5,200			
MISCELLANEOUS EXPENSES	19,820			
EXPENSES IN EL SALVADOR	293,892			
ADVERTISING	13			