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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	2014 cale	ndar year, or tax year beg	inning	January 1	, 2014, a	and end	ing	Decen	nber 31	, 20 14	
В	Check if	applicable	C Name of organization Mes	siah Founda	ation for Christi	an Communic	ations		1	D Employ	er identification nu	ımber
	Address	change	Doing business as The Ho	our of Wors	hip			-			45-0307661	
	Name ch	nange	Number and street (or P O	box if mail is n	ot delivered to stre	et address)	Room/s	suite		E Telepho	ne number	
\Box	Initial ret	•	PO Box 1562]		l		701-232-9363	
\Box		m/terminated	City or town, state or provin	ce, country, ar	nd ZIP or foreign po	ostal code	·					
$\overline{\Box}$	Amende		Fargo, ND 58107						ı	G Gross re	eceipts \$ 486	563
$\overline{\Box}$		ion pending	F Name and address of princip	oal officer				Ť	Hial is this a cr		subordinates? Yes	
_			Don Ommodt, 1328 N Oal		ND 58102						s included? Yes	
_	Tax-exe	mpt status		501(c) () ◀ (insert no)	4947(a)(1) or	527				a list. (see instruction	
<u>:</u>	Website			301(0/.)) 1 (moont no) [1 4347 (a)(1) 01			H(c) Group		·	,
K			Corporation Trust	Association	Other ▶	I Ver	ar of form		1967		of legal domicile	ND
_	art I	Summ	 	A330CIATION E	_ Other P	LIE	ai Oi IOIII	allori	1707	IN State	or legal dornicile	IND
	1		escribe the organization'	e mission o	r most significa	ant activities:	Tho	05005	ization n	oudos a	wookly Sunday	morning
ø.	1 '							-	•		•	morning
Governance			service broadcast on WDA							on or sou	tnern ivianitoba	
Ĕ	ا م		from the sanctuary of Mes				_			050/ -4		
Š	2		is box ▶☐ if the organiz) √	nore than	1	its net assets.	
	3		of voting members of the				_	<i>"</i> / .		3		8
ş	4		of independent voting m				~ / /	% <u>\</u>		4		8
į	5		nber of individuals emplo		-			/O:	/ · · ·	5		0
Activities &	6		mber of volunteers (estim				$\dot{c}\dot{c}i$	· /%		6		10
⋖	7a		elated business revenue			Vine 12	50%	• /	· 12	7a		0
	ь	Net unre	lated business taxable in	come from	Form 990-1,	ine 34 . 1. 9	<u> </u>		<i>S </i>	7b		0
					18	Vine 12 rie 34 . 8	las	10 A	Prior Ye		Current Ye	
ė	8		tions and grants (Part VI		65824		97801					
Revenue	9	-	service revenue (Part VI	•	· · · · /6			ļ		0		0
	10		ent income (Part VIII, colu					<u></u>		49484		95846
_	11		enue (Part VIII, column (W-47		<u> </u>		0		28
	12	Total reve	enue-add lines 8 throug	h 11 (must	equal Part VIII,	column (A), lir	ne 12)			115308		193675
	13		nd sımılar amounts paid							0		0
	14		paid to or for members (0		0
es	15	Salaries,	other compensation, emp	loyee benef	its (Part IX, colu	ımn (A), lines	5–10)			0		0
Expenses	16a	Profession	onal fundraising fees (Pai	rt IX, colum	n (A), line 11e)					0		0
ă	b	Total fun	draising expenses (Part	IX, column	(D), line 25) 🕨			4.5	4	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- x4 -4 -5 - 12 - 13	, 1
ш	17	Other ex	penses (Part IX, column	(A), lines 11	a–11d, 11f–24	e)				100609		104912
	18	Total exp	penses. Add lines 13-17	(must equa	ıl Part İX, colur	nn (A), line 25	5) .			100609		104912
	19	Revenue	less expenses. Subtract	t line 18 fro	m line 12	<u> </u>	<u> </u>			14699		88763
sets or	:							Beg	inning of Cu	rrent Year	End of Yes	ar
sets	20	Total ass	ets (Part X, line 16) .							700922		788435
Net Ass	21	Total liab	ollities (Part X, line 26) .							7050		5800
ž	22		ts or fund balances. Sub	tract line 2	1 from line 20					693872		782635
P	art II	Signat	ture Block									
			ry, I declare that I have examin								my knowledge and	belief, it is
tru	e, correc	t, and comp	lete, Declaration of preparer (ot	her than office	r) is based on all in	formation of whi	ch prepa	rer ha:	s any knowi	edge.		
		1 1	Win deno	NUM	ion							
Sig		1,	ature of officer	_	_				Da	te /	1	
He	re	<u>K</u>	ARIN HEN	<u>DRICK</u>	∞N					5/8	?115	
		Type or print name and title									1	
Pa	uid	Print/Ty	pe preparer's name	Prepa	arer's signature			Date		Check	T If PTIN	
	epare	r L								self-em		
	se Oni		name ►						Firm	n's EIN ▶		
		Firm's a	nddress ►							ne no.		
Ma	y the IF	RS discus	s this return with the pre	parer show	n above? (see	instructions)					· · · Yes	i 🗌 No
Foi	Paperv	work Redu	ction Act Notice, see the	separate ins	structions.		Cat	No 1	1282Y		Form 9	90 (2014)

Form 990 (2014)

Form 99	<u> </u>		1	Page 3
Part	V Checklist of Required Schedules			1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	·	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		V
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

V Checklist of Required Schedules (continued)			
		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
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		~
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, I			V
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		~
	24b		v
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		v
	25b		,
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
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		V
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):	- 74	,	
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		v
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			~
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
or IV, and Part V, line 1	34		,
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	6-		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		~	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 Did the organization scurrent and former officers, directors, trustees, key employees, and highest compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding pincipal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization act as an text at engaged in an excess benefit transaction with a disqualified person of the proper of the organization ware that it engaged in an excess benefit transaction with a disqualified person of the proper of the organization proper any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV A family member of any of these persons? If "Yes," complete Schedule L, Part IV A family member of any of these persons? If "Yes," complete S	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III and the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III and the organization are "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization are reported or the search of the year, that was assued after December 31, 20027 if "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization have a tax-exempt bonds is search of the and and complete Schedule K. If "No," go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization are an an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I I. Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I I. Did the organization are port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II I. Did the organization provide a grant or other assistance to an officer, director, trustee, key employees (if "Yes," complete Schedule L. Part IV II. Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV II. An entity of which a current or for

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·</u>		
1a	Enter the number reported in Poy 2 of Form 1006. Enter 10 if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	-	·
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		·
	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		"
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			,
_		4a		
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			۱ ا
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v - '
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			رٰ
	sponsoring organization have excess business holdings at any time during the year?	8		-
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00	- ;	ا تر ا
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		~
10	Section 501(c)(7) organizations. Enter:	30		-
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 10b			i
11	Section 501(c)(12) organizations. Enter.	Ì		
а	Gross income from members or shareholders			l .
b	Gross income from other sources (Do not net amounts due or paid to other sources	İ		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			ı
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	a		
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			ļi
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions.
Section	on A. Governing Body and Management	<u>· · · · </u>	•	<u>. Ľ</u>
	The developing body and management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	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 officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		V
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		\(\times \)
b	one or more members of the governing body?	7a 7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	•	V
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)
		•	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		·
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		V
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		V V
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
	with a taxable entity during the year?	16a		~
	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 exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed N/A Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.		•	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	i: ►	

Form	990	(2014)	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than out the thick the t	an	d trom I	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former		related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Donald Ommodt, President	1-2									
1328 Oak St N, Fargo, ND 58102	'-	-	l	_					o	0
(2) Ken Kennedy, Vice President										
1647 Birchwood, West Fargo, ND 58078		~	}	~				o	o	o
(3) Brady Vick, Secretary									1	
57 - 32nd Ave N, Fargo, ND 58102	<u> </u>	'		~	1			0	o	0
(4) Karen Hendrickson, Treasurer	2									
41 S Woodcrest Dr N, Fargo, ND 58102		~	l	~				0	0	0
(5) Linda Monge, Assistant Treasurer										
2309 Evergreen Rd., Fargo, ND 58102	<u> </u>	~		~	<u></u>			o	0	0
(6) Helen Danielson										
RR2, Box 97, Brooktree Park, Harwood, ND 58042		~			_			0	0	0
(7) LaVern Sansted								İ		
61 - 18th Ave N, Fargo, ND 58102		~	<u>L</u>		<u> </u>			0	0	0
(8) Merrill Piepkorn								Ì		
1321 - 3rd St N, Fargo, ND 58102		~	<u> </u>		<u> </u>			0	0	0
(9)										•
(10)										
(11)				-			_			
(12)					_					
(13)		-			_	-	-			
(14)					-		-			

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yee:	s, aı	nd F	lighe	st C	ompensated E	mployees (continue	ed)		
•				•	(6	C)								
	(A)	(B)	(do n	ot ch		more	e than o	one	(D)	(E)	(F)			
	Name and title	Average	box, ι	unles	s pe	rson	ıs both	n an	Reportable	Reportab			mated	
		hours per week (list any		_			or/trus	· ·	compensation	compensation related	from		ount of ther	
		hours for	Indir	Inst	Officer	Key employee	불출	Former	the	organizatio			ensatio	n
		related organizations	leg du	Ē	Ĕ	em	by	ner	organization (W-2/1099-MISC)	(W-2/1099-N	IISC)		m the nizatior	
		below dotted	tor to) na		§	8 8		(**-27 1093-141100)		ļ	-	related	
		line)	Individual trustee or director	Institutional trustee		ée	per					organ	uzation	S
			ď	stee			Highest compensated employee							
40.51				<u> </u>			<u> </u>	L						
(15)														
								ļ						
(16)														
				ldash		_		<u> </u>						
(17)														
					_			<u> </u>						
(18)							ŀ							
				L.										
(19)		1					ŀ							
							<u> </u>		ļ					
(20)														
						ļ	<u> </u>	ļ						
(21)														
		_		_	_		ļ	_						
(22)									•		1			
			<u> </u>	<u> </u>				<u> </u>						
(23)														
						L.,								
(24)														
				L_										
(25)							Ì							
1b	Sub-total							▶						
С	Total from continuation sheets to Part	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)							▶						
2	Total number of individuals (including but				list	ted	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organ							•						
\ <u></u>													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated			· · ·
	employee on line 1a? If "Yes," complete	Schedule J	for su	uch	ınd	ividi	ual					3		1
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npei	nsatio	on a	ind other comp	ensation fro	om the			
	organization and related organizations												l	
	ındıvidual											4		V
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y un	related organiz	ation or inc	lividual			
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedi	ule J	for s	such person			5		1
Section	on B. Independent Contractors						•		-					
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	,000 of		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	h or within	the org	anizatio	on's t	ax
	year.	·						•	,		•			
	(A)							Τ	(B)			(C)		
	Name and business add	Iress							Description of s	ervices	(Compens	ation	
					_			T						
							-	1						
								t^-	 					
				-				\vdash						-
				_				1						
2	Total number of independent contractor	ors (includii	ng bu	ut n	ot	limit	ted to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compen									.				

, ar	VIII	Statement of Revenue Check if Schedule O contains a response or note t	o any line in this	Part VIII		1
	<u> </u>	Check is Schedule O Contains a response of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns 1a				0.2017
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b	[]			
Ş, Ğ	С	Fundraising events 1c	1 1			
ar /	d	Related organizations 1d				
s, G	e	Government grants (contributions) 1e	1			
ig is	f	All other contributions, gifts, grants,	1 1			
를 된		and similar amounts not included above 1f 97801				
ا م	g	Noncash contributions included in lines 1a-1f \$	1 1			
Cor	h	Total. Add lines 1a-1f	97801			
		Business Code	9 1 9/71			
Program Service Revenue	2a		 			
Rev	b					-
Se	c					
ervi	ď	 	 			<u> </u>
n S	٦		 			
Jran	Ĭ	All other program service revenue .				
, Š	g	Total. Add lines 2a–2f	0			1
<u>~</u>	3	Investment income (including dividends, interest,	 			1
λŽ		and other similar amounts)	112420			
	۱ ۵	·	43,430			-
nt L	4	Income from investment of tax-exempt bond proceeds	0			-
ومندج	7 2	Royalties	6			
			4		Ì	į
	6a	Gross rents	-			
	þ	Less: rental expenses	4			
	C.	Rental income or (loss)				
	d	Net rental income or (loss)	0	·		
V	7a		-			
ر کسی ک	١.	assets other than inventory 347364	1		:	
` \	b	Less: cost or other basis				
)	I	and sales expenses . 294888				
	C	Gain or (loss)				
(_ d	Net gain or (loss)	52,416			
<u>o</u>			'			
Ĭ	l 8a	Gross income from fundraising				
ě		events (not including \$				
Other Revenue	1	of contributions reported on line 1c).				
Ę	١.	See Part IV, line 18 a	1			
ŏ		Less direct expenses b	<u> </u>			
		Net income or (loss) from fundraising events .	0			
	9a	Gross income from gaming activities,				ŀ
		See Part IV, line 19 a	4			1
	Ь	Less: direct expenses b	ایر ـــــــا			
	C	Net income or (loss) from gaming activities >	0			
	10a	Gross sales of inventory, less			1	
		returns and allowances a	4			
		Less: cost of goods sold b	ļl		ļ	.
	C	Net income or (loss) from sales of inventory	$\downarrow \qquad O \downarrow$			-
		Miscellaneous Revenue Business Code				
	11a	Misc Revenue Adjustment	28			
	b					<u> </u>
	С					
	d	All other revenue				
	e	Total. Add lines 11a–11d	28			
		Total revenue. See instructions ▶	A A		T	

FÉIL	VIII	Statement of Reve						
		Check if Schedule O	contains a res	ponse or note to				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		!			,
S, C	С	Fundraising events .	1c					
Gift	d	Related organizations	1d					
īmi,	е	Government grants (cont						
to re	f	All other contributions, gif						1
혈美		and similar amounts not incli	uded above 1f	97801				
ğ	g	Noncash contributions include	· · · · · · · · · · · · · · · · · · ·					i
	h	Total. Add lines 1a-1f	: <u></u>		97801			
Щe				Business Code				
eve	2a							
e e	b							
Program Service Revenue	C							
နို	d							
Гап	e	A () = 46=						
g.	f g	All other program serv Total. Add lines 2a-2f			0			
	3	Investment income (including divid	ends interest	0		· · ·	
		and other similar amou			43430			
	4	Income from investment	•		0	 -		
	5	Royalties	•	•	0			
	•		(ı) Real	(ii) Personal				
	6a	Gross rents						,
	b	Less. rental expenses						
	С	Rental income or (loss)			1			
	d	Net rental income or (I	loss)	>	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				,
		assets other than inventory	347304					
	b	Less: cost or other basis						,
		and sales expenses .	294888					
	С	Gain or (loss) [52416				_ ~	/
	d	Net gain or (loss) .		<u> ▶</u>	52416	·		
venue	8a	Gross income from fue events (not including \$	ndraising					'
Other Reve		of contributions reporte See Part IV, line 18 .	d on line 1c).					
₹		Less: direct expenses						
		Net income or (loss) fr Gross income from gain See Part IV, line 19		events . >	0		:	
	h	Less: direct expenses	_				[İ
		Net income or (loss) fr						
		Gross sales of inv						-
		returns and allowance						
	ь	Less: cost of goods so	old b					
	С	Net income or (loss) fr		entory >	0			
		Miscellaneous Re		Business Code	1			
	11a	Misc. Revenue Adjustn	nent		28			
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-1		•	28			
	12	Total revenue. See in	structions		193675			

Part IX	Statement	of	Functional	Expenses
---------	-----------	----	-------------------	-----------------

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		🗀
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	,
	and domestic governments. See Part IV, line 21	o	o		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	o	o		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				ı
	individuals. See Part IV, lines 15 and 16	o	o		I
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	o	o		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o		
7	Other salaries and wages	0	0		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	o		
9	Other employee benefits	0	0		
10	Payroll taxes	0	0		
11	Fees for services (non-employees):				
а	Management	0	0		
b	Legal	0	0		
С	Accounting	0	0		
d	Lobbying	0	0	<u></u>	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8015	8015		
g	Other. (If line 11g amount exceeds 10% of line 25, column		1		
	(A) amount, list line 11g expenses on Schedule O.)	0	0		
12	Advertising and promotion	3530	3530		
13	Office expenses	2707	2707		
14	Information technology				
15 16	Royalties				
16 17	Occupancy				
18	Travel				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			·	
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5402	5402		
23	Insurance	0	0		
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 O.)				
а	WDAY	72270	72270		
b		12000	12000		
С		183	183		
d					
е	All other expenses	805	805		
25	Total functional expenses. Add lines 1 through 24e	104912	104912		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	ĺ	İ		
	from a combined educational campaign and				
	fundraising solicitation. Check here If				
	following SOP 98-2 (ASC 958-720)	I			i

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	16533	1	26872
	2	Savings and temporary cash investments	4602	2	4606
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ts	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 instructions). Complete Part II of Schedule L	. 0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ğ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges [0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 37811			
	þ	Less: accumulated depreciation 10b 9453	33760		28358
	11	Investments—publicly traded securities	646027		728599
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	700922		788435
	17	Accounts payable and accrued expenses	7050	-	5800
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
ties	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
₽ij		disqualified persons. Complete Part II of Schedule L	0	22	'
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		0
_	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third		24	<u>_</u>
	20	parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
		of Schedule D	Ī	25	_
	26	Total liabilities. Add lines 17 through 25	7050	26	5800
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	0	27	0
Bal	28	Temporarily restricted net assets	0	28	0
פ	29	Permanently restricted net assets	0	29	0
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and	•		
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	693872		782635
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
Š	33	Total net assets or fund balances	693872		782635
	34	Total liabilities and net assets/fund balances	700922	34	788435

Form 9	90 (2014)		Page 12
Par	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	193675
2	Total expenses (must equal Part IX, column (A), line 25)	2	104912
3	Revenue less expenses. Subtract line 2 from line 1	3	88763
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	693872
5	Net unrealized gains (losses) on investments	5	0

3763 872 0 Donated services and use of facilities 6 0 7 7 0 8 8 0 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 10 782635 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ 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 the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2014)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014Open to Public

Inspection

	f the organization					Employer identification	number
	ah Foundation for Christian Commu					45-030	
Part							ns.
	ganization is not a private founda		· ·		-	•	
	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
	A school described in section				470(1)/4	1/41/***	
	 A hospital or a cooperative hospital A medical research organization hospital s name, city, and state 	on operated in co					iii). Enter the
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Complete Complete the benefit of a	college or university	owned or	r operate	ed by a government	al unit described ii	
	☐ A federal, state, or local goveri ☑ An organization that normally	nment or governi receives a subs	tantial part of its supp				the general public
8	described in section 170(b)(1) A community trust described in		•	20mt II \			
9	An organization that normally				rom cont	tributions mambars	him food, and avad
	receipts from activities related support from gross investme acquired by the organization a	d to its exempt int income and	functions—subject to unrelated business t	certain d axable in	exception ncome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its
	 An organization organized and An organization organized and one or more publicly supported the box in lines 11a through 11 	operated exclusi d organizations d	vely for the benefit of, escribed in section 50	to perform 09(a)(1) or	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Chec
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control of the control	e supporting org	janization vested in th				
С	Type III functionally integra						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbuti	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported						
g	Provide the following information	-	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o listed in you docur	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			,,,	Yes	No		
(A)				_			
(B)							
(C)				_			-
(D)							
(E)							
Total							

18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 31425 42140 43233 65824 97801 280423 2 Tax revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 31425 42140 43233 65824 97801 280423 5 The portion of total contributions by person each (other than governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. *280423* Section B. Total Support (d) 2013 (e) 2014 Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (f) Total 31425 Amounts from line 4 42140 43233 97801 7 65824 280423 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 37474 32853 71821 49484 95846 287478 Net income from unrelated business 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.) Total support. Add lines 7 through 10 567901 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 49 % 15 16a 33½% support test – 2014. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this Ø b 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sacti	on A Public Support	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(-) 2010	(4) 2012	(-) 0014	(6 T-4-1
Calen	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					_	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid			į			
	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						
7a	Amounts included on lines 1, 2, and 3		1	ļ	ŀ		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		ļ				
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		-				· · · · · · · · · · · · · · · · · · ·
_	line 6.)					ļ	
Secti	on B. Total Support		·	<u> </u>		·	L
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	·		 			ļ	
С 11	Add lines 10a and 10b		ļ	<u> </u>			
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<u> </u>	 -			
	loss from the sale of capital assets						İ
	(Explain in Part VI.)			<u> </u>			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is for the	_			-		````
04	organization, check this box and stop he			· · · · ·	<u> </u>	• • • •	· · · <u>• </u>
	on C. Computation of Public Suppor			12 column (f)		15	
15 16	Public support percentage for 2014 (line & Public support percentage from 2013 Sch		-	• • • •		 	<u>%</u>
	on D. Computation of Investment In			<u> </u>	<u> </u>	16	
17	Investment income percentage for 2014 (v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2013			•			
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz					_	
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗌

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Messi	h Foundation for Christian Communications		45-0307661
Par			nds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u>'</u>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year	r advences in writing that the coasts h	
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization has	eld a qualified conservation contribute	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			· · · · · · · · · · · · · · · · · · ·
b	Total acreage restricted by conservation easement Number of conservation easements on a certified		
d	Number of conservation easements included in		
•	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran		
	tax year ►	, , ,	,
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
_	•		
7	Amount of expenses incurred in monitoring, inspectors \$	cting, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements of	f section 170/h\/4\/P\/i\
Ū		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Par	III Organizations Maintaining Collection	is of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relat		ducation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1	-	• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
_	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·	
b	Assets included in Form 990, Part X		

Part	Organizations Maintaining	Colle	ections of	Art, Hist	torical T	reasures	, or O	ther Similar A	ssets (continued	I)
3,	Using the organization's acquisition, a collection items (check all that apply):		sion, and of	ther recor	ds, chec	k any of th	e follov	wing that are a	significant use of	its
а	☐ Public exhibition			d l	☐ Loan	or exchang	je prog	rams		
b	☐ Scholarly research			е	☐ Other	•				
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tion's	collections	and expla	ıın how t	hey further	the org	ganization's exe	mpt purpose in Pa	art
5	During the year, did the organization assets to be sold to raise funds rather									О
Part	Complete if the organization 990, Part X, line 21.			" to Forr	n 990, P	art IV, line	9, or	reported an an	nount on Form	_
1a	Is the organization an agent, trustee, included on Form 990, Part X?								ot ☐ Yes ☐ N	_ In
b	If "Yes," explain the arrangement in Pa							, - · · · · · · · · · · · · · · · · ·	Amount	_
С	Beginning balance						10			—
d	Additions during the year						10			
e	Distributions during the year						16			—
f	Ending balance						11			—
2a	Did the organization include an amour								√2 □ Ves □ N	_
	If "Yes," explain the arrangement in Pa									,0
	V Endowment Funds.	art Am	. Officer fiel	C 11 ti 10 C/	planatio	Thas been	provid	ed iii t ait XIII .	· · · · ·	—
	Complete if the organization	answ	rered "Yes	" to Forr	n 990 P	art IV line	10			
	- Complete it the organization		Current year	(b) Pri		(c) Two year		(d) Three years bad	k (e) Four years bac	
1a	Beginning of year balance			·····		,,,,	-	· · · · · · · · · · · · · · · · · · ·	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
b	Contributions									—
c	Net investment earnings, gains, and losses									
d	Grants or scholarships								- 	—
e	Other expenditures for facilities and			 						—
•	programs									
f	Administrative expenses									_
	End of year balance									—
g 2	Provide the estimated percentage of the	he cui	rent vear er	nd halanc	a (lina 1a	L column (s	ı)) bəld	ae. 		—
a	Board designated or quasi-endowmer		Terre year er	%	c (iiiic ig	i, coluitii (c	iji ricia	ш.		
b	Permanent endowment ▶	%		70						
C	Temporarily restricted endowment	70	%							
·	The percentages in lines 2a, 2b, and 2	o sho		nn%						
За	Are there endowment funds not in the				zation the	at are held	and ac	lministered for t	he	
ou	organization by:	o post	.000.011 01 11	no organi.		at are mora	and ac	iii iii iiotorea ror t	Yes N	_
	(i) unrelated organizations								3a(i)	-
	(ii) related organizations								3a(ii)	—
b	If "Yes" to 3a(ii), are the related organi								3b	—
4	Describe in Part XIII the intended uses						• •		[05]	
	VI Land, Buildings, and Equip									—
	Complete if the organization			" to For	n 990 P	art IV line	11a	See Form 990	Part X line 10	
	Description of property	. a. 13 V	(a) Cost or o			or other basis		Accumulated	(d) Book value	—
	Description of property		(investr			ther)		epreciation	(w) Dook value	
	Land						ETTER			—
b	Buildings	<u> </u>					annesieri Milli	a. statement water		_
C	Leasehold improvements	· }								
d	Equipment	. }		37811				9453	283	58
e	Other	:		3,011				7.00		
	Add lines 1a through 1e. (Column (d) n	nust e	qual Form 9	90, Part 2	K, columr	n (B), line 10)c.) .	•	283	

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" to Fo	rm 990) Part IV line	11h See Form	990 Part X line 12
	(a) Description of security or category) Book value	(c) Met	hod of valuation
=	(including name of security)			Cost or end	l-of-year market value
(1) Financial					
	neld equity interests				
(3) Other		<u> </u>			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	blanch and Francisco De IV. J. Will.	<u> </u>		-	
	b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments—Program Related.	000) D	. 11 - 0 5	000 D 1 V # 40
	Complete if the organization answered "Yes" to Fo				
	(a) Description of investment	(b)	Book value		thod of valuation I-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	15 200 D 1V 1 D)			,	
	b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX	Other Assets.	006			
	Complete if the organization answered "Yes" to Fo	rm 990), Part IV, line	11d. See Form	
	(a) Description				(b) Book value
(1)				-	
(2)					
(3)			·	······································	
(4)		_		 	
(5)					
(6)				-	
(7) (8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.		 	· · · · · · · ·	<u> </u>
	Complete if the organization answered "Yes" to Fo	rm 990). Part IV line	11e or 11f See	Form 990 Part X
	line 25.	000	,, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	71 01111 000, 1 are x,
1.	(a) Description of liability (b) Book value	·- · · · · · · · · · · · · · · · · ·			
(1) Federal in	icome taxes	-			
(2)					
(3)					
(4)		$\neg \neg$			
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25) ▶				
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foot	note to	the organization	n's financial stateme	ents that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Ch	ieck her	e if the text of t	he footnote has bee	en provided in Part XIII

Schedu	le	D	(F	orm	9	90))	20	1	4
	٠.	7.			=	_		_		

Page	4

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	[
b	Donated services and use of facilities]
C	Recoveries of prior year grants]
d	Other (Describe in Part XIII.)]
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	1
С	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part		
U CIL		er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Return.
1		er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1
1 2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1 2e
1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 2e
1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2e 3
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2e 3
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Fo		Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULĘ 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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Messiah Foundation for Christian Communication

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

45-0307661

990 Part VI

11b 990 is prepared by Treasurer, Karen Hendrickson, then reviewed by the Assistant Treasurer and President.

Month-end financial reports, as well as meeting minutes, are submitted to all board members. All financial statements and other documents are available to anyone upon request

FORM 990, Part **1**, Line **4**

MESSIAH FOUNDATION FOR CHRISTIAN COMMUNICATIONS ID: 45-0307661
DEPRECIATION SCHEDULE – 7 YEARS (84 months)
TAX YEAR 2013

CAMERAS, TAX, INSTALLATION: \$37,811.00

2013	YEAR 1 (9 MOS.)	\$4,051.17	\$33,759.83
2014	YEAR 2 (12 MOS.)	\$5,401.56	\$28,358.27
2015	YEAR 3 (12 MOS.)	\$5,401.56	\$22,956.71
2016	YEAR 4 (12 MOS.)	\$5,401.56	\$17,555.15
2017	YEAR 5 (12 MOS.)	\$5,401.56	\$12,153.59
2018	YEAR 6 (12 MOS.)	\$5,401,56	\$ 6,752.03
2019	YEAR 7 (12 MOS)	\$5,401.56	\$ 1,350.47
2020	YEAR 8 (3 MOS.)	\$1,350.47	-0-