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SCANNED SEP 1 4 2016

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B			ilendar year, or tax year beginning , 2014, and ending		1.			
۲		if applicable ss change	C Name of organization	D Emp	Employer identification number			
Г	Name	change	FAITH ENCOURAGED MINSITRIES INC		-209592	5		
X	initial r	eturn	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tele	phone number			
	Final reti	urn/terminated	PO BOX 1472	(7	(770) 861-3544			
	Amend	le d réturn	F Gro	Group Exemption				
X	Applica	ation pending	CUMMING GA 30028		nber			
G		unting Metl		► X	if the organi	zation is not		
ı	Webs	site: N	/A require	ed to at	tach Schedu	le B		
J	Tax-ex	xempt status	(check only one) — X 501(c)(3) 501(c) () ∢(insert no) 4947(a)(1) or 527 (Form	990, 99	90-EZ, or 99	0-PF).		
K		of organiz						
		•				-		
L			, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► S	2 100		
	art I					3,100.		
	arti		Le, Expenses, and Changes in Net Assets or Fund Balances (see the institute or companization used Schedule O to respond to any question in this Part I					
	1				1			
			ons, gifts, grants, and similar amounts received			3,100.		
	2		service revenue including government fees and contracts		2			
	3		hip dues and assessments	⊦	3			
	4		nt income	• • •	4			
	1		ount from sale of assets other than inventory	<u> </u>	ʻ. 1			
	þ	Less: cos	t or other basis and sales expenses	:				
	_		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	· · ·	5 c			
_	6	-	nd fundraising events	- 1	1			
R E V E	1		ome from gaming (attach Schedule G if greater than \$15,000) [6 a]		* -			
Ě			ome from fundraising events (not including \$ of contributions	ĺ	`			
N U E			raising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000)		,			
	С	: Less dire	ct expenses from gaming and fundraising events 6 c		77.1			
	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		6 d			
	7 a	Gross sal	es of inventory, less returns and allowances					
	b	Less cos	t of goods sold					
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c			
	8	Other rev	enue (describe in Schedule O)		8			
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	3,100.		
	10	Grants an	d similar amounts paid (list in Schedule O)		10			
	11	Benefits p	paid to or for members		11			
E	12	Salaries,	other compensation, and employee benefits		12			
	13		nal fees and other payments to independent contractors	\	13			
PENSES	14		ov rent utilities and maintenance	∥ ⊢	14			
S	15	Printing r	publications, postage, and shipping	1)	15			
Š	16	Other eyn	enses (describe in Schedule O)	⊢	16			
	17	Total exp	enses. Add lines 10 through 16		17			
_	18	Evcess or	(deficit) for the year (Subtract line 17 from line 9)	<u>-</u>	18	2 100		
Ą				· · ·		3,100.		
A S S E T S	19	figure rep	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return))	19			
s	1		nges in net assets or fund balances (explain in Schedule O)		20			
_	21		s or fund balances at end of year. Combine lines 18 through 20	<u>. ►</u>	21	3,100.		
BA	A Fo	r Paperwo	rk Reduction Act Notice, see the separate instructions.		Forr	n 990-EZ (2014)		

Par	間間 Balance Sheets (see the Instr Check if the organization used Schedu	UCTIONS FOR PART II) ule O to respond to any questi	on in this Part II				
	Green in the organization data contact				Beginning of year		(B) End of year
22	Cash, savings, and investments				0.	1 1	0.
23	Land and buildings				0.	23	0.
24	Other assets (describe in Schedule O)				0.	24	0.
25	Total assets					25	
26	Total liabilities (describe in Schedule O).				0	26	0.
27	Net assets or fund balances (line 27 of co					27	3,100.
Par	Statement of Program Service Ac						Expenses
Mhat	Check if the organization used Sche is the organization's primary exempt purpose? See			· · ·	· · · · · · <u> </u>		aired for section 501 and 501(c)(4)
Desc	ribe the organization's primary exempt purpose. See	omplishments for each of its th	ree largest program	servi	ces, as	organ	izations, optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise m fited, and other relevant information for each	nanner, describe the services program title	provideď, thé númbei	of p	ersons	for ot	hers.)
28	CREATING TEACHING SESSION						
	CKENTING TENCHTING 2533 TON	2	- 				
					· 		
	(Grants \$ 0.) If the	s amount includes foreign grai	nts, check here		·	28 a	0.
29							
						ĺ	
	(Grants \$) If the	s amount includes foreign grai	nts, check here		▶	29 a	
30							
			_				
			-,,				
		s amount includes foreign gra				30 a	
31	Other program services (describe in Sched					31 a	
20	(Grants \$) If thi Total program service expenses (add lin	s amount includes foreign grai				31 a	
	tilv List of Officers, Directors,						0.
Pai	Check if the organization used Sche						
		(b) Average hours per	(c) Reportable compensa	tion	(d) Health benefits, contributions to employ		(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and defe compensation	rred	other compensation
	DIEC DOMETI		 				
	ARLES POWELL CSIDENT AND DIRECTOR	4.00		0.		0.	0.
	RISTINE REINDL	4.00		٠.			<u>.</u>
	CE PRESIDENT	0.00		0.		0.	0.
	IICE CHRISTY	0.00				-	
	CRETARY	0.00		0.		0.	0.
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Form 990-EZ (2014) FAITH ENCOURAGED MINSITRIES INC

Page 2

47-2095925

Pai	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	and the second s			
•	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	—		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
t	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
(c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25 -		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u> X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37:	a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0		. 45	
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
t	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		-	
30	Section 501(c)(7) organizations. Enter:	┤ <i>`</i>)* -•	ĵ ;
	a Initiation fees and capital contributions included on line 9	``, `.	, = , ,	100
	b Gross receipts, included on line 9, for public use of club facilities	-	(3)	
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7	*	•
400	section 4911 , section 4912 ; section 4955	-	,	
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	2]
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40.		١
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
•	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	, .	د دستارہ	
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	- '.	- 3th	, ,
	by the organization	_} -	- "	
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	1		X
	shelter transaction? If Yes,' complete Form 8886-T	40 e		^
	· ·		•	
41	and the second s			
41	· ·			
	List the states with which a copy of this return is filed Georgia			
	· ·	861	-354	14
	List the states with which a copy of this return is filed Georgia The organization's			14
42:	a The organization's books are in care of CHARLES POWELL Coded at 1450 HERITAGE DR CUMMING GA ZIP+4 30041		-354 Yes	No
42:	List the states with which a copy of this return is filed ► Georgia The organization's books are in care of ► CHARLES POWELL Telephone no ► (770)			
42:	a The organization's books are in care of CHARLES POWELL Coded at 1450 HERITAGE DR CUMMING GA ZIP+4 30041			No
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING CHARLES POWELL CUMMING GA ZIP + 4 30041 B 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)?			No
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING CHARLES POWELL CUMMING GA ZIP + 4 30041 B 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)?	42 b		No
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42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING GA ZIP + 4 30041 b 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)?	42 b		No X
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING CHARLES POWELL COMMING CHARLES POWELL CHARLES POWELL	42 b		No
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING GA ZIP + 4 30041 b 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)?	42 b		No X
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING CHARLES POWELL COMMING CHARLES POWELL CHARLES POWELL	42 b		No X
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING CHARLES POWELL COMMING CHARLES POWELL CHARLES POWELL	42 b		No X
42:	a The organization's books are in care of CHARLES POWELL Located at 1450 HERITAGE DR CUMMING 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country	42 b		No X
42:	a The organization's books are in care of CHARLES POWELL CUMMING GA ZIP+4 30041 b 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)?	42 b		No X
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42:	List the states with which a copy of this return is filed Georgia a The organization's books are in care of CHARLES POWELL CUMMING GA ZIP+4 30041 b 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)?	42 b		No X
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42:	a The organization's books are in care of CHARLES POWELL Telephone no TELEPHONE N	42b 42c	Yes	No X
42:	a The organization's books are in care of CHARLES POWELL Telephone no CHARLES POWELL TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TO A SIGNATURE OF A ZIP 4 NO 40 4 TELEPHONE TEL	42 b 42 c	Yes	No X
43	List the states with which a copy of this return is filled Georgia a The organization's books are in care of CHARLES POWELL Telephone no CHARLES POWELL Coaled at 1450 HERITAGE DR CUMMING GA ZIP+4 30044 b 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c	Yes	No X
43	a The organization's books are in care of CHARLES POWELL Telephone no CHARLES POWELL TELEPHONE TO THE ANALYSIS TELEPHONE TELEPHONE TO THE ANALYSIS TELEPHONE TO THE	42 b 42 c 44 a 44 a 44 b	Yes	No X
42:	a The organization's books are in care of CHARLES POWELL Telephone no Located at 1,450 HERITAGE DR CUMMING GA ZIP+4 30041 b 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990-EZ d If 'Yes,' Form 990-EZ	42 b 42 c 44 a 44 b 44 c	Yes	No X
43 44:	a The organization's books are in care of CHARLES POWELL Telephone no Located at 1450 HERITAGE DR CUMMING GA ZIP+4 30041 b 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)? See the instructions for exceptions and filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b 42 c 44 a 44 a 44 b	Yes	No X
43 44:	a The organization's books are in care of CHARLES POWELL Telephone no Located at 1,450 HERITAGE DR CUMMING GA ZIP+4 30041 b 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990-EZ d If 'Yes,' Form 990-EZ	42 b 42 c 44 a 44 b 44 c	Yes	No X

Form 990-E	Z(2014) FAITH ENCOURAGED MI	NSITRIES INC		<u>47-209</u>	35925	P	age 4
		<u></u>				Yes	
	e organization engage, directly or indirectly				25	7. 724: 2080	1.0
	dates for public office? If 'Yes,' complete So	hedule C, Part I		<u> </u>	46		Х
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any due	stion in this Part VI				П
	Check if the organization used Schedule	O to respond to any que	Suomin uns Part VI				
	e organization engage in lobbying activities lete Schedule C, Part II				47	Yes	No X
48 Is the	organization a school as described in secti	on 170(b)(1)(A)(ii)? If 'Y	es,' complete Schedule E		48		X
	e organization make any transfers to an ex						Х
b If 'Yes	s,' was the related organization a section 52	?7 organization?			49 b		
	lete this table for the organization's five hig				key		
emplo	yees) who each received more than \$100,0	000 of compensation fro	m the organization. If the	re is none, enter 'None.'			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE				- 			
		 ,					
		 	ļ				
	number of other employees paid over \$100 lete this table for the organization's five hig ensation from the organization. If there is n		pendent contractors who	each received more than	ז \$100,000 c	of	.,
(a) Name and business address of each independent con-	tractor	(b) Type	of service	(c) Comp	ensation	1
NONE							
			ļ				
							
							
-							
52 Did th	number of other independent contractors ender organization complete Schedule A? Note leted Schedule A	. All section 501(c)(3) or	rganizations must attach		.► XYes	 ; [
Under penalties	of perjury, I declare that I bave examined this return, incl d complete Declaration of preparer (other than officer) is	uding accompanying schedules	and statements, and to the best	of my knowledge and belief, It Is			
	16231			8/10/2016	 -		
Sign	Signature of officer			Date			
Here	Type or print name and title	lent & Directo	r				
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	SUSAN M STEWART	Vy Make	08/10/1	Check if self-employed E	0003553	2	
Paid Preparer	Firm's name ► STEWART & ASSOC	IATES CPA					
Use Only	Firm's address ► 4737 CANTON RD			Firm's ÉIN ►	58-2204	621	
	MARIETTA		GA 30066	Phone no (77	0) 516-		1
May the IRS	discuss this return with the preparer show	n above? See instructio	ns		. ► X Yes	, \sqcap	No

Form **990-EZ** (2014)

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.

OMB No. 1545-0047

2014

Department of the Treasury internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

PAI'	TH ENCOURAGED MINSITRIES INC 47-2095925							
Part	Τ	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S.
he o	rgan	ization is not a private foundati	on because it is: (For	lines 1 through 11, check	only on	e box.)		
1	П	A church, convention of church	nes, or association of c	churches described in se	ction 17	0(b)(1)(<i>i</i>	A)(i).	
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)				
3		A hospital or a cooperative hos	spital service organizat	tion described in section	170(b)(1)(A)(iii)		
4	П	A medical research organization	on operated in conjunc	tion with a hospital descr	ibed in s	ection	170(b)(1)(A)(iii). Enter th	ne hospital's
	ш	name, city, and state	•	•				•
5		An organization operated for the 170(b)(1)(A)(iv). (Complete Page 1	ne benefit of a college art II.)	or university owned or op	perated b	y a gov	ernmental unit described	in section
6		A federal, state, or local govern	nment or governmenta	il unit described in sectic	n 170(b))(1)(A)(v	′).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
10		An organization organized and	•	•				
11		An organization organized and or more publicly supported org- lines 11a through 11d that desi	anızatıons described ıı	n section 509(a)(1) or se	ection 50)9(a)(2).	See section 509(a)(3).	rposes of one Check the box in
а	_	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its sit it a majority of the director	upported ors or trus	organiz stees of	ation(s), typically by givii the supporting organiza	ng the supported tion. You must
b		Type II. A supporting organization management of the supporting must complete Part IV, Section 10.	tion supervised or con organization vested in	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having e the supported organiz	control or ation(s). You
C		Type III functionally integrate organization(s) (see instruction	ed. A supporting orgar is) You must comple	nization operated in connute Part IV, Sections A,	ection wi	th, and	functionally integrated w	ith, its supported
d	ш	Type III non-functionally inte functionally integrated. The organistructions). You must comp	anization generally m	ust satisfy a distribution i	connecti equirem	on with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see
е		Check this box if the organization integrated, or Type III non-fund	ion received a written optionally integrated sup	determination from the IF	RS that is	a Type	I, Type II, Type III functi	onally
f	Ent	ter the number of supported org	ganizations					
g	Pro	ovide the following information a	about the supported or	ganızatıon(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 organization in your go docum	n fisted verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)					<u> </u>			
B)						_		
C)								
D)								
E)								
<u>-,</u>			 					
otal								

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

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			-	. ,		
6	Public support. Subtract line 5 from line 4				,		
Sec	tion B. Total Support						т
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				 		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	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				<u> </u>		1
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	<u></u>
	First five years. If the Form 990 is organization, check this box and s	top here					▶
	tion C. Computation of Pu						
	Public support percentage for 201						
	Public support percentage from 20						%
	33-1/3% support test — 2014. If and stop here. The organization of	qualifies as a publi	cly supported orga	inization		· • • • • • • • • •	
t	33-1/3% support test — 2013. If t and stop here. The organization (he organization di qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, anization	and line 15 is 33-1/	3% or more, chec	k this box
17 8	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	l-circumstances' te	st, check this box	and stop here. Ex	olain in Part VI hov	· _
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	l-circumstances' te st. The organizatio	st, check this box n qualifies as a pu	and stop here. Ex blicly supported or	plaın in Part VI hov ganization	w the
18	Private foundation. If the organiz	ration did not chec	k a box on line 13,	16a, 16b, 17a, or			
						O	00 or 000 E7\ 2014

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.)

	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.').					3,100.	3,100.
2	Gross receipts from admis-					3,100.	3,100.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose						ļ
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		į			ł	
4	Tax revenues levied for the		-				
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a		1	i			
	governmental unit to the						
•	organization without charge					3 100	2 100
	Total. Add lines 1 through 5 Amounts included on lines 1,					3,100.	3,100.
	2, and 3 received from						
	disqualified persons						
ь	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b				··		
8	Public support (Subtract line 7c from line 6)	•		10 mg (10 mg/s)	1. 2. 经基础	10000000000000000000000000000000000000	2 100
Soci	tion B. Total Support	<u> </u>	7-1	-		. 5.	3,100.
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(4) 2010	(5) 2011	(0) 2012	(4) 2010	3,100.	3,100.
	Gross income from interest, dividends,					5,100.	3,100.
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable					7,7	
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			1			
11							
	Net income from unrelated business activities not included in line 10b.						
	activities not included in line 10b, whether or not the business is						
12	activities not included in line 10b, whether or not the business is regularly carried on						
12	activities not included in line 10b, whether or not the business is regularly carried on						
12	activities not included in line 10b, whether or not the business is regularly carned on						
	activities not included in line 10b, whether or not the business is regularly carried on						
13	activities not included in line 10b, whether or not the business is regularly carned on					3,100.	3,100.
13	activities not included in line 10b, whether or not the business is regularly carried on	s for the organizati	on's first, second, th	nırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
13 14 Sec	activities not included in line 10b, whether or not the business is regularly carried on	top here blic Support F	Percentage			ion 501(c)(3)	
13 14 Sec 15	activities not included in line 10b, whether or not the business is regularly carned on	blic Support F 4 (line 8, column (l	Percentage) divided by line 13	, column (f))		ion 501(c)(3)	► X
13 14 Sec 15 16	activities not included in line 10b, whether or not the business is regularly camed on	blic Support F 4 (line 8, column (I 013 Schedule A, Pa	Percentage) divided by line 13 art III, line 15	, column (f))		ion 501(c)(3)	> [X]
13 14 Sec 15 16 Sec	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (l 013 Schedule A, Pa restment Inco	Percentage) divided by line 13 art III, line 15 me Percentage	, column (f))		ion 501(c)(3)	► X
13 14 Sec 15 16 Sec 17	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (l 013 Schedule A, P restment Incor 2014 (line 10c, co	Percentage) divided by line 13 art III, line 15 ne Percentage lumn (f) divided by	, column (f)))	ion 501(c)(3)	► X
13 14 Sec: 15 16 Sec: 17 18	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (l 013 Schedule A, Pa restment Incol 2014 (line 10c, column 2013 Schedule	Percentage) divided by line 13 art III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17	, column (f)))	ion 501(c)(3)	► X
13 14 Sec: 15 16 Sec: 17 18	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (l 013 Schedule A, Pa restment Incol 2014 (line 10c, column 2013 Schedule the organization d	Percentage) divided by line 13 art III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17 id not check the bo	column (f)))	ion 501(c)(3)	► X
13 14 Sec: 15 16 Sec: 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (land) 13 Schedule A, Parestment Incor 2014 (line 10c, column 2013 Schedule the organization of this box and stop h	Percentage) divided by line 13 art III, line 15. me Percentage lumn (f) divided by A, Part III, line 17 id not check the bo ere. The organizati	column (f))	ne 15 is more than	ion 501(c)(3)	► X
13 14 Sec: 15 16 Sec: 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (land) 13 Schedule A, Parestment Incor 2014 (line 10c, column 2013 Schedule the organization of the organization	Percentage) divided by line 13 art III, line 15. me Percentage lumn (f) divided by A, Part III, line 17 id not check the bo ere. The organizati id not check a box	column (f))	ne 15 is more than	ion 501(c)(3)	8 8 8 e 17 ►
13 14 Sec 15 16 Sec 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on	blic Support F 4 (line 8, column (land) 13 Schedule A, Parestment Incom 2014 (line 10c, column 2013 Schedule the organization of the organization of the organization of the check this box and stop heck this box and	Percentage) divided by line 13 art III, line 15 me Percentage lumn (f) divided by A, Part III, line 17 id not check the bo ere. The organizati id not check a box stop here. The org	column (f))	one 15 is more than ublicly supported of 9a, and line 16 is as a publicly sup	ion 501(c)(3)	***

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations		r	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	İ		
·	If 'No.' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	 		
	the designation. If historic and continuing relationship, explain	1		
_		-		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	L		l
	described in section 509(a)(1) or (2)	2		
	2000,1200 11, 000,100, 000,100,100	-		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a		
l	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
	made the determination			
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		<u> </u>
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
	If you checked 11a or 11b in Part I, answer (b) and (c) below	4a		-
I	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	1		
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		1
	or supervised by or in connection with its supported organizations	1	 	
	c Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the	1		-
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
		ĺ		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		1
	organization's organizing document?	1 35	 	┼
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
		<u> </u>	 	†
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	I	1	1
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of	İ	<u> </u>	
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
	the filling diganization's supported diganization's "Ted, provide detail "Tea" v	<u> </u>	+	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	ļ	↓
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			.l
0	complete Part I of Schedule L (Form 990)	8	Ì	1
	,			
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If Yes, provide detail in Part VI	9a		
	n res, provide detail ner are ver	- -	├	
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	_ 9b		—
	- Did - described - access (as defined in line O(a)) have an expression interest in as derive any paragraph banefit from			
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		1
	The state of the s	—	1	
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding			1
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	1	
	answer (u) nerow	lva		+
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		J	
	whether the organization had excess business holdings.)	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
Ī	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	3,	
2	· · · · · · · · · · · · · · · · · · ·	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
·	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).	ns)		
		,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		ļ
(b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	· 	
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI			
	., •	3a		-
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2014 FAITH ENCOURAGED MINSITRIES INC

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 1.	lovemb	per 20, 1970. See instruc through E.	tions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		V	
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount		- 1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	# 	
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	e III supporting organization	n
			0.1.1.4.45	000 000 57\ 0044

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-	a	ч	c	

Schedule A	(Form	990 o	r 990-	-EZ)	2014
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			<u> </u>
9	Distributable amount for 2014 from Section C, line 6			
10	ine 8 amount divided by Line 9 amount			·
Sec	tion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(III) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014			
а			<u> </u>	
b	1		<u> </u>	
С			<u> </u>	
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b	The state of the s			
d	Excess from 2013			
	Excess from 2014			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).