

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization 4D Ministries
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____
PO Box 120
 City or town, state or province, country, and ZIP or foreign postal code
Monument, CO 80132-0120

D Employer identification number
45-3177621

E Telephone number
719-360-5995

G Gross receipts \$ 392,237

F Name and address of principal officer: Hank Paulson
205 Benton Dr, Apt 12308, Allen, TX 75013

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.4dministries.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2011 **M** State of legal domicile: CO

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>4D's primary commitment to assisting national ministries in Eastern Europe to empower national churches to be missional is being achieved through the establishment of strategic partnerships with networks of nationals who share the same vision and practice of strengthening...(continued on Sched O)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>8</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>7</u>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>4</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>-65-80</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>443,108</u>	<u>391,717</u>
	9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>292</u>	<u>480</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>40</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>443,400</u>	<u>392,237</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>88,864</u>	<u>128,012</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>101,448</u>	<u>100,226</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>84,860</u>	<u>92,835</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>275,172</u>	<u>321,073</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>168,228</u>	<u>71,164</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>229,175</u>	<u>307,008</u>
	21 Total liabilities (Part X, line 26)	<u>4,726</u>	<u>11,395</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>224,449</u>	<u>295,613</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Stuart W Ferguson Date: 6-1-2014

Type or print name and title: STUART W FERGUSON, Secretary/Treasurer (CFO)

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____