

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>C</b> Name of organization<br><b>FELLOWSHIP OF CHRISTIAN ATHLETES</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>8701 LEEDS ROAD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>KANSAS CITY, MO 64129</b> | <b>D</b> Employer identification number<br><b>44-0610626</b>  |
|  | <b>E</b> Telephone number<br><b>816-921-0909</b>   | <b>G</b> Gross receipts \$ <b>177,221,417.</b>  |
|  | <b>F</b> Name and address of principal officer: <b>SHANE WILLIAMSON</b><br><b>SAME AS C ABOVE</b>  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? Yes No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527                                    |  |   |
| <b>J</b> Website: ▶ <b>WWW.FCA.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶   |  | <b>L</b> Year of formation: <b>1954</b> <b>M</b> State of legal domicile: <b>OK</b>   |

**Part I Summary**

|                             |  |   |  |                     |
|-----------------------------|--|---|--|---------------------|
|                             | 1  | Briefly describe the organization's mission or most significant activities: <b>CHRISTIAN MINISTRY TO ATHLETES AND COACHES</b>           |  |                     |
| Activities & Governance     | 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)   | <b>3</b>   | <b>22</b>           |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>22</b>           |
|                             | 5  | Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | <b>5</b>   | <b>2363</b>         |
|                             | 6  | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>50000</b>        |
|                             | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>           |
|                             | 7b   | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>  | <b>0.</b>           |
| Revenue                     | 8  | Contributions and grants (Part VIII, line 1h)   | <b>129,015,767.</b>  | <b>156,811,961.</b> |
|                             | 9  | Program service revenue (Part VIII, line 2g)  | <b>10,064,076.</b>   | <b>11,917,270.</b>  |
|                             | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>1,623,454.</b>  | <b>1,360,050.</b>   |
|                             | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-31,575.</b>  | <b>61,588.</b>      |
|                             | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>140,671,722.</b>  | <b>170,150,869.</b> |
|                             | Expenses   | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>1,117,976.</b>   |
| 14                          |  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  | <b>0.</b>           |
| 15                          |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>99,570,701.</b>   | <b>107,780,431.</b> |
| 16a                         |  | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>30,908.</b>      |
| 16b                         |  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>10,230,451.</b>  |  |                     |
| 17                          |  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>33,021,590.</b>   | <b>38,162,689.</b>  |
| 18                          |  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>133,710,267.</b>  | <b>147,639,661.</b> |
| 19                          | Revenue less expenses. Subtract line 18 from line 12 | <b>6,961,455.</b>   | <b>22,511,208.</b>   |                     |
| Net Assets or Fund Balances | 20   | Total assets (Part X, line 16)  | <b>88,963,015.</b>   | <b>113,213,032.</b> |
|                             | 21   | Total liabilities (Part X, line 26)   | <b>4,272,940.</b>  | <b>4,175,633.</b>   |
|                             | 22   | Net assets or fund balances. Subtract line 21 from line 20  | <b>84,690,075.</b>   | <b>109,037,399.</b> |

**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.

|                               |   |   |                         |  |                          |
|-------------------------------|---|---|-------------------------|--|--------------------------|
| <b>Sign Here</b>              | Signature or officer<br><br><b>FRED OLSON, DIRECTOR OF FINANCE</b><br>Type or print name and title                            | Date  |                         |  |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>GREGORY D. OWENS</b>   | Preparer's signature<br><br><b>GREGORY D. OWENS</b>               | Date<br><b>03/10/22</b> | Check if self-employed<br><input type="checkbox"/> | PTIN<br><b>P00048643</b> |
|                               | Firm's name ▶ <b>KELLER &amp; OWENS, LLC</b><br>Firm's address ▶ <b>10955 LOWELL AVE, STE 800<br/>OVERLAND PARK, KS 66210</b> | Firm's EIN ▶ <b>48-1195228</b><br>Phone no. (913) <b>338-3500</b> |                         |  |                          |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>FELLOWSHIP OF CHRISTIAN ATHLETES</b>                 | Taxpayer identification number (TIN)<br><b>44-0610626</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>8701 LEEDS ROAD</b>                         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>KANSAS CITY, MO 64129</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**FRED OLSON**

- The books are in the care of ▶ **8701 LEEDS ROAD - KANSAS CITY, MO 64129**  
Telephone No. ▶ **(816) 829-1110** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JULY 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **SEP 1, 2020**, and ending **AUG 31, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO LEAD EVERY COACH AND ATHLETE INTO A GROWING RELATIONSHIP WITH JESUS CHRIST AND HIS CHURCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 120,440,052. including grants of \$ 1,665,633. ) (Revenue \$ 12,108,223. ) TO ADVANCE OUR MISSION (STATEMENT NOTED ABOVE) AND OUR VISION "TO SEE THE WORLD TRANSFORMED BY JESUS CHRIST THROUGH THE INFLUENCE OF COACHES AND ATHLETES", FCA FOCUSES ON CULTIVATING CHRISTIAN PRINCIPLES BY ENGAGING, EQUIPPING AND EMPOWERING COACHES AND ATHLETES TO KNOW AND GROW IN CHRIST AND LEAD OTHERS TO DO THE SAME. FCA'S REACH SPANS ACROSS THE PROFESSIONAL, COLLEGE, HIGH SCHOOL, JUNIOR HIGH AND YOUTH LEVELS. FCA DEVELOPS PROGRAMS AND RESOURCES THAT MINISTER "TO AND THROUGH" COACHES, ON CAMPUSES OF ALL SIZES, THROUGH ITS POPULAR CAMPS PROGRAM AND IN LOCAL COMMUNITIES ACROSS THE GLOBE. FCA HAS GROWN TO OVER 2,400 STAFF, WHO IN ADDITION TO THEIR MINISTRY EFFORTS, SOLICIT DONATIONS FOR THE EXPANSION OF THEIR PROGRAM AREAS AS WELL AS RESOURCES. SEE SCHEDULE O FOR A SUMMARY OF EACH AREA AS WELL AS KEY MINISTRY ACCOMPLISHMENTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 120,440,052.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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>   |     | X  |
| 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| d 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? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f 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)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  | X   |    |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X   |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule G, Part I</i>   | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | X   |    |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes         | No |
|---|-------------|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | <b>22</b> X |    |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....   | <b>23</b> X |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <b>24d</b>  |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b>  | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....   | <b>25b</b>  | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   | <b>26</b>   | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>   | X  |
| <b>28</b> 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):  |             |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b>  | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b>  | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>29</b> X |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   | <b>31</b>   | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   | <b>32</b>   | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   | <b>33</b> X |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   | <b>34</b>   | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  | <b>35a</b>  | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>35b</b>  |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>36</b>   | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | <b>38</b> X |    |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes            | No |
|---|----------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  | <b>1a</b> 1181 |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | <b>1b</b> 0    |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b>      |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 on Schedule O. |     |    |
|           | 1a   | 22  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b   | 22  |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | X   |    |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | X   |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, CA, CO, FL, GA, HI, IL, MD, MA, MI, MN, MS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **FRED OLSON - (816) 829-1110**  
**8701 LEEDS ROAD, KANSAS CITY, MO 64129**

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) SHANE WILLIAMSON<br>PRESIDENT/CEO           | 50.00   |   |                       | X       |              |                              | 268,063. | 0.   | 62,374.   |   |
| (2) KEN WILLIAMS<br>CHIEF SUPPORT OFFICER       | 50.00   |   |                       | X       |              |                              | 218,664. | 0.   | 27,360.   |   |
| (3) SEAN MCNAMARA<br>EXEC VP                    | 50.00   |   |                       | X       |              |                              | 151,328. | 0.   | 85,857.   |   |
| (4) DAN BRITTON<br>CHIEF FIELD OFFICER          | 40.00   |   |                       | X       |              |                              | 71,728.  | 0.   | 163,645.  |   |
| (5) TIMOTHY JOHNSON<br>VICE PRES                | 40.00   |   |                       |         |              | X                            | 167,067. | 0.   | 34,865.   |   |
| (6) PAUL ANDERSON<br>VICE PRES                  | 2.00  |   |                       |         |              | X                            | 175,144. | 0.   | 25,450.   |   |
| (7) MARK BOYER<br>VICE PRES                     | 40.00   |   |                       |         |              | X                            | 152,967. | 0.   | 38,241.   |   |
| (8) JUSTIN STOWELL<br>VICE PRES                 | 40.00   |   |                       |         |              | X                            | 143,735. | 0.   | 26,424.   |   |
| (9) JOSEPH OUTLAW<br>EXEC VP OF TALENT ADVANCEM | 40.00   |   |                       |         |              | X                            | 133,889. | 0.   | 25,886.   |   |
| (10) ANDREW EVANS<br>EXEC VP OF FINANCE         | 50.00   |   |                       | X       |              |                              | 96,371.  | 0.   | 55,425.   |   |
| (11) FRED OLSON<br>ASSISTANT SECRETARY          | 50.00   |   |                       | X       |              |                              | 104,292. | 0.   | 28,610.   |   |
| (12) RAYMOND TURNER<br>ASSISTANT TREASURER      | 45.00   |   |                       | X       |              |                              | 91,113.  | 0.   | 28,734.   |   |
| (13) BARRY SUTLIVE<br>NAT'L TRUSTEE             | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) BRENT RAGSDALE<br>NAT'L TRUSTEE            | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) BRUCE GRAHAM<br>NAT'L TRUSTEE              | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) BRUCE WILLIAMS<br>NAT'L TRUSTEE            | 2.00  | X   | X                     |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) BRYAN DENCH<br>NAT'L TRUSTEE               | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) BUCK MCCABE<br>NAT'L TRUSTEE                              | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) CHRIS SELLE<br>NAT'L TRUSTEE                              | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) CLINT HERRING<br>NAT'L TRUSTEE                            | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) DARLENE JOHNSON<br>CHAIRMAN                               | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (22) DAVID MASCIO<br>NAT'L TRUSTEE                             | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) DAVIE WAGGETT<br>NAT'L TRUSTEE                            | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) DIANA MYERS<br>NAT'L TRUSTEE                              | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) FRANK KELLY<br>NAT'L TRUSTEE                              | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) GARY HEISE<br>NAT'L TRUSTEE                               | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 1,774,361.   | 0.  | 602,871.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,774,361.   | 0.  | 602,871.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| BLACKBAUD<br>PO BOX 930256, ATLANTA, GA 31193                                | SOFTWARE DEVELOPMENT           | 455,509.            |
| SHERMAN & HOWARD LLC, 633 SEVENTEENTH STREET, SUITE 3000, DENVER, CO 80202   | LEGAL SERVICES                 | 247,330.            |
| VISION SERVICE GROUP INC<br>1702 TACOMA AVE S SUITE A, TACOMA, WA 98402      | MARKETING SERVICES             | 159,656.            |
| XV ENTERPRISES, 2220 COUNTY RAD 210W, SUITE 108, PMB 404, JACKSONVILLE, FL 3 | SPEAKER FEES                   | 130,000.            |
| LSC COMMUNICATIONS INC<br>191 N WACHER DR, CHICAGO, IL 60606                 | PRINTING                       | 120,483.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|  |  |  | (A)  | (B)                                | (C)                        | (D)  |          |
|--|--|--|--|------------------------------------|----------------------------|--|----------|
|  |  |  | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | 103,487.   |                                    |                            |  |          |
|  | <b>1 b</b>   | Membership dues  |  |                                    |                            |  |          |
|  | <b>1 c</b>   | Fundraising events   | 13,177,960.  |                                    |                            |  |          |
|  | <b>1 d</b>   | Related organizations  |  |                                    |                            |  |          |
|  | <b>1 e</b>   | Government grants (contributions)  | 88,312.  |                                    |                            |  |          |
|  | <b>1 f</b>   | All other contributions, gifts, grants, and similar amounts not included above | 143,442,202.   |                                    |                            |  |          |
|  | <b>1 g</b>   | Noncash contributions included in lines 1a-1f                                  | \$ 1,604,967.  |                                    |                            |  |          |
|  | <b>1 h</b>   | <b>Total.</b> Add lines 1a-1f  |  | 156,811,961.                       |                            |  |          |
|  | Program Service Revenue  | <b>2 a</b>   | OTHER PROGRAMS   | 900099                             | 5,305,221.                 | 5,305,221.   |          |
| <b>2 b</b>   |  | CAMPS/CONFERENCES  | 900099   | 3,954,399.                         | 3,954,399.                 |  |          |
| <b>2 c</b>   |  | PROGRAM RELATED REVENUE  | 900099   | 2,655,884.                         | 2,655,884.                 |  |          |
| <b>2 d</b>   |  | MEMBERSHIP FEES  | 900099   | 1,766.                             | 1,766.                     |  |          |
| <b>2 e</b>   |  |  |  |                                    |                            |  |          |
| <b>2 f</b>   |  | All other program service revenue  |  |                                    |                            |  |          |
| <b>2 g</b>   |  | <b>Total.</b> Add lines 2a-2f  |  | 11,917,270.                        |                            |  |          |
| Other Revenue  |  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) |                                    | 716,999.                   |  | 716,999. |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |  |                                    |                            |  |          |
|  | <b>5</b>   | Royalties  |  | 4,528.                             |                            | 4,528.   |          |
|  | <b>6 a</b>   | Gross rents  | (i) Real   | 273,527.                           |                            |  |          |
|  |  |  | (ii) Personal  |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>6 b</b>   | Less: rental expenses  |  | 280,119.                           |                            |  |          |
|  | <b>6 c</b>   | Rental income or (loss)  |  | -6,592.                            |                            |  |          |
|  |  | <b>d</b>   | Net rental income or (loss)  |                                    | -6,592.                    |  | -6,592.  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities   | 566,466.                           | 133,646.                   |  |          |
|  |  |  | (ii) Other   |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses                                   |  | 0.                                 | 57,061.                    |  |          |
|  | <b>7 c</b>   | Gain or (loss)   |  | 566,466.                           | 76,585.                    |  |          |
|  |  | <b>d</b>   | Net gain or (loss)   |                                    | 643,051.                   |  | 643,051. |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 13,177,960. of contributions reported on line 1c). See Part IV, line 18 |  | 6,502,344.   |                                    |                            |  |          |
|  |  |  | 6,510,391.   |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>b</b>   | Less: direct expenses  |  |                                    |                            |  |          |
|  | <b>c</b>   | Net income or (loss) from fundraising events                                   |  | -8,047.                            |                            | -8,047.  |          |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  | 103,723.   |                                    |                            |  |          |
|  |  |  | 22,098.  |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>b</b>   | Less: direct expenses  |  |                                    |                            |  |          |
|  | <b>c</b>   | Net income or (loss) from gaming activities                                    |  | 81,625.                            |                            | 81,625.  |          |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  | 190,953.   |                                    |                            |  |          |
|  |  |  | 200,879.   |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>b</b>   | Less: cost of goods sold   |  |                                    |                            |  |          |
|  | <b>c</b>   | Net income or (loss) from sales of inventory                                   |  | -9,926.                            | -9,926.                    |  |          |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  |  |                                    |                            |  |          |
|  | <b>11 b</b>  |  |  |                                    |                            |  |          |
|  | <b>11 c</b>  |  |  |                                    |                            |  |          |
|  | <b>11 d</b>  | All other revenue  |  |                                    |                            |  |          |
|  | <b>11 e</b>  | <b>Total.</b> Add lines 11a-11d  |  |                                    |                            |  |          |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  | 170,150,869.   | 11,907,344.                        | 0.                         | 1,431,564.   |          |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 73,578.               | 73,578.                         |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 146,794.              | 146,794.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   | 1,445,261.            | 1,445,261.                      |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 1,672,935.            | 588,009.                        | 1,044,053.                             | 40,873.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 88,974,569.           | 72,801,375.                     | 8,970,020.                             | 7,203,174.                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 2,261,331.            | 1,863,383.                      | 212,120.                               | 185,828.                    |
| 9 Other employee benefits .....  | 11,121,699.           | 8,929,461.                      | 1,411,723.                             | 780,515.                    |
| 10 Payroll taxes .....   | 3,749,897.            | 2,993,692.                      | 460,674.                               | 295,531.                    |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 268,060.              |                                 | 268,060.                               |                             |
| c Accounting .....   | 64,562.               |                                 | 64,562.                                |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  | 30,908.               |                                 |  | 30,908.                     |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....   | 3,923,869.            | 3,335,020.                      | 489,247.                               | 99,602.                     |
| 12 Advertising and promotion .....   | 2,222,188.            | 1,791,260.                      | 237,067.                               | 193,861.                    |
| 13 Office expenses .....   | 6,251,100.            | 5,031,647.                      | 742,108.                               | 477,345.                    |
| 14 Information technology .....  | 1,567,662.            | 209,529.                        | 1,344,766.                             | 13,367.                     |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 1,284,604.            | 1,051,190.                      | 150,648.                               | 82,766.                     |
| 17 Travel .....  | 3,342,046.            | 2,674,317.                      | 422,553.                               | 245,176.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 5,730,522.            | 5,730,522.                      |  |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 1,539,858.            | 1,354,013.                      | 76,756.                                | 109,089.                    |
| 23 Insurance .....   | 2,194,062.            | 1,583,327.                      | 454,204.                               | 156,531.                    |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>PROGRAM EVENTS/TRAINING</b> .....   | 3,111,104.            | 2,985,071.                      | 116,858.                               | 9,175.                      |
| b <b>PROGRAM EVENTS/MINISTRY</b> .....   | 2,655,884.            | 2,655,884.                      |  |                             |
| c <b>TAXES, COMMISSIONS, AND</b> .....   | 2,116,513.            | 1,746,876.                      | 195,993.                               | 173,644.                    |
| d <b>FOOD</b> .....  | 1,337,763.            | 1,074,305.                      | 162,381.                               | 101,077.                    |
| e All other expenses .....   | 552,892.              | 375,538.                        | 145,365.                               | 31,989.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 147,639,661.          | 120,440,052.                    | 16,969,158.                            | 10,230,451.                 |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                             |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|--|--|--------------------------|--------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 2,234,798.               | <b>1</b>     | 1,712,588.         |
|  | <b>2</b> Savings and temporary cash investments .....  | 53,666,943.              | <b>2</b>     | 62,656,332.        |
|  | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>     |                    |
|  | <b>4</b> Accounts receivable, net .....  | 290,233.                 | <b>4</b>     | 287,472.           |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>     |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                    |
|  | <b>8</b> Inventories for sale or use .....   | 1,211,336.               | <b>8</b>     | 690,483.           |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 169,038.                 | <b>9</b>     | 388,592.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 25,134,055.   |              |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 15,710,483.   |              |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 9,962,439.               | <b>10c</b>   | 9,423,572.         |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 20,759,871.              | <b>11</b>    | 37,495,622.        |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 493,357.                 | <b>12</b>    | 483,371.           |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>    |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 175,000.                 | <b>14</b>    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 88,963,015.  | <b>15</b>                | 75,000.      |                    |
|  |  | <b>16</b>                | 113,213,032. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 4,049,794.               | <b>17</b>    | 3,983,329.         |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                    |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>    |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>    |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>    |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 223,146.                 | <b>25</b>    | 192,304.           |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 4,272,940.               | <b>26</b>    | 4,175,633.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 83,236,513.              | <b>27</b>    | 107,192,959.       |
|  | <b>28</b> Net assets with donor restrictions .....   | 1,453,562.               | <b>28</b>    | 1,844,440.         |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>    |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>    |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>    |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 84,690,075.              | <b>32</b>    | 109,037,399.       |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 88,963,015.              | <b>33</b>    | 113,213,032.       |

**Part 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  | 170,150,869. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 147,639,661. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 22,511,208.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 84,690,075.  |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,836,116.   |
| 6  | Donated services and use of facilities   | 6  |              |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 109,037,399. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
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? .....  
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? .....  
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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2020)



**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) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 103753540 | 114177446 | 128047746 | 129015767 | 156811961 | 631806460 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 103753540 | 114177446 | 128047746 | 129015767 | 156811961 | 631806460 |
| <b>5</b> 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) ..... |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 631806460 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 103753540 | 114177446 | 128047746 | 129015767 | 156811961 | 631806460                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 986,998.  | 1331284.  | 1411826.  | 1638782.  | 995,054.  | 6363944.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |           |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 638170404                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        | 68,207,971.              |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 99.00 | %                                   |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b> | 98.91 | %                                   |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |



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

(Complete only if you checked the box on line 10 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |  |
|---|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |  |
| <b>a</b> 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? <i>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.</i> | Yes | No |  |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |     |    |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |  |
| <b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>   |     |    |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |  |
| <b>2a</b>   |     |    |  |
| <b>2b</b>   |     |    |  |
| <b>3a</b>   |     |    |  |
| <b>3b</b>   |     |    |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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 0.015 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 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number

44-0610626

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

|   |   |
|---|---|
| Name of organization<br><br><b>FELLOWSHIP OF CHRISTIAN ATHLETES</b> | Employer identification number<br><br><b>44-0610626</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>4,549,174.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><br><b>FELLOWSHIP OF CHRISTIAN ATHLETES</b> | Employer identification number<br><br><b>44-0610626</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>FELLOWSHIP OF CHRISTIAN ATHLETES</b> | Employer identification number<br><br><b>44-0610626</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

|  |                            |   |  |
|--|----------------------------|---|--|
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: FELLOWSHIP OF CHRISTIAN ATHLETES; Employer identification number: 44-0610626

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic area, structure), a table for lines 2a-2d (Total number, acreage, historic structures, etc.), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 435,525.         | 12,742,516.    | 13,112,101.        | 13,337,380.          | 12,621,722.         |
| b Contributions                                  |                  |                | 619,995.           | 592,636.             | 434,229.            |
| c Net investment earnings, gains, and losses     | 37,284.          | 42,270.        | 208,252.           | 682,258.             | 1,149,836.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 37,284.          | 12,349,261.    | 1,197,832.         | 1,500,173.           | 868,407.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 435,525.         | 435,525.       | 12,742,516.        | 13,112,101.          | 13,337,380.         |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  | 670,000.                             | 523,633.                        |                              | 1,193,633.     |
| b Buildings  | 3,820,306.                           | 10,068,852.                     | 7,047,086.                   | 6,842,072.     |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 9,808,919.                      | 8,529,500.                   | 1,279,419.     |
| e Other  | 33,062.                              | 209,283.                        | 133,897.                     | 108,448.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 9,423,572.     |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value  |
|---|-----------------|
| (1) Federal income taxes  |                 |
| (2) <b>POST RETIREMENT OBLIGATION</b>                                       | <b>192,304.</b> |
| (3)   |                 |
| (4)   |                 |
| (5)   |                 |
| (6)   |                 |
| (7)   |                 |
| (8)   |                 |
| (9)   |                 |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>192,304.</b> |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |            |              |
|---|---|----|------------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 180,103,946. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |              |
| a | Net unrealized gains (losses) on investments                                    | 2a | 1,836,116. |              |
| b | Donated services and use of facilities  | 2b | 1,198,196. |              |
| c | Recoveries of prior year grants   | 2c |            |              |
| d | Other (Describe in Part XIII.)  | 2d | 6,918,765. |              |
| e | Add lines 2a through 2d   | 2e |            | 9,953,077.   |
| 3 | Subtract line 2e from line 1  | 3  |            | 170,150,869. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |              |
| b | Other (Describe in Part XIII.)  | 4b |            |              |
| c | Add lines 4a and 4b   | 4c |            | 0.           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |            | 170,150,869. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |            |              |
|---|--|----|------------|--------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 155,756,622. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |              |
| a | Donated services and use of facilities   | 2a | 1,198,196. |              |
| b | Prior year adjustments   | 2b |            |              |
| c | Other losses   | 2c |            |              |
| d | Other (Describe in Part XIII.)   | 2d | 6,918,765. |              |
| e | Add lines 2a through 2d  | 2e |            | 8,116,961.   |
| 3 | Subtract line 2e from line 1   | 3  |            | 147,639,661. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |              |
| b | Other (Describe in Part XIII.)   | 4b |            |              |
| c | Add lines 4a and 4b  | 4c |            | 0.           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |            | 147,639,661. |

**Part XIII Supplemental Information.**

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.

**PART V, LINE 4:**

ENDOWMENT FUNDS ARE PRIMARILY USED FOR PROGRAM SERVICE EXPENSES.

**PART X, LINE 2:**

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE FASB ASC 740-10 AS IT MIGHT APPLY TO THE ORGANIZATION'S FINANCIAL TRANSACTIONS. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF AUGUST 31, 2021 AND, ACCORDINGLY, NO

**Part XIII** Supplemental Information (continued)

LIABILITY HAS BEEN ACCRUED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|                                       |            |
|---------------------------------------|------------|
| SPECIAL EVENT EXPENSES                | 6,437,766. |
| COST OF GOODS SOLD                    | 200,879.   |
| RENTAL EXPENSES                       | 280,120.   |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 6,918,765. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|  |            |
|--|------------|
| SPECIAL EVENT EXPENSES                 | 6,437,766. |
| COST OF GOODS SOLD                     | 200,879.   |
| RENTAL EXPENSES                        | 280,120.   |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 6,918,765. |

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization: **FELLOWSHIP OF CHRISTIAN ATHLETES**  
Employer identification number: **44-0610626**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   |  | PROGRAM SERVICE  | SUPPORT FOR SPORTS RELATED MINISTRY; TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY                        | 282,313.   |
| EAST ASIA AND THE PACIFIC                               | 0                                   |  | PROGRAM SERVICES   | SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY                        | 515,122.   |
| EUROPE (INCLUDING ICELAND & GREENLAND)                  | 0                                   |  | PROGRAM SERVICES   | TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY   | 26,044.  |
| MIDDLE EAST AND NORTH AFRICA                            | 0                                   |  | PROGRAM SERVICE  | SUPPORT FOR SPORTS RELATED MINISTRY  | 301,939.   |
| NORTH AMERICA   | 0                                   |  | PROGRAM SERVICE  | SUPPORT FOR SPORTS RELATED MINISTRY  | 74,768.  |
| RUSSIA AND NEIGHBORING STATES                           | 0                                   |  | PROGRAM SERVICES   | TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY   | 613,700.   |
| SOUTH AMERICA   | 0                                   |  | PROGRAM SERVICES   | TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY   | 83,484.  |
| SOUTH ASIA  | 0                                   |  | PROGRAM SERVICE  | SUPPORT FOR SPORTS RELATED MINISTRY  | 55,709.  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 1,953,079.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 191,434.   |
| <b>c</b> Totals (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 2,144,513.   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020



**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA  | 0                                   |   | PROGRAM SERVICES   | SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY                    | 191,434.                          |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
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|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
| <b>Totals</b> ..... |                                     |   |  |  | 191,434.                          |

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region  | (d) Purpose of grant                  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|---------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | NORTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | EAST ASIA AND THE PACIFIC                                     | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA                                  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | NORTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                   | WIRE                            | 0.                               |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **83**

3 Enter total number of other organizations or entities ..... **0**

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region   | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,175.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,500.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,500.                          | WIRE                                   | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 5,600.                          | WIRE                                   | 0.                                       |   |  |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region   | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | SOUTH ASIA  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | NORTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,014.                          | WIRE                                   | 0.                                       |   |  |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,045.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,270.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,500.                          | WIRE                                   | 0.                                       |   |  |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                               |                                       |                          |                                 |                                   |  |   |
|--|--|-------------------------------|---------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region                    | (d) Purpose of grant                  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | RUSSIA AND NEIGHBORING STATES | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,600.                   | WIRE                            | 0.                                |  |   |
|  |  | SUB-SAHARAN AFRICA            | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 6,748.                   | WIRE                            | 0.                                |  |   |
|  |  | NORTH AMERICA                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 7,000.                   | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 7,000.                   | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 7,415.                   | WIRE                            | 0.                                |  |   |
|  |  | SUB-SAHARAN AFRICA            | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 7,660.                   | WIRE                            | 0.                                |  |   |
|  |  | SUB-SAHARAN AFRICA            | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 7,800.                   | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 7,860.                   | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,000.                   | WIRE                            | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                                     | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,000.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,100.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,250.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,330.                          | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,400.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,424.                          | WIRE                                   | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA                                    | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,500.                          | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,500.                          | WIRE                                   | 0.                                       |   |  |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |   |                                       |                          |                                 |                                   |  |   |
|--|--|---|---------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region  | (d) Purpose of grant                  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,700.                   | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 8,800.                   | WIRE                            | 0.                                |  |   |
|  |  | SOUTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 9,600.                   | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 10,000.                  | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 10,000.                  | WIRE                            | 0.                                |  |   |
|  |  | MIDDLE EAST AND NORTH AFRICA                                  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 10,000.                  | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,           | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 10,000.                  | WIRE                            | 0.                                |  |   |
|  |  | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 10,400.                  | WIRE                            | 0.                                |  |   |
|  |  | SOUTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 11,000.                  | WIRE                            | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                                     | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 11,500.                         | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC                             | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 12,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC                             | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 12,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 12,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | MIDDLE EAST AND NORTH AFRICA                          | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 12,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA                                    | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 12,500.                         | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 12,500.                         | WIRE                                   | 0.                                       |   |  |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN                     | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 13,200.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 14,810.                         | WIRE                                   | 0.                                       |   |  |



| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                                     | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 14,850.                         | WIRE                                   | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA                                    | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 15,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | MIDDLE EAST AND NORTH AFRICA                          | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 15,600.                         | WIRE                                   | 0.                                       |   |  |
|   |   | NORTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 15,600.                         | WIRE                                   | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA                                    | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 16,075.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 16,960.                         | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 18,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 18,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 19,068.                         | WIRE                                   | 0.                                       |   |  |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |   |                                       |                                 |  |  |   |  |
|---|---|---|---------------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region   | <b>(d)</b> Purpose of grant           | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SUB-SAHARAN AFRICA  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 19,200.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 19,400.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 21,100.                         | WIRE                                   | 0.                                       |   |  |
|   |   | SOUTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 23,600.                         | WIRE                                   | 0.                                       |   |  |
|   |   | NORTH AMERICA   | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 25,000.                         | WIRE                                   | 0.                                       |   |  |
|   |   | MIDDLE EAST AND NORTH AFRICA                                  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 26,500.                         | WIRE                                   | 0.                                       |   |  |
|   |   | RUSSIA AND NEIGHBORING STATES                                 | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 26,968.                         | WIRE                                   | 0.                                       |   |  |
|   |   | MIDDLE EAST AND NORTH AFRICA                                  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 27,400.                         | WIRE                                   | 0.                                       |   |  |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 27,600.                         | WIRE                                   | 0.                                       |   |  |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |   |                                       |                          |                                 |                                   |  |   |
|--|--|---|---------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region  | (d) Purpose of grant                  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | SUB-SAHARAN AFRICA  | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 27,781.                  | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 56,000.                  | WIRE                            | 0.                                |  |   |
|  |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | SUPPORT FOR CHRISTIAN SPORTS MINISTRY | 97,200.                  | WIRE                            | 0.                                |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |
|  |  |   |                                       |                          |                                 |                                   |  |   |



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

THE ORGANIZATION CAREFULLY DOCUMENTS NEED AND PURPOSE BEFORE GRANTING FUNDS. GENERALLY, ONLY SMALL GRANTS ARE GIVEN TO ORGANIZATIONS AND INDIVIDUALS THAT ARE WELL KNOWN TO THE ORGANIZATION. THE ORGANIZATION'S EMPLOYEES AND AGENTS DETERMINE THAT FUNDS WERE USED ACCORDING THE GRANTED PURPOSE, WHICH IS CONSISTENT WITH THE ORGANIZATION'S PURPOSE.

FORM 990, SCHEDULE F, PART IV, #1

THE TRANSFERS REFERENCED IN THIS QUESTION RELATE TO THE GRANTS LISTED IN PART II OF SCHEDULE F. FORM 926 IS NOT REQUIRED FOR THESE TRANSACTIONS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**FELLOWSHIP OF CHRISTIAN ATHLETES**

Employer identification number

**44-0610626**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                   | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| THINK AND INK GRANT<br>CONSULTING - 309 E PACES                             | GRANT WRITING |  | X  | 0.                                | 10,200.   | -10,200.  |
| JELT MIDSOUTH SALES LLC -<br>12907 COCKRELL COURT,<br>SHANNON FARLOW - 1041 | GRANT WRITING |  | X  | 0.                                | 14,400.   | -14,400.  |
| SPOTSWOOD CIRCLE, EVANS, GA   | GRANT WRITING |  | X  | 0.                                | 6,308.  | -6,308.   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   | 30,908.   | -30,908.  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                                | (c) Other events      | (d) Total events<br>(add col. (a) through col. (c)) |             |
|-----------------|--|---|---|-----------------------|---|-------------|
|                 |  | UNIV<br>LOUISVILLE K<br>(event type)                        | SOUTHWEST FL<br>CELEBRATION<br>(event type) | 800<br>(total number) |   |             |
| Revenue         | 1  | Gross receipts  | 249,783.                                    | 256,736.              | 19,173,785.   | 19,680,304. |
|                 | 2  | Less: Contributions   | 249,783.                                    | 237,611.              | 12,690,566.   | 13,177,960. |
|                 | 3  | Gross income (line 1 minus line 2)                          |   | 19,125.               | 6,483,219.  | 6,502,344.  |
| Direct Expenses | 4  | Cash prizes   |   |                       | 130,227.  | 130,227.    |
|                 | 5  | Noncash prizes  |   | 2,895.                | 647,806.  | 650,701.    |
|                 | 6  | Rent/facility costs   |   | 17,811.               | 2,586,727.  | 2,604,538.  |
|                 | 7  | Food and beverages  |   | 18,674.               | 2,650,977.  | 2,669,651.  |
|                 | 8  | Entertainment   | 16,000.                                     | 7,368.                | 106,859.  | 130,227.    |
|                 | 9  | Other direct expenses                                       | 3,892.                                      | 3,541.                | 317,614.  | 325,047.    |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |   |                       |   | 6,510,391.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |   |                       | -8,047.   |             |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming   | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|--|---|
|                 |  |   |   |  |   |
| Revenue         | 1  | Gross revenue   |   | 103,723.   | 103,723.  |
|                 | 2  | Cash prizes   |   | 5,000.   | 5,000.  |
| Direct Expenses | 3  | Noncash prizes  |   | 15,433.  | 15,433.   |
|                 | 4  | Rent/facility costs   |   | 1,145.   | 1,145.  |
|                 | 5  | Other direct expenses   |   | 520.   | 520.  |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |  | 22,098.   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |  | 81,625.   |

9 Enter the state(s) in which the organization conducts gaming activities: CA, TX  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |          |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | .00 %    |
| b An outside facility         | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ RAY TURNER

Address ▶ 8700 LEEDS ROAD - KANSAS CITY, MO 64129

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THINK AND INK GRANT CONSULTING

(I) ADDRESS OF FUNDRAISER:

309 E PACES FERRY RD NE, SUITE 400, ATLANTA, GA 30305

(I) NAME OF FUNDRAISER: JELT MIDSOUTH SALES LLC

(I) ADDRESS OF FUNDRAISER: 12907 COCKRELL COURT, LOUISVILLE, KY 40299

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SHANNON FARLOW

(I) ADDRESS OF FUNDRAISER: 1041 SPOTSWOOD CIRCLE, EVANS, GA 30809

PART I, LINE 2B, COLUMN (V):

FUNDRAISERS WERE UTILIZED FOR GRANT WRITING

SCHEDULE G, PART I

THE ORGANIZATION DOES NOT KEEP RECORD OF THE CONTRIBUTIONS GENERATED BY THE WORK OF THE FUNDRAISERS/GRANT WRITERS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **FELLOWSHIP OF CHRISTIAN ATHLETES** Employer identification number **44-0610626**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS                    | 125                      | 146,794.                 | 0.                                | CASH DISTRIBUTED                                      |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART III

THE ORGANIZATION CHOOSES RECIPIENTS BASED ON AN APPLICATION PROCESS

DURING THE REQUIRED ENROLLMENT PERIOD.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FELLOWSHIP OF CHRISTIAN ATHLETES**  
 Employer identification number: **44-0610626**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) SHANE WILLIAMSON<br>PRESIDENT/CEO           | (i)  | 268,063.   | 0.                                  | 0.                                  | 31,486.  | 30,888.                 | 330,437.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) KEN WILLIAMS<br>CHIEF SUPPORT OFFICER       | (i)  | 218,664.   | 0.                                  | 0.                                  | 10,964.  | 16,396.                 | 246,024.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) SEAN MCNAMARA<br>EXEC VP                    | (i)  | 151,328.   | 0.                                  | 0.                                  | 6,277.   | 79,580.                 | 237,185.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) DAN BRITTON<br>CHIEF FIELD OFFICER          | (i)  | 71,728.  | 0.                                  | 0.                                  | 26,780.  | 136,865.                | 235,373.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) TIMOTHY JOHNSON<br>VICE PRES                | (i)  | 167,067.   | 0.                                  | 0.                                  | 8,665.   | 26,200.                 | 201,932.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) PAUL ANDERSON<br>VICE PRES                  | (i)  | 175,144.   | 0.                                  | 0.                                  | 5,101.   | 20,349.                 | 200,594.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) MARK BOYER<br>VICE PRES                     | (i)  | 152,967.   | 0.                                  | 0.                                  | 10,800.  | 27,441.                 | 191,208.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) JUSTIN STOWELL<br>VICE PRES                 | (i)  | 143,735.   | 0.                                  | 0.                                  | 4,395.   | 22,029.                 | 170,159.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) JOSEPH OUTLAW<br>EXEC VP OF TALENT ADVANCEM | (i)  | 133,889.   | 0.                                  | 0.                                  | 3,427.   | 22,459.                 | 159,775.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) ANDREW EVANS<br>EXEC VP OF FINANCE         | (i)  | 96,371.  | 0.                                  | 0.                                  | 4,092.   | 51,333.                 | 151,796.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PAID HOUSING ALLOWANCES TO SOME OF THE INDIVIDUALS  
EMPLOYED IN THE CAPACITY AS A MINISTER. COMPANIONS TRAVEL ONLY WHEN THERE  
IS A BUSINESS PURPOSE. BUSINESS PURPOSES INCLUDE MINISTRY EVENTS WITH  
COUPLES, BOARD MEETINGS WITH COUPLES AND DONOR VISITS WITH COUPLES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **FELLOWSHIP OF CHRISTIAN ATHLETES** Employer identification number **44-0610626**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    | X                          | 6   | 125,852.   | FAIR MARKET VALUE   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 255   | 1,479,115.   | FAIR MARKET VALUE   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020



**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES STOCK BROKERS TO SELL STOCK DONATIONS AND REAL ESTATE AGENTS TO SELL REAL ESTATE. DONATED AUTOS & VEHICLES ARE GENERALLY SOLD THROUGH A THIRD PARTY.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number

44-0610626

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**OUR METHODS**

AS FCA MATURES, WE SEEK TO MAKE DISCIPLES THROUGH OUR METHODS OF  
ENGAGING, EQUIPPING AND EMPOWERING COACHES AND ATHLETES TO KNOW AND  
GROW IN CHRIST AND LEAD OTHERS TO DO THE SAME.

**ENGAGE**

(1 THESSALONIANS 2:8)

WE ENGAGE RELATIONALLY BY CONNECTING WITH INDIVIDUALS AND THROUGH  
EVENTS IN MANY DIFFERENT ENVIRONMENTS BY BUILDING GENUINE TRUST,  
SHARING OUR LIVES AND SHARING THE GOSPEL. WE STRIVE TO CONNECT WITH  
COACHES AND ATHLETES WHERE THEY ARE ON THEIR SPIRITUAL JOURNEY.

**EQUIP**

(EPHESIANS 4:12)

AFTER CULTIVATING RELATIONSHIPS AND ONCE COACHES AND ATHLETES COME TO  
FAITH IN CHRIST, WE WANT TO EQUIP THEM WITH CHRIST-CENTERED TRAINING,  
EVENTS, RESOURCES AND ON-GOING SUPPORT IN WHAT IT MEANS TO BE A  
FOLLOWER OF CHRIST, GROWING IN GOD'S WORD AND APPLYING IT TO LIFE.

**EMPOWER**

(2 TIMOTHY 2:2)

ONCE EQUIPPED, WE EMPOWER FAITHFUL LEADERS WHO DESIRE TO USE THEIR  
TIME, TALENTS AND TREASURES TO HELP OTHER COACHES AND ATHLETES

|  |  |
|--|--|
| Name of the organization<br>FELLOWSHIP OF CHRISTIAN ATHLETES | Employer identification number<br>44-0610626 |
|--|--|

EXPERIENCE THE GOSPEL, GROW IN THEIR FAITH AND SHARE HIM WITH OTHERS.

WE DESIRE TO DEVELOP DISCIPLES WHO MAKE DISCIPLES, ASSISTING THEM SO THAT THEY CAN IN TURN ENGAGE, EQUIP AND EMPOWER OTHERS TO KNOW AND GROW IN CHRIST AND LEAD OTHERS TO DO THE SAME.

### HIGHLIGHTS

IN 2021, FCA SAW INCREDIBLE IMPACT. HERE ARE A FEW HIGHLIGHTS:

- AS FCA MINISTERED TO COACHES AND ATHLETES, WE CELEBRATED 16,838 FAITH DECISIONS!

- FCA DISTRIBUTED 208,624 BIBLES WORLDWIDE.

- FCA GAINED TREMENDOUS GROWTH AND RECORD-SETTING NUMBERS IN REACHING APPROXIMATELY TWO MILLION COACHES AND ATHLETES AROUND THE WORLD.

- FCA HAD OVER 18,106 TOTAL CERTIFIED HUDDLES.

- FIELDS OF FAITH SAW INCREDIBLE IMPACT WITH OVER 11,213 STUDENTS REACHED AT 43 FIELDS ACROSS THE COUNTRY AND THE WORLD.

- FCA EXPANDED TO 383 INTERNATIONAL LEADERS IN 106 COUNTRIES AROUND THE WORLD.

- FCA EXPERIENCED AN INCREDIBLE AND UNIQUE YEAR WITH A TOTAL ATTENDANCE OF 57,613 AT 697 FCA CAMPS AROUND THE WORLD.

- FCA'S HALL OF CHAMPIONS HONORED 2021 INDUCTEES GARY WILLIAMSON, BOB WILLIAMS, CHANG-WON KIM, DIANA MYERS.

- AS A FAITH-FUNDED MINISTRY, WE GIVE THANKS TO THE LORD FOR HIS PROVISION.

- THE AUTOMATIC MONTHLY PARTNER (AMP) PROGRAM REACHED \$50.9 MILLION IN REVENUE, A 17.1% INCREASE OVER THE PRIOR YEAR AND MADE UP 38% OF FCA'S TOTAL DONORS.

|  |  |
|--|--|
| Name of the organization<br>FELLOWSHIP OF CHRISTIAN ATHLETES | Employer identification number<br>44-0610626 |
|--|--|

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT PERFORMS THE INITIAL REVIEW OF THE FORM 990. THE FORM IS THEN REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD, WHICH ALSO FUNCTIONS AS THE AUDIT COMMITTEE. THE COMMITTEE WILL HAVE THE OPPORTUNITY TO DISCUSS, MAKE COMMENTS AND ASK QUESTIONS PRIOR TO FILING THE TAX RETURN. THE FULL BOARD OF DIRECTORS WILL BE PROVIDED A COPY OF THE TAX RETURN WITH THE OPPORTUNITY TO MAKE COMMENTS AND ASK QUESTIONS PRIOR TO THE FORM BEING SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH TRUSTEE AND MEMBER OF SENIOR MANAGEMENT TO SIGN AN ANNUAL AFFIRMATION OF THE CONFLICT OF INTEREST POLICY AND EACH PERSON RECEIVES A COPY OF THE POLICY ON AN ANNUAL BASIS. IF A CONFLICT OF INTEREST DOES ARISE, THE TRUSTEES IN QUESTION WOULD RECUSE THEMSELVES FROM ANY PERTINENT DISCUSSION AND DECISION MAKING RELATED TO SAID CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS ANNUALLY THE COMPENSATION OF THE SENIOR LEADERSHIP OF THE MINISTRY. THEY USE COMPARABILITY DATA COMPILED FROM SALARY SURVEYS PROVIDED BY EXTERNAL SOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CA, CO, FL, GA, HI, IL, MD, MA, MI, MN, MS, NV, NH, NY, NC, ND, OK, PA, TN, UT, VA, WA, WV, WI

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, FORMS 990, CONFLICT OF

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number

44-0610626

INTEREST POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

CHURCH STATUS

BY LETTER DATED DECEMBER 24, 2014, THE INTERNAL REVENUE SERVICE DETERMINED THAT FCA IS A CHURCH BECAUSE IT IS A PUBLIC CHARITY DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(I) OF THE INTERNAL REVENUE CODE (THE "CODE"). PURSUANT TO CODE SECTION 6033(A)(3)(A)(I), CHURCHES ARE EXEMPT FROM FILING FORM 990.

NOTWITHSTANDING FCA'S FORM 990 FILING EXEMPTION, FCA HAS ELECTED VOLUNTARILY TO FILE FORM 990 OUT OF A DESIRE TO FOSTER TRANSPARENCY AND ACCOUNTABILITY. FCA'S VOLUNTARY DECISION TO FILE FORM 990 SHOULD IN NO WAY BE INTERPRETED AS BEING INCONSISTENT WITH ITS STATUS AS A CHURCH OR BE DEEMED A WAIVER OF ANY OF THE RIGHTS OF PRIVILEGES THAT ACCOMPANY ITS RECOGNIZED STATUS AS A CHURCH. FCA CONTINUES TO OPERATE IN ALL WAYS AS A CHURCH DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(I) OF THE CODE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **FELLOWSHIP OF CHRISTIAN ATHLETES** Employer identification number **44-0610626**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| SOUTH DAKOTA FCA, LLC<br>1102 W. 22ND STREET<br>SIOUX FALLS, SD 57105  | RENTAL PROPERTY         | SOUTH DAKOTA  | 273,527.            | 3,178,552.                | FELLOWSHIP OF CHRISTIAN<br>ATHLETES |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     |    |
| <b>1h</b> |     |    |
| <b>1i</b> |     |    |
| <b>1j</b> |     |    |
| <b>1k</b> |     |    |
| <b>1l</b> |     |    |
| <b>1m</b> |     |    |
| <b>1n</b> |     |    |
| <b>1o</b> |     |    |
| <b>1p</b> |     |    |
| <b>1q</b> |     |    |
| <b>1r</b> |     |    |
| <b>1s</b> |     |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |







**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning SEP 1, 2020, and ending AUG 31, 2021

**2020**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                     |  |  |
|---|---------------------|--|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p> | Print<br>or<br>Type | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>FELLOWSHIP OF CHRISTIAN ATHLETES</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>8701 LEEDS ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>KANSAS CITY, MO 64129</b></p> | <p><b>D</b> Employer identification number<br/> <b>44-0610626</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p> |
| <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>113,213,032.</b></p>   |                     |  |  |

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **FRED OLSON** Telephone number ▶ **(816) 829-1110**

**Part I Total Unrelated Business Taxable Income**

|  |    |        |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 0.     |
| 2 Reserved .....   | 2  |        |
| 3 Add lines 1 and 2 .....  | 3  |        |
| 4 Charitable contributions (see instructions for limitation rules) .....   | 4  | 0.     |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  |        |
| 6 Deduction for net operating loss. See instructions .....   | 6  |        |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  |        |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000. |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |        |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000. |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 0.     |

**Part II Tax Computation**

|   |   |    |
|---|---|----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | 1 | 0. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |    |
| 3 <b>Proxy tax.</b> See instructions .....  | 3 |    |
| 4 Other tax amounts. See instructions .....   | 4 |    |
| 5 Alternative minimum tax (trusts only) .....   | 5 |    |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | 6 |    |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

| <b>Part III Tax and Payments</b>   |           |           |                 |
|--|-----------|-----------|-----------------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....   | <b>1a</b> |           |                 |
| b Other credits (see instructions) .....   | <b>1b</b> |           |                 |
| c General business credit. Attach Form 3800 (see instructions) .....   | <b>1c</b> |           |                 |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>1d</b> |           |                 |
| e <b>Total credits.</b> Add lines 1a through 1d .....  |           | <b>1e</b> |                 |
| 2 Subtract line 1e from Part II, line 7 .....  |           | <b>2</b>  | 0.              |
| 3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... |           | <b>3</b>  |                 |
| 4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   |           | <b>4</b>  | 0.              |
| 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....   |           | <b>5</b>  | 0.              |
| 6a Payments: A 2019 overpayment credited to 2020 .....   | <b>6a</b> |           |                 |
| b 2020 estimated tax payments. Check if section 643(g) election applies .....  | <b>6b</b> |           |                 |
| c Tax deposited with Form 8868 .....   | <b>6c</b> |           |                 |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |           |                 |
| e Backup withholding (see instructions) .....  | <b>6e</b> |           |                 |
| f Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |           |                 |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....   |           |           |                 |
| <input type="checkbox"/> Form 4136 .....   |           |           |                 |
| <input type="checkbox"/> Other .....   |           |           |                 |
| Total .....  | <b>6g</b> |           |                 |
| 7 <b>Total payments.</b> Add lines 6a through 6g .....   |           | <b>7</b>  |                 |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....   |           | <b>8</b>  |                 |
| 9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  |           | <b>9</b>  |                 |
| 10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....  |           | <b>10</b> |                 |
| 11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....   |           | <b>11</b> |                 |
|  |           |           | <b>Refunded</b> |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)  |  |            |           |
|--|--|------------|-----------|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... |  |            |           |
|  |  | <b>Yes</b> | <b>No</b> |
|  |  | X          |           |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |  |            | X         |
| If "Yes," see instructions for other forms the organization may have to file.  |  |            |           |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year .....  |  |            |           |
| 4a Did the organization change its method of accounting? (see instructions) .....  |  |            | X         |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |  |            |           |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

|   |  |                              |                            |   |
|---|--|------------------------------|----------------------------|---|
| <b>Sign Here</b>  | 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 taxpayer) is based on all information of which preparer has any knowledge. |                              |                            |   |
|   | <b>Signature of officer</b> .....  | <b>Date</b> .....            | <b>DIRECTOR OF FINANCE</b> | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name   | Preparer's signature         | Date                       | Check <input type="checkbox"/> if self-employed PTIN  |
|   | GREGORY D. OWENS   | GREGORY D. OWENS             | 03/10/22                   | P00048643   |
|   | Firm's name <b>KELLER &amp; OWENS, LLC</b>   | Firm's EIN <b>48-1195228</b> |                            |   |
| Firm's address <b>10955 LOWELL AVE, STE 800<br/>OVERLAND PARK, KS 66210</b> | Phone no. <b>(913) 338-3500</b>  |                              |                            |   |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>FELLOWSHIP OF CHRISTIAN ATHLETES</b>             | Taxpayer identification number (TIN)<br><br><b>44-0610626</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>8701 LEEDS ROAD</b>                         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>KANSAS CITY, MO 64129</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**FRED OLSON**

- The books are in the care of ▶ **8701 LEEDS ROAD - KANSAS CITY, MO 64129**  
Telephone No. ▶ **(816) 829-1110** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JULY 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **SEP 1, 2020**, and ending **AUG 31, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

SOUTH KOREA  
GHANA

Electronic Filing PDF Attachment

**International Boycott Report**

(Rev. December 2010)  
Department of the Treasury  
Internal Revenue Service

For tax year beginning SEPTEMBER 1, 20 20,  
and ending AUGUST 31, 20 21.  
▶ **Controlled groups, see instructions.**

**Attachment  
Sequence No. 123**

**Paper filers must file in  
duplicate (see When and Where  
to File in the instructions)**

Name Fellowship of Christian Athletes Identifying number 44-0610626

Number, street, and room or suite no. If a P.O. box, see instructions.

8701 LEEDS ROAD

City or town, state, and ZIP code

KANSAS CITY, MO 64129

Address of service center where your tax return is filed

ELECTRONICALLY FILED

Type of filer (check one):

- Individual
- Partnership
- Corporation
- Trust
- Estate
- Other

**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)

**2 Partnerships and corporations:**

**a Partnerships**—Enter each partner's name and identifying number.

**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

| Name | Identifying number |
|------|--------------------|
|      |                    |
|      |                    |
|      |                    |
|      |                    |
|      |                    |
|      |                    |
|      |                    |
|      |                    |

If more space is needed, attach additional sheets and check this box

**c** Enter principal business activity code and description (see instructions)

| Code   | Description       |
|--------|-------------------|
| 813000 | RELIGIOUS SUPPORT |

**d** IC-DISCs—Enter principal product or service code and description (see instructions)

**3 Partnerships**—Each partnership filing Form 5713 must give the following information:

**a** Partnership's total assets (see instructions) FORM 990

**b** Partnership's ordinary income (see instructions)

**4 Corporations**—Each corporation filing Form 5713 must give the following information:

**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

**b** Common tax year election (see instructions)

- (1) Name of corporation ▶
- (2) Employer identification number
- (3) Common tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**c** Corporations filing this form enter:

- (1) Total assets (see instructions) 113,213,032
- (2) Taxable income before net operating loss and special deductions (see instructions)

**5 Estates or trusts**—Enter total income (Form 1041, page 1)

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a** Foreign tax credit
- b** Deferral of earnings of controlled foreign corporations
- c** Deferral of IC-DISC income
- d** FSC exempt foreign trade income
- e** Foreign trade income qualifying for the extraterritorial income exclusion

**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_



|  | Yes | No |
|--|-----|----|
| <b>7a</b> Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? |     | X  |
| <b>b</b> If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?  |     | X  |
| <b>c</b> Do you own any stock of an IC-DISC?   |     | X  |
| <b>d</b> Do you claim any foreign tax credit?  |     | X  |
| <b>e</b> Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?                                   |     | X  |
| If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?   |     |    |
| <b>f</b> Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?                                       |     | X  |
| If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?  |     |    |
| <b>g</b> Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?  |     | X  |
| <b>h</b> Are you a partner in a partnership that has reportable operations under section 999(a)?   |     | X  |
| <b>i</b> Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?   |     | X  |
| <b>j</b> Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?  |     | X  |

**Part I Operations in or Related to a Boycotting Country** (see instructions)

|   | Yes | No |
|---|-----|----|
| <b>8 Boycott of Israel</b> —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See <b>Boycotting Countries</b> in the instructions.) | X   |    |
| If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>  |     |    |

| Name of country<br>(1)        | Identifying number of person having operations<br>(2) | Principal business activity |                    | IC-DISCs only—Enter product code<br>(5) |
|-------------------------------|---|-----------------------------|--------------------|---|
|                               |   | Code<br>(3)                 | Description<br>(4) |   |
| <b>a</b> UNITED ARAB EMIRATES | 44-0610626  | 813000                      | RELIGIOUS SUPPORT  |   |
| <b>b</b>                      |   |                             |                    |   |
| <b>c</b>                      |   |                             |                    |   |
| <b>d</b>                      |   |                             |                    |   |
| <b>e</b>                      |   |                             |                    |   |
| <b>f</b>                      |   |                             |                    |   |
| <b>g</b>                      |   |                             |                    |   |
| <b>h</b>                      |   |                             |                    |   |
| <b>i</b>                      |   |                             |                    |   |
| <b>j</b>                      |   |                             |                    |   |
| <b>k</b>                      |   |                             |                    |   |
| <b>l</b>                      |   |                             |                    |   |
| <b>m</b>                      |   |                             |                    |   |
| <b>n</b>                      |   |                             |                    |   |
| <b>o</b>                      |   |                             |                    |   |

**9 Nonlisted countries boycotting Israel**— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

|                          |                                     |
|--------------------------|-------------------------------------|
| Yes                      | No                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| Name of country<br>(1) | Identifying number of person having operations<br>(2) | Principal business activity |                    | IC-DISCs only—Enter product code<br>(5) |
|------------------------|---|-----------------------------|--------------------|---|
|                        |   | Code<br>(3)                 | Description<br>(4) |   |
| a                      |   |                             |                    |   |
| b                      |   |                             |                    |   |
| c                      |   |                             |                    |   |
| d                      |   |                             |                    |   |
| e                      |   |                             |                    |   |
| f                      |   |                             |                    |   |
| g                      |   |                             |                    |   |
| h                      |   |                             |                    |   |

**10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

|                          |                                     |
|--------------------------|-------------------------------------|
| Yes                      | No                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| Name of country<br>(1) | Identifying number of person having operations<br>(2) | Principal business activity |                    | IC-DISCs only—Enter product code<br>(5) |
|------------------------|---|-----------------------------|--------------------|---|
|                        |   | Code<br>(3)                 | Description<br>(4) |   |
| a                      |   |                             |                    |   |
| b                      |   |                             |                    |   |
| c                      |   |                             |                    |   |
| d                      |   |                             |                    |   |
| e                      |   |                             |                    |   |
| f                      |   |                             |                    |   |
| g                      |   |                             |                    |   |
| h                      |   |                             |                    |   |

**11** Were you requested to participate in or cooperate with an international boycott?   
 If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

|     |                                     |
|-----|-------------------------------------|
| Yes | No                                  |
|     | <input checked="" type="checkbox"/> |

**12** Did you participate in or cooperate with an international boycott?   
 If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

|                          |                                     |
|--------------------------|-------------------------------------|
| Yes                      | No                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

| <b>Part II</b><br><b>Requests for and Acts of Participation in or Cooperation With an International Boycott</b>  | Requests |    | Agreements |    |
|--|----------|----|------------|----|
|  | Yes      | No | Yes        | No |
| <b>13a</b> Did you receive requests to enter into, or did you enter into, any agreement (see instructions):  |          |    |            |    |
| <b>(1)</b> As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—  |          |    |            |    |
| <b>(a)</b> Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?   |          |    |            |    |
| <b>(b)</b> Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?   |          |    |            |    |
| <b>(c)</b> Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion? |          |    |            |    |
| <b>(d)</b> Refrain from employing individuals of a particular nationality, race, or religion?  |          |    |            |    |
| <b>(2)</b> As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?                                 |          |    |            |    |

**b Requests and agreements**—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| Name of country<br><br>(1) | Identifying number of person receiving the request or having the agreement<br>(2) | Principal business activity |                 | IC-DISCs only—<br>Enter product code (5) | Type of cooperation or participation |          |                      |          |
|----------------------------|---|-----------------------------|-----------------|--|--------------------------------------|----------|----------------------|----------|
|                            |   | Code (3)                    | Description (4) |  | Number of requests                   |          | Number of agreements |          |
|                            |   |                             |                 |  | Total (6)                            | Code (7) | Total (8)            | Code (9) |
| a                          |   |                             |                 |  |                                      |          |                      |          |
| b                          |   |                             |                 |  |                                      |          |                      |          |
| c                          |   |                             |                 |  |                                      |          |                      |          |
| d                          |   |                             |                 |  |                                      |          |                      |          |
| e                          |   |                             |                 |  |                                      |          |                      |          |
| f                          |   |                             |                 |  |                                      |          |                      |          |
| g                          |   |                             |                 |  |                                      |          |                      |          |
| h                          |   |                             |                 |  |                                      |          |                      |          |
| i                          |   |                             |                 |  |                                      |          |                      |          |
| j                          |   |                             |                 |  |                                      |          |                      |          |
| k                          |   |                             |                 |  |                                      |          |                      |          |
| l                          |   |                             |                 |  |                                      |          |                      |          |
| m                          |   |                             |                 |  |                                      |          |                      |          |
| n                          |   |                             |                 |  |                                      |          |                      |          |
| o                          |   |                             |                 |  |                                      |          |                      |          |
| p                          |   |                             |                 |  |                                      |          |                      |          |