THIS RETURN IS FILED VOLUNTARILY

Return of Organization Exempt From Income Tax

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

(Rev. January 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 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	ror the	e 2019 calendar year, or tax year beginning SEP 1, 2019 and	ending A	<u>106 31, 2020</u>					
В	Check if applicabl	FELLOWSHIP OF CHRISTIAN ATHLETES		D Employer identif	ication number				
	Addre chang Name								
	chang	Doing business as		44-0610626					
	return Final return	8701 LEEDS ROAD	Room/suite	E Telephone number 816-921-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	146,533,929.				
	Amen return	ded KANSAS CITY, MO 64129		H(a) Is this a group r	eturn				
	Application	F Name and address of principal officer: SHANE WILLIAMSON		for subordinate	s? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No				
1	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of the status (1) of the status (2) of the status (3)	or 527	If "No," attach a	a list. (see instructions)				
		te: > WWW.FCA.ORG		H(c) Group exemption	on number 🕨				
		organization: X Corporation Trust Association Other	L Year	of formation: 1954	M State of legal domicile: OK				
P		Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CHRISAND COACHES	STIAN	MINISTRY TO	ATHLETES				
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)							
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)							
Viti.	6	Total number of volunteers (estimate if necessary)							
Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12							
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	1	<u> 128,047,746.</u>					
	9	Program service revenue (Part VIII, line 2g)		15,830,616.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,073,088.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		175,925.					
_	$\overline{}$	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>146,127,375.</u>					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,209,019.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	_				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		90,638,601.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		13,200.	0.				
ď	b	Total fundraising expenses (Part IX, column (D), line 25) 9,358,42		44 400 045	22 221 522				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,433,015.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> 136,293,835.</u>						
_	19	Revenue less expenses. Subtract line 18 from line 12		9,833,540.					
Net Assets or	É		В	eginning of Current Year	End of Year				
sset	월 20	Total assets (Part X, line 16)		80,926,199.	88,963,015.				
et A	21	Total liabilities (Part X, line 26)		4,205,043.	4,272,940.				
Z.	art II	Net assets or fund balances. Subtract line 21 from line 20		76,721,156.	84,690,075.				
					Lorent de deservad herbet. St. Se. Se.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	e, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparei	3/12/21					
٠.		Signature or ornicer		Date					
Sig		· · · · · · · · · · · · · · · · · · ·		Date					
He	re	FRED OLSON, DIRECTOR OF FINANCE Type or print name and title							
_		(A)	avenu	Date Check	PTIN				
Da!		Print/Type preparer's name Preparer's signature CRECORY IN CRECORD IN CRECORY IN CRECORD IN CRECORY IN CRECORD IN CRECORD IN CRECORY IN CRECORY IN CRECORY IN CRECO	Godzin	if					
Pai		GREGORY D. OWENS GREGORY D. OWENS	<u>ا</u> د	03/12/21 self-emplo	P00048643 48-1195228				
	parer	Firm's name KELLER & OWENS, LLC Firm's address 10955 LOWELL AVE, STE 800		FIRM'S EIN	#0-TT30770				
USE	Only	OVERLAND PARK, KS 66210		Dha	113/ 330 3500				
_		•		Phone no. (S)13) 338-3500 V				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	Check if Schedule O contains a response or note to any line in this Part III
	<u> </u>
1	Briefly describe the organization's mission: TO LEAD EVERY COACH AND ATHLETE INTO A GROWING RELATIONSHIP WITH JESUS
	CHRIST AND HIS CHURCH
	CINIDI AND HID CHOKCH
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 108, 280, 956. including grants of \$ 1,117, 976.) (Revenue \$ 10,138,174.)
	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 2,000
	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 \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 108, 280, 956. Form 990 (2019)
	Form 990 (2019)

6	1	0	6	2	6	Page	3
·	_	•	•	_	•	ı auc	•

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- 23	
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١ ا	Х	
	Part VI	11a		_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				,,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? f "Yes."	-:		\vdash
.5		19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_		20b		 ^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,,		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	

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Form **990** (2019)

FELLOWSHIP OF CHRISTIAN ATHLETES

Form 990 (2019)

8701 LEEDS ROAD

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
	Schedule J	23	^	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04		X
	Schedule K. If "No," go to line 25a	24a		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
· al				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	gambing, minings to prize willions:		aan	(2010)

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2363							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х					
b	If "Yes," enter the name of the foreign country ► SOUTH KOREA							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	_				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		_V				
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f								
9 h								
8								
Ŭ	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	_						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
1_	Note: See the instructions for additional information the organization must report on Schedule O.							
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
_								
с 14а		14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		 ^				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170						
.5	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.	<u>.</u>						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.							

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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.

						X			
Sec	tion A. Governing Body and Management								
			1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20						
	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.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?			2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		_X_			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Х				
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe						
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CA, CO, FL, G								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3):	s only)	availal	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain		•						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	finan	cial				
_	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 book	ks an	d records						
	FRED OLSON - (816) 829-1110								
	8701 LEEDS ROAD, KANSAS CITY, MO 64129 SEE SCHEDULE O FOR FULL LIST OF STATES				000	(2019)			
022006	OF STATES			⊢∩rm	222	いいコロト			

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.

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

See instructions for the order in which to list the persons above.

(A) Name and tit l e	(B) Average hours per week	(C) Position (do not check more tha box, unless person is b officer and a director/tr				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RON ACOSTA NAT'L TRUSTEE	2.00	x						0.	0.	0.
(2) ROBERT WENRICH	2.00	^						0.	0.	0.
NAT'L TRUSTEE	2.00	Х						0.	0.	0.
(3) R. KIRK ELAND	2.00							0.	<u> </u>	<u> </u>
VICE CHAIR	2.00	х		Х				0.	0.	0.
(4) MARK BUFORD	2.00	 ^ `				I			.	· ·
TREASURER		х		х				0.	0.	0.
(5) LEE SCHULL	2.00									•
SECRETARY		Х		х				0.	0.	0.
(6) TOBY TATE	2.00								-	-
NAT'L TRUSTEE		Х						0.	0.	0.
(7) JOHN ROISE	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(8) BUCK MCCABE	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(9) BARRY SUTLIVE	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(10) BRENT RAGSDALE	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(11) BRUCE GRAHAM	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(12) BRUCE WILLIAMS	2.00									
CHAIRMAN-PORTION OF YEAR		Х		Х				0.	0.	0.
(13) BRYAN DENCH	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(14) FRANK KELLY	2.00								_	_
NAT'L TRUSTEE		Х				<u> </u>		0.	0.	0.
(15) WALLY WADMAN	2.00								_	_
NAT'L TRUSTEE		Х				<u> </u>		0.	0.	0.
(16) CLINT HERRING	2.00	ļ								_
NAT'L TRUSTEE		Х	\vdash			<u> </u>		0.	0.	0.
(17) DARLENE JOHNSON	2.00	ļ ,,		77					_	_
CHAIRMAN-PORTION OF YEAR		Х		Х				0.	0.	0. Form 990 (2019)

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(A) Name and title Name and t	Form 990 (2019) 8701 LEI	EDS ROAD								44-0610	626	Pa	age 8
Name and title	Part VII Section A. Officers, Directors, Tru	ıstees, Key Em _l	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
Name and the local part Hours per week Hours per week Hours per week Hours per week Hours for related organizations Hours for related organization Hours for related organizations Hours for the organization Hours for related organizations Hours for the organization H				(C)								(F)	
Nours per week (list any hours for related organizations below line) 100	Name and title	1	(do					ne	Reportable	Reportab l e	Es ⁻	timate	·d
(181 and property comparison for related organizations) (181 and property comparison for related organizations) (181 and property comparison from the organizations) (182 and property comparison from the organizations) (182 and property comparison from the organizations) (183 bavie waggett 2.00 x			box	, unles	s per	son is	s both	an	compensation	•			of .
hours for related organizations below line hours for related organizations below line hours for related organizations below line hours for related organizations hours for relative hours for re			<u> </u>	cer an	a a ai	recto	r/trus	.ee)			l		
NAT'L TRUSTEE			irecto								Ι .		
NAT'L TRUSTEE			e or d	tee			sated			(VV-2/1099-WISC)	l		
NAT'L TRUSTEE		organizations	truste	al trus		/ee	треп		(W 2/ 1033 MIOO)				
NAT'L TRUSTEE		below	dua	utions	<u>~</u>	mploy	est co oyee	er			l		
18 DAVIE WAGGETT		line)	Indiv	Instit	Office	Key e	Highe empl	Form			_		
19 DIANA MYERS	(18) DAVIE WAGGETT	2.00											
NAT'L TRUSTEE	NAT'L TRUSTEE		Х						0.	0.			0.
Caris selle	(19) DIANA MYERS	2.00											
NAT'L TRUSTEE X 0. 0. 0. (21) ANDREW EVANS 50.00 X 89,188. 0. 53,611. (22) SHANE WILLIAMSON 50.00 X 271,214. 0. 29,332. (23) SEAN MCNAMARA 50.00 X 102,500. 0. 62,809. (24) RAYMOND TURNER 45.00 X 87,205. 0. 23,767. (25) KEN WILLIAMS 50.00 X 210,389. 0. 27,261. (26) FRED OLSON 50.00 X 100,190. 0. 24,382. ASSISTANT SECRETARY X 100,190. 0. 24,382.			Х						0.	0.			0.
Solution	· ·	2.00											
EXEC VP OF FINANCE X			Х						0.	0.			<u>0.</u>
(22) SHANE WILLIAMSON 50.00 PRESIDENT/CEO X 271,214. 0. 29,332. (23) SEAN MCNAMARA 50.00 X 102,500. 0. 62,809. EXEC VP X 102,500. 0. 23,767. (24) RAYMOND TURNER 45.00 X 87,205. 0. 23,767. (25) KEN WILLIAMS 50.00 X 210,389. 0. 27,261. (26) FRED OLSON 50.00 X 100,190. 0. 24,382. ASSISTANT SECRETARY X 100,190. 0. 24,382.		50.00	_							_			
PRESIDENT/CEO					Х				89,188.	0.	53	3,61	<u>11.</u>
(23) SEAN MCNAMARA 50.00 EXEC VP X 102,500. 0.62,809. (24) RAYMOND TURNER 45.00 X 87,205. 0.23,767. (25) KEN WILLIAMS 50.00 X 210,389. 0.27,261. (26) FRED OLSON 50.00 X 100,190. 0.24,382. ASSISTANT SECRETARY X 100,190. 0.24,382.	·	50.00											
EXEC VP	·	 			Х				271,214.	0.	29	9,33	<u>32.</u>
(24) RAYMOND TURNER 45.00 X 87,205. 0. 23,767. ASSISTANT TREASURER X 87,205. 0. 23,767. (25) KEN WILLIAMS 50.00 X 210,389. 0. 27,261. (26) FRED OLSON 50.00 X 100,190. 0. 24,382. ASSISTANT SECRETARY X 100,190. 0. 24,382.	• •	50.00											
ASSISTANT TREASURER (25) KEN WILLIAMS CHIEF SUPPORT OFFICER (26) FRED OLSON ASSISTANT SECRETARY X 87,205. 210,389. 0. 23,767. 210,389. 0. 27,261.		 			Х				102,500.	0.	62	2,80	<u> </u>
(25) KEN WILLIAMS 50.00 CHIEF SUPPORT OFFICER X 210,389. 0. 27,261. (26) FRED OLSON 50.00 X 100,190. 0. 24,382. ASSISTANT SECRETARY X 100,190. 0. 24,382.		45.00											
CHIEF SUPPORT OFFICER X 210,389. 0. 27,261. (26) FRED OLSON 50.00 X 100,190. 0. 24,382.		<u> </u>			Х				87,205.	0.	23	3,76	<u>. / .</u>
(26) FRED OLSON ASSISTANT SECRETARY X 100,190. 0. 24,382.	·	50.00									١.,		
ASSISTANT SECRETARY X 100,190. 0. 24,382.		F0 00	_		Х				210,389.	0.	2	7,26	<u> 1.</u>
050 505		50.00	-						100 100	•			
									860,686.	0.			
c Total from continuation sheets to Part VII, Section A 874,584. 0. 250,926.													
d Total (add lines 1b and 1c) ▶ 1,735,270. 0. 472,088.								<u> </u>			4/2	4,08	<u> 38 - </u>
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	, ,	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable			2.2
compensation from the organization	compensation from the organization											V	
Yes No	O Did the engagination of the contract of the						_					res	INO
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes " complete Schedule I for such individual X			ee, k	ey e	mple	oye	e, or	nıgı	nest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for such individual											_	ΥI	

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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Section B. Independent Contractors

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.

(B) Description of services	(C) Compensation
·	<u> </u>
SOFTWARE DEVELOPMENT	432,286.
	•
EVENT PRODUCTION	264,576.
LEGAL SERVICES	238,407.
MARKETING SERVICES	151,455.
	_
PRINTING	145,851.
l above) who received more than	
	Description of services SOFTWARE DEVELOPMENT EVENT PRODUCTION LEGAL SERVICES MARKETING SERVICES PRINTING

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Form **990** (2019)

X

8701 LEEDS ROAD 44-0610626

Form 990_ 8701 LEEI	DS ROAD								44-061	0626	
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours	verage Position					Iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) DAN BRITTON CHIEF FIELD OFFICER	40.00			Х				123,642.	0.	107,899.	
(28) MARK BOYER VICE PRES	40.00					x		144,352.	0.	19,673.	
29) JOSEPH OUTLAW	40.00					х		140,138.	0.	22,728	
(30) TIMOTHY JOHNSON VICE PRES	40.00					x		154,680.	0.	27,376	
31) DICKY CLARK	40.00										
VICE PRES (32) JUSTIN STOWELL	40.00					Х		152,696.	0.	11,461	
ICE PRES 33) LES STECKEL-SEE SCHEDULE J STMT	3.00					Х		126,437.	0.	19,789	
ORMER OFFICER	0.00						Х	32,639.	0.	42,000	
Fotal to Part VII, Section A, line 1c								874,584.		250,926	

Form 990 (2019) 8701 LE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		-		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 :	Federated campaigns 1a	97,544.				
Contributions, Gifts, Grants and Other Similar Amounts			57,011.				
5 2			10,399,136.				
¥,ţ		Fundraising events 1c	10,333,130.				
ig ig		Related organizations 1d	44 424				
s, ig		Government grants (contributions)	44,424.				
er S	1	All other contributions, gifts, grants, and	110 151 660				
혈			118,474,663.				
a tr	9	Noncash contributions included in lines 1a-1f	1,345,323.				
<u>2 g</u>		Total. Add lines 1a-1f		129,015,767.			
			Business Code				
မွ	2 8	OTHER PROGRAMS	900099	4,787,354.	4,787,354.		
ه ≧ِ	ŀ	PROGRAM RELATED REVENUE	900099	4,295,750.	4,295,750.		
တီ ချွံ		CAMPS/CONFERENCES	900099	978,583.	978,583.		
Program Service Revenue	(MEMBERSHIP FEES	900099	2,389.	2,389.		
Pg B		•					
4	1	All other program service revenue					
	9	Total. Add lines 2a-2f		10,064,076.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		1,338,559.			1,338,559.
	4	Income from investment of tax-exempt bond p					
	5	Royalties		28,456.			28,456.
	-	(i) Real	(ii) Personal				·
	6 :	Gross rents 6a 271,767.					
		Less: rental expenses 6b 271,086.					
		Rental income or (loss) 6c 681.					
		Net rental income or (loss)		681.			681.
		Gross amount from sales of (i) Securities	(ii) Other				·
	′ ′	assets other than inventory 7a 227, 256.	146,534.				
		Less: cost or other basis					
اه			88,895.				
ğ		and sales expenses 7b 0. Gain or (loss) 7c 227,256.	57,639.				
e e		. ,		284,895.			284,895.
her Revenue		Net gain or (loss)	P	204,055.			204,055.
	8 8	Gross income from fundraising events (not					
0		including \$ 10,399,136. of					
		contributions reported on line 1c). See	F 267 416				
	_	Part IV, line 18					
		Less: direct expenses8b_	5,367,416.	0			
		Net income or (loss) from fundraising events	P	0.			
	9 8	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold10b	134,810.				
	(Net income or (loss) from sales of inventory		-60,712.	-60,712.		
ا ي			Business Code				
ño a	11 a	·					
Miscellaneous Revenue	ı						
E SE	(:					
₽Ĭš	(All other revenue					
_		Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		140,671,722.	10,003,364.	0.	1,652,591.

Form **990** (2019)

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 (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 163,755. 163,755. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 954,221 954,221. Benefits paid to or for members Compensation of current officers, directors, 1,429,200. 464,911. 930,200. 34,089. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 59,000. 35,400. 11,800. 11,800. persons described in section 4958(c)(3)(B) 82,378,535. 67,193,235. 8,561,906. 6,623,394. Other salaries and wages 7 Pension plan accruals and contributions (include 2,008,995. 1,643,676. 202,381. 162,938. section 401(k) and 403(b) employer contributions) 10,218,398. 8,100,630. 377,432. 740,336. Other employee benefits 9 3,476,573. 2,745,014. 460,996. 270,563. 10 Payroll taxes Fees for services (nonemployees): Management 177,431. 177,431. Legal 75,325. 75,325. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 4,052,344. 3,419,915. 527,354. 105,075. ,789,223. 1,395,622. 241,643. 151,958. Advertising and promotion 12 5,497,333. 4,416,172. 677,018. 404,143. Office expenses 13 733,961. 231,410. 497,546. 5,005. Information technology 14 Royalties 15 1,190,503. 968,009. 151,927. 70,567. 16 Occupancy 3,662,710. 2,965,467. 430,808. 266,435. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 1,221,802. 1,221,802. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,883,733. 133,446. 1,613,655. 136,632. Depreciation, depletion, and amortization 22 1,109,656. 860,549. 163,941. 85,166. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4,294,384. 4,294,384. PROGRAM EVENTS/MINISTRY PROGRAM EVENTS/TRAINING 2,631,085. 2,552,104. 66,580. 12,401. 824,980. 1,508,730. 165,043. 151,207. TAXES, COMMISSIONS, AND 107,159. 1,205,012. 1,006,633. 91,220. FOOD 672,108. 525,662. 110,953. 35,493. All other expenses 133,710,267.108,280,956. 16,070,889. 9,358,422. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

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

Form 990 (2019)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		752,657.	1	2,234,798.	
	2	Savings and temporary cash investments			44,408,066.	2	53,666,943.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			426,491.	4	290,233.
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			532,649.	8	1,211,336.
Ä	9	Prepaid expenses and deferred charges			179,609.	9	169,038.
	10a	Land, buildings, and equipment: cost or other					
			10a 10b		10 600 000		0 060 400
	b		10,688,097.	10c	9,962,439		
	11	Investments - publicly traded securities	23,264,773.	11	20,759,871.		
	12	Investments - other securities. See Part IV, line 11	398,857.	12	493,357.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	275 000	14	175 000		
	15	Other assets. See Part IV, line 11	275,000.	15	175,000		
	16	Total assets. Add lines 1 through 15 (must equa	80,926,199. 3,952,511.	16	88,963,015. 4,049,794.		
	17	Accounts payable and accrued expenses	3,954,511.	17	4,043,734.		
	18	Grants payable		18			
	19	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities					
	22	Escrow or custodial account liability. Complete P Loans and other payables to any current or former				21	
Liabilities	~~	trustee, key employee, creator or founder, substa					
billi		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			252,532.	25	223,146.
	26	Total liabilities. Add lines 17 through 25			4,205,043.	26	4,272,940.
		Organizations that follow FASB ASC 958, chec					
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			12,410,455.	27	83,236,513.
Ba	28	Net assets with donor restrictions			64,310,701.	28	1,453,562.
ınd		Organizations that do not follow FASB ASC 95	8, che	eck here			
·Fu		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances			76,721,156.	32	84,690,075.
	33	Total liabilities and net assets/fund balances			80,926,199.	33	88,963,015.

Form **990** (2019)

8701 LEEDS ROAD 44-0610626 Page 12 Form 990 (2019) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 140,671,722. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 133,710,267. 2 6,961,455. Revenue less expenses. Subtract line 2 from line 1 3 3 76,721,156. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 1,007,464. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 84,690,075. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X 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?

Act and OMB Circular A-133?

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

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

Form 990 (2019)

Х

Х

2c

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

zation FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD

Employer identification number 44-0610626

Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	e instructions.	
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	X	A church, convention of chu	•	•	•		D(A)(i).	
2							·/· ·/··	
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
4		=	ation operated in cor	ijunction with a nospital	described	III Sectio	III 170(D)(1)(A)(III). □II(ei	the nospital's name,
_		city, and state:						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7		An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	rnmental :	unit or from the genera l (oub l ic described in
		section 170(b)(1)(A)(vi). (Co	omp l ete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
		or university or a non-land-g				-	_	-
		university:	,				, and class of the conlege	
10		An organization that normal	Ily receives: (1) more	than 33 1/3% of its sun	ort from c	ontributio	ne mamharshin faas ar	nd arose receipts from
.0		activities related to its exem	-					-
			•	•	` '		• • •	· ·
		income and unrelated busin		(less section 511 tax) inc	m busines	sses acqui	red by the organization a	inter June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Н	An organization organized a	•	-	-			
12		An organization organized a	•	=	•			
		more publicly supported org	=				` '. '	Check the box in
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and comp	p l ete lines	12e, 12f, and 12g.	
а			nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving
		control or management of						=
		organization(s). You mus			•		3 11	
c		Type III functionally inte			in connect	ion with a	and functionally integrate	ed with
Ŭ		its supported organization	-				· -	, a vitai,
		Type III non-functionally		·				zation(s)
d		= = =	-				• • • • • •	* *
		that is not functionally int	_	= -	-			7611655
		requirement (see instructi	•	•				
е		Check this box if the orga					Type I, Type II, Type III	
_		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.		
f		r the number of supported o	-					
g		vide the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See motruetions)
					<u> </u>			

Schedule A (Form 990 or 990-EZ) 2019 8701 LEEDS ROAD

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not						
	include any "unusual grants.")	94081339.	103753540	114177446	128047746	129015767	569075838
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	94081339.	103753540	114177446	128047746	129015767	569075838
	The portion of total contributions	310010071					
3	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)						
_	**						569075838
Sec	Public support. Subtract line 5 from line 4.						D03013030
	• • • • • • • • • • • • • • • • • • • •	(1) 0015	(1.) 0040	(1) 0017	(1) 0010	(1)0010	(0 T-+-I
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 1 0 3 7 5 3 5 4 0	(c) 2017 1 1 1 1 7 7 1 1 6	(d) 2018 128047746	(e) 2019 1 2 0 0 1 5 7 6 7	(f) Total
	Amounts from line 4	94001339.	103/33340	1141//440	12004//40	129013707	503073030
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	011 020	006 000	1 2 2 1 2 0 4	1411006	1620702	607000
	and income from similar sources	911,030.	986,998.	1331284.	1411826.	1638782.	6279920.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	45.					45.
11	Total support. Add lines 7 through 10						575355803
	Gross receipts from related activities,	•	,				<u>,781,919.</u>
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ıx year as a sectior	1 501(c)(3)	
<u> </u>	organization, check this box and stop	p here					>
	ction C. Computation of Publi					Г	
	Public support percentage for 2019 (o l umn (f))		14	98.91 %
	Public support percentage from 2018					15	98.98 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		Ü				
b	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qua l ifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	>
18	Private foundation. If the organization	on did not check a	box on l ine 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>
					Caba	dule A (Form 990	000 E7\ 0010

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its beha l f						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here		•				>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					15	<u>%</u>
	Public support percentage from 2018					16	<u>%</u>
Se	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))			<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an						▶∟
k	33 1/3% support tests - 2018. If the	•					
	line 18 is not more than 33 1/3%, chec						▶∐
20	Private foundation. If the organizatio	n did not check a '	box on l ine 14, 19	a, or 19b, check th	nis box and see ins	tructions	▶∐

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Schedule A (Form 990 or 990-EZ) 2019

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
3a		
Ol-		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10h		
10b		

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	ion I	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Saci	suppo ion l	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
		<u> </u>			
1 a	Cneci	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	tionol		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (exp l ain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	IIv integrated	d Type III supporting orga	anization (see

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instructions).

Par	t V Typ	e III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distri	butions		,	Current Year
1	Amounts pa	id to supported organizations to accomplish exer	mpt purposes		
2	Amounts pa				
	organization	s, in excess of income from activity			
3	Administrati	ve expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts pa	id to acquire exempt-use assets			
5	Qualified se	-aside amounts (prior IRS approval required)			
6	Other distrib	utions (describe in Part VI). See instructions.			
7	Total annua	l distributions. Add lines 1 through 6.			
8	Distributions	s to attentive supported organizations to which th	ne organization is responsive		
	(provide det	ails in Part VI). See instructions.			
9	Distributable	amount for 2019 from Section C, line 6			
10	Line 8 amou	nt divided by line 9 amount		I	
Secti	ion E - Distri	bution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable	amount for 2019 from Section C, line 6			
2	Underdistrib	utions, if any, for years prior to 2019 (reason-			
	able cause r	equired- explain in Part VI). See instructions.			
3	Excess distr	ibutions carryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of line	s 3a through e			
g	Applied to u	nderdistributions of prior years			
h	Applied to 2	019 distributable amount			
i	Carryover from	om 2014 not applied (see instructions)			
<u>j</u> _	Remainder.	Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions	s for 2019 from Section D,			
	line 7:	\$			
a	Applied to u	nderdistributions of prior years			
		019 distributable amount			
		Subtract lines 4a and 4b from 4.			
5		inderdistributions for years prior to 2019, if			
	=	ct lines 3g and 4a from line 2. For result greater			
		xplain in Part VI. See instructions.			
6	ū	Inderdistributions for 2019. Subtract lines 3h			
		line 1. For result greater than zero, explain in			
		instructions.			
7		ributions carryover to 2020. Add lines 3j			
	and 4c.	of line 7.			
<u>8</u>	Breakdown				
	Excess from				
	Excess from				
	Excess from				
	Excess from				
e	「マクロのタ !! () !!	12010			

Schedule A (Form 990 or 990-EZ) 2019

FELLOWSHIP OF CHRISTIAN ATHLETES

Schedule A	Form 990 or 990-EZ) 2019 8701	LEEDS ROAD	44-0610626 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 an	Provide the explanations required by Part II, line 10; Part II, lie, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line rt V, Section E, lines 2, 5, and 6. Also complete this part for ar	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	(ecc mendencine)		

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 Open to Public Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD

Employer identification number 44-0610626

Part	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Funda and the control
	Tatal growth and a f	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's ex		
	Did the organization inform all grantees, donors, and donor ad		•
	for charitable purposes and not for the benefit of the donor or	, , , ,	
Par	impermissible private benefit?		
	Purpose(s) of conservation easements held by the organization		i ait iv, mie r.
•	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation c	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	a conservation contribution in the form	Held at the End of the Tax Year
	_ 1		_
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		I I
	Number of conservation easements modified, transferred, relea		
	year ▶	,g,	· g · · · · · · · · · · · · · · ·
	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the peric	odic monitoring, inspection, handling of	•
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Part		· ·	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publi		•
	service, provide in Part XIII the text of the footnote to its financ		
	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public ϵ	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under FASB AS	•	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019

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

		EDS ROAD							0610626		<u>age 2</u>
Pai	t III Organizations Maintaining C	ollections of Art	<u>, Histo</u>	rical Tre	asures, o	<u>r Othe</u>	r Sin	nilar Asse	ts _(contir)	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the f	ollowing that	t make s	ignific	ant use of it	:s		
	collection items (check all that apply):										
а	Public exhibition	d	L	oan or excl	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how the	y further th	e organizatio	on's exe	mpt pı	urpose in Pa	art XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, his	torica l treas	sures, or othe	er similaı	r asse	ts			
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered	"Yes" or	Form	n 990, Part I	√, l ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ontributions	or other as:	sets not	includ	led			_
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing ta	ıb l e:			_				
							L		Amoun	t	
С	Beginning balance						_	1c			
d	Additions during the year						_	1d			
е	Distributions during the year						L	1e			
f	Ending balance						L	1f			
	Did the organization include an amount on Fo						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Pai	TV Endowment Funds. Complete in										
		(a) Current year		rior year	(c) Two yea			hree years bad		-	
1a	Beginning of year balance	12,742,516.		112,101.	13,33	•	1	12,621,72	_		
b	Contributions			619,995.		2,636.		434,229			445.
С	Net investment earnings, gains, and losses	42,270.		208,252.	68.	2,258.		1,149,83	5.	760,	244.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	12,349,261.	1,	197,832.	1,50	0,173.		868,40	7.	<u>190,</u>	089.
f	Administrative expenses										
g	End of year balance	435,525.		742,516.		2,101.	1	13,337,380). 12,	,621,	722.
2	Provide the estimated percentage of the curr	ent year end ba l ance	(line 1g,	, column (a)) he l d as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► 100.00	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should be a sh	•									
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that	are held an	ıd administei	red for th	ne org	anization	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza	· ·							3b		<u> </u>
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment fu	inds.							
Гаі			D 1\	Bas 11 s C	F 000	D-4 V	lina 1	0			
	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 ot		(b) Cost				ulated	(d) Bool	k valu	е
	Lond	basis (investm		basis (,	de	precia	atiOH	1 11	7 ^	40
	Land				7,040.	c	621	075	1,14		
	Buildings		.00.	5,00	8,231.	0,	034	,075.	7,05	±,4	<u>u </u>
	Leasehold improvements		+	11 70	2 662	1 0	161	307	1 62'	1 2	66
	Equipment	1 22 (162		2,663. 1,181.			,397.	1,63	1,2, 9,6	
	Other	33,0	<u> </u>	۵۷.	<u> </u>		<u> </u>	,572.	9 96		71. 39

Schedule D (Form 990) 2019

	r Category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
		(b) Dook value	(c) Wethod of Valuation. Cost of end-	or-year market value
	erests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	rm 990, Part X, col. (B) line 12.)			
Part VIII Investmen	ts - Program Related.			
Complete if the	ne organization answered "Yes" o	n Form 990, Part IV, line of the line of t	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-	of-vear market value
	.c or invocation	(b) DOOK VAILE	(o) mounded of validation. Cost of end-	o. your market value
(1)				
(2) (3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	rm 990, Part X, col. (B) line 13.)			
Part IX Other Ass				
 Comp l ete if th	ne organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, l ine 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
「otal. (Column (b) must eq	ual Form 990. Part X. col. (B) line	15.)	>	
Part X Other Liab				
Complete if the		n 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 tax				
(2) POST RETII	REMENT OBLIGATION			223,146.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ual Form 990. Part X. col. (B) line			223,146.

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 Schedule D (Form 990) 2019

X

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

EEDS ROAD 44-0610626 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Statem		h Revenue per Re	turn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		1	140 500 640
1				1	148,528,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4 00= 464		
а	Net unrealized gains (losses) on investments		1,007,464. 1,076,150.	_	
b	Donated services and use of facilities		1,076,150.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,773,312.		
е	Add lines 2a through 2d			2e	7,856,926. 140,671,722.
3	Subtract line 2e from line 1			3	140,671,722.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	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	140,671,722.
Pai	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	140,559,729.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_ а	Donated services and use of facilities	2a	1,076,150.		
b	Prior year adjustments		, , , , , , , , , , , , , , , , , , , ,	_	
c	Other losses				
d	Other (Describe in Part XIII.)		5,773,312.	1	
				2e	6,849,462.
е 3	Add lines 2a through 2d				133,710,267.
_	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	133,710,2076
4		4-			
_	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b		1	
_	Add lines 4a and 4b			4c	0. 133,710,267.
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	133,710,207.
		1 D / L' -			V " 0 D 1 VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			ı; Part	X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	aditional into	ormation.		
DXE	T V, LINE 4:				
LAI	I V, DINE 4.				
ENT	OWMENT FUNDS ARE PRIMARILY USED FOR PROGR	оум св.	DVITCE EVDENC	T C	
DIVI	OWMENT FUNDS ARE FRIMARILI USED FOR FROGR	TAM SE.	VAICE EVEENS	· C. 2	
DAE	T X, LINE 2:				
FAI	I A, DINE Z.				
тиг	ORGANIZATION HAS ADOPTED THE PROVISIONS	○E	F FACE ACC 7	4 0_	.10 AC TT
1111	ONGANIZATION HAD ADOLIED THE INCVIDIONS	OF III.	B PADD ADC /		IO AD II
MTC	HT APPLY TO THE ORGANIZATION'S FINANCIAL	ТРАМС	ACTIONS. TH	E	
<u> </u>	HI ALIDI TO THE ONGANIZATION D PINANCIAL	TIVANO	ACTIONS. II.	- 11	
ORG	ANIZATION'S POLICY IS TO RECORD A LIABILI	נעה ציט.	R ANV TAY DO	стт	יד∩א יור∆די
0110	MILIATION DIGITIES TO TO RECORD A DIADIES	111 10.	K AIVI IAM I C	, <u>D I I</u>	ION IIIAI
TS	BENEFICIAL TO THE ORGANIZATION, INCLUDING	YNA :	RELATED INTE	RES	TT AND
PEN	ALTIES, WHEN IT IS MORE LIKELY THAN NOT T	THE PO	SITION TAKEN	г ву	•
MAN	AGEMENT WITH RESPECT TO THE TRANSACTION C	OR CLA	SS OF TRANSA	CTI	ONS WILL
BE	OVERTURNED BY A TAXING AUTHORITY UPON EXA	TA <u>NIM</u>	ION. MANAGE	MEN	T BELIEVES
<u>THE</u>	RE ARE NO SUCH POSITIONS AS OF AUGUST 31,	<u>, 2020</u>	AND, ACCORD	ING	LY, NO
932054	10-02-19			Sche	edule D (Form 990) 2019

Part XIII Supplemental Information (continued)	44-0610626 Page 5
LIABILITY HAS BEEN ACCRUED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	5,367,416.
COST OF GOODS SOLD	134,810.
RENTAL EXPENSES	271,086.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,773,312.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	5,367,416.
COST OF GOODS SOLD	134,810.
RENTAL EXPENSES	271,086.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,773,312.
SCHEDULE D, PART V, LINE 1E THE CURRENT YEAR EXPEDITURES REPORTED ON LINE 1E INCLUDE	
ADJUSTMENT AND RECLASSIFICATION OF \$12,306,991. CURRENT FUND EXPENDITURES WERE \$42,270.	YEAR ENDOWMENT
,	
-	

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 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

8701 LEEDS ROAD

Employer identification number

44-0610626

Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance?	Yes X No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
United States.					
			an be duplicated if additional space is n		
(a) Region	(b) Number of	(c) Number of employees.	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
	offices in the region	employees, agents, and independent	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	, ,	.,,	in the region
				SUPPORT FOR SPORTS	
CENTRAL AMERICA AND				RELATED MINISTRY; TRAVEL	
THE CARIBBEAN	0	61	PROGRAM SERVICE	EXPENSE FOR SPORTS RELATED MINISTRY	220 451
THE CARIBBEAN	0	01	PROGRAM SERVICE	SUPPORT FOR SPORTS	320,451.
				RELATED MINISTRY, TRAVEL	
EAST ASIA AND THE				EXPENSE FOR SPORTS	
PACIFIC PACIFIC	0	29	PROGRAM SERVICES	RELATED MINISTRY	689,737.
Theri ie		23	I ROGRAM BERVICES	KIBATIB MINISTRI	005,737.
EUROPE (INCLUDING				TRAVEL EXPENSE FOR	
ICELAND & GREENLAND)	0	46	PROGRAM SERVICES	SPORTS RELATED MINISTRY	11,891.
,					, ,
MIDDLE EAST AND				SUPPORT FOR SPORTS	
NORTH AFRICA	0	0	PROGRAM SERVICE	RELATED MINISTRY	367,306.
				SUPPORT FOR SPORTS	
NORTH AMERICA	0	10	PROGRAM SERVICE	RELATED MINISTRY	38,689.
RUSSIA AND				TRAVEL EXPENSE FOR	
NEIGHBORING STATES	0	0	PROGRAM SERVICES	SPORTS RELATED MINISTRY	597,997.
				TRAVEL EXPENSE FOR	
SOUTH AMERICA	0	79	PROGRAM SERVICES	SPORTS RELATED MINISTRY	150,026.
				GUDDODE DOD GDODEG	
COLUMN ACTA	_	.,	DDOGDAM GEDVIGE	SUPPORT FOR SPORTS	40 317
SOUTH ASIA	0		PROGRAM SERVICE	RELATED MINISTRY	49,317.
3 a Subtotal	0	316			2,225,414.
b Total from continuation	0	47			204 432
sheets to Part I	0	4/			204,432.
c Totals (add lines 3a	0	363			2,429,846.
and 3b)		1			,, , , , , , , , , , , , , , , ,

 $\label{eq:LHA} \mbox{ Harmonic Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2019

Schedule F (Form 990)

8701 LEEDS ROAD

44-061<u>0626 Page 1</u>

Schedule F (Form 990)	0/01 TEE	DO KOND		44-061062	Page 1
Part I Continuation	n of Activitie	s per Region	Schedule F (Form 990), Part I, line 3	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
				SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS	
SUB-SAHARAN AFRICA	0	47	PROGRAM SERVICES	RELATED MINISTRY	204,432.
Totals		47			204,432.

44-0610626

Schedule F (Form 990) 2019

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. Part II

1 (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)
	Ü	CENTRAL AMERICA						
	1	AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	E	BARBUDA, ARUBA,	SPORTS MINISTRY	5,092.	WIRE	0.		
	O	CENTRAL AMERICA						
	1	AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	E	BARBUDA, ARUBA,	SPORTS MINISTRY	6,275.	WIRE	0.		
	0	CENTRAL AMERICA						
	Ź	AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
		BARBUDA, ARUBA,	SPORTS MINISTRY	.000,6	WIRE	0		
	0	CENTRAL AMERICA						
	1	AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	Ē	BARBUDA, ARUBA,	SPORTS MINISTRY	9,900.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	Ē	BARBUDA, ARUBA,	SPORTS MINISTRY	12,175.	WIRE	0.		
		CENTRAL AMERICA						
	7	AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	ш	BARBUDA, ARUBA,	SPORTS MINISTRY	24,150.	WIRE	0.		
	0	CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	ш	BARBUDA, ARUBA,	SPORTS MINISTRY	31,600.	WIRE	0.		
	U	CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	SUPPORT FOR CHRISTIAN					
	H	BARBUDA, ARUBA,	SPORTS MINISTRY	84,000.	WIRE	0.		

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2019

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (b) IRS code section and EIN (if applicable) (c) Region and EIN (if applicable) (c) Region and EIN (if applicable)	ions or Entities Outside the U (d) Purpose of grant		(f) Manner of cash disbursement assistance	1 0 6 2 6 90), Part II, line 1) (g) Amount of non-cash assistance	ا ا ق	(i) Method of valuation (book, FMV, annraisal other)
EAST ASIA AND THE	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
PACIFIC - AUSTRALIA,	SUPPORT FOR CHRISTIAN	, c		C		
, BOLLER,	SFORIS MINISTRI		MINE			
IA,	SUPPORT FOR CHRISTIAN					
JRMA,	SPORTS MINISTRY	12,847.	WIRE	0		
EAST ASIA AND THE						
ſĀ,	SUPPORT FOR CHRISTIAN					
TRMA,	SPORTS MINISTRY	15,000.	WIRE	0		
EAST ASIA AND THE						
PACIFIC -						
AUSTRALIA, S	SUPPORT FOR CHRISTIAN					
BRUNEI, BURMA, S	SPORTS MINISTRY	16,000.	WIRE	0.		
EAST ASIA AND THE						
PACIFIC -						
	SUPPORT FOR CHRISTIAN					
*	SPORTS MINISTRY	16,500, WIRE	VIRE	0.		
EAST ASIA AND THE						
PACIFIC -						
	SUPPORT FOR CHRISTIAN					
*	SPORTS MINISTRY	20,000.WIRE	VIRE	0		
EAST ASIA AND THE						
	SUPPORT FOR CHRISTIAN					
BRUNEI, BURMA, S	SPORTS MINISTRY	20,400.WIRE	VIRE	0.		
EAST ASIA AND THE						
PACIFIC -						
AUSTRALIA, S	SUPPORT FOR CHRISTIAN					
BRUNEI, BURMA, S	SPORTS MINISTRY	22,000.	WIRE	0.		
EAST ASIA AND THE						
LIA,	SUPPORT FOR CHRISTIAN					
BRUNEI, BURMA, S	SPORTS MINISTRY	30,000.WIRE	VIRE	•		

Page 2		cription (i) Method of valuation (book, FMV, ance appraisal, other)									
	II, line 1)	unt of (h) Description ash of non-cash assistance	0.	0.	0.	0.	0.	0.	0.	0.	c
44-0610626	9 F (Form 990), Part I	(f) Manner of (g) Amount of non-cash cash disbursement assistance									
	_[(e) Amount (f) Ma of cash grant cash disk	9,731.WIRE	14,400. WIRE	15,000. WIRE	5,175. WIRE	5,300. WIRE	6,000. WIRE	6,080. WIRE	6,254. WIRE	A 6.30
ISTIAN ATRLETES	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant of	SUPPORT FOR CHRISTIAN SPORTS MINISTRY	SUPPORT FOR CHRISTIAN							
FELLOWSHIP OF CHRISII 8701 LEEDS ROAD	Assistance to Organiza	(c) Region	MIDDLE EAST AND NORTH AFRICA	NORTH AMERICA	NORTH AMERICA	RUSSIA AND NEIGHBORING STATES	RUSSIA AND NEIGHBORING				
8701	Grants and Other	(b) IRS code section and EIN (if applicable)									
Ш	Part II Continuation of	1 (a) Name of organization									

Page 2	-	(i) Method of valuation (book, FMV, appraisal, other)									
		(h) Description of non-cash assistance									
626	90), Part II, line 1)	(g) Amount of non-cash assistance	0.	0	0	•0	•0	0	0	0.	0.
44-0610626	(Schedule F (Form 990),	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE
	Jnited States	(e) Amount of cash grant	7,030.	7,605.	000'8	000'8	45,005	45,533.	50,485,	53,050.	9,600
Calien Ainleiga	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	SUPPORT FOR CHRISTIAN SPORTS MINISTRY	SUPPORT FOR CHRISTIAN SPORTS MINISTRY	SUPPORT FOR CHRISTIAN SPORTS MINISTRY	SUPPORT FOR CHRISTIAN SPORTS MINISTRY					
8701 LEEDS ROAD	Assistance to Organizat	(c) Region	RUSSIA AND NEIGHBORING STATES	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SOUTH AMERICA				
8701	Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Continuation of	1 (a) Name of organization									
Schedule	Part II	1 (a) Nam									

FELLOWSHIP OF CHRISTIAN ATHLETES

8701 LEEDS ROAD

44-0610626

(i) Method of valuation (book, FMV, appraisal, other) Page 2 (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) (g) Amount of 0 0 Ö 0 Ö Ö Ö 0 0 non-cash assistance cash disbursement (f) Manner of WIRE WIRE 7,744. WIRE 5,410. WIRE 6,076. WIRE 6,000, WIRE 5,410, WIRE 5,480, WIRE 7,700, WIRE of cash grant 22,283. 5,750. Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount SUPPORT FOR CHRISTIAN (d) Purpose of SPORTS MINISTRY grant BENIN, BOTSWANA, AFRICA - ANGOLA, SOUTH AMERICA (c) Region BURKINA FASO, SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SOUTH ASIA SOUTH ASIA AFRICA AFRICA AFRICA AFRICA AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) Part II

Page 2

44-0610626

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of non-cash assistance 。 0 Ö of cash grant cash disbursement (f) Manner of 11,300. 22,950. 15,000, (e) Amount (d) Purpose of grant (c) Region SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN AFRICA AFRICA AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990)

Part II Continuation

44-0610626

Page 3

8701 LEEDS ROAD

Schedule F (Form 990) 2019 8701 LEEDS ROAD

Schedule F (Form 990) 2019 8701 LEEDS ROAD

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
(g) Description of noncash assistance					Schedt
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					_
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Part IV Foreign Fo	rms
----------------------	-----

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)	X 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	X 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	X 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	X 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	X 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)	X Yes	☐ No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 8701 LEEDS ROAD	44-0610626	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting mother).		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metl (estimated number of recipients), as applicable. Also complete this part to provide any additional info		
	imation. Gee instructions.	
PART I, LINE 2:		
THE ORGANIZATION CAREFULLY DOCUMENTS NEED AND PURPOSE BEF	ORE GRANTING	
FUNDS. GENERALLY, ONLY SMALL GRANTS ARE GIVEN TO ORGANIZ	ATIONS AND	
INDIVIDUALS THAT ARE WELL KNOWN TO THE ORGANIZATION. THE	ORGANIZATION'S	
EMPLOYEES AND AGENTS DETERMINE THAT FUNDS WERE USED ACCOR	DING THE GRANTI	ΞD
PURPOSE, WHICH IS CONSISTENT WITH THE ORGANIZATION'S PURP	OSE.	
FORM 990, SCHEDULE F, PART IV, #1		
THE TRANSFERS REFERENCED IN THIS QUESTION RELATE TO THE G	RANTS LISTED	
IN PART II OF SCHEDULE F. FORM 926 IS NOT REQUIRED FOR T	HESE	
TRANSACTIONS.		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name of the organization FELLOWS	HIP OF CHRISTIAN A	THLE	ETES	5		Employer ide	ntification number
8701 LE	EDS ROAD					44-0610	626
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with polyiduals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi	non-g gover aising of ling of ona l fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Sch.	chedule G (Form 990 or 990-EZ) 2019 8701 LEEDS ROAD 44-0610626 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
Pa	rt								
		of fundraising event contributions and gro				s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				SOUTHEAST GA	200	(add col. (a) through			
				VIRUTAL BANQ	800	col. (c))			
<u>e</u>			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	269,800.	383,424.	15,113,328.	15,766,552.			
	2	Less: Contributions	181,765.	223,654.	9,993,717.	10,399,136.			
	3	Gross income (line 1 minus line 2)	88,035.	159,770.	5,119,611.	5,367,416.			
	4	Cash prizes	0.	0.	107,348.	107,348.			
S	5	Noncash prizes	0.	0.	536,742.	536,742.			
xpense	6	Rent/facility costs	0.	3,371.	2,143,595.	2,146,966.			
Direct Expenses	7	Food and beverages	0.	20,088.	2,180,553.	2,200,641.			
	8	Entertainment Other direct expenses	11,158. 2,448.	67,432. 9,507.		107,348. 268,371.			
	10			3/3070		5,367,416.			
		Net income summary. Subtract line 10 from lin	()		_	0.			
Pa	rt	III Gaming. Complete if the organization a							
		\$15,000 on Form 990-EZ, line 6a.							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1	Gross revenue							
es	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
		Volunteer labor	Yes %	Yes % No	Yes % No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
_	_								
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_			Yes No			
		the organization licensed to conduct gaming ad 'No," explain:				Yes No			
	_					_			
		ere any of the organization's gaming licenses re 'Yes," explain:			/ear?	Yes No			

Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

11 Does the organization conduct gaming activities with nonmembers?
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
a The organization's facility b An outside facility 13a % 13b % 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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 ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$
Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$
Address Gaming manager information: Name Gaming manager compensation \$
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$
Gaming manager compensation ▶ \$
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?
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	G (Form 990 or 990-EZ) 8701 LEEDS ROAD Supplemental Information (continued)	44-0610626 Page 4
Part IV	Supplemental Information (continued)	
		Schadula G (Form 990 or 990-F7

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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 for the latest information.

2019

OMB No. 1545-0047

Open to Public

Inspection

≗ Employer identification number 44-0610626 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FELLOWSHIP OF CHRISTIAN ATHLETES (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN 8701 LEEDS ROAD criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

Schedule I (Form 990) (2019)

Page 2

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8701 LEEDS ROAD

Schedule I (Form 990) (2019)

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) 0. CASH DISTRIBUTED Part IV Supplemental Information. Provide the information required in Part II, line 2; Part III, column (b); and any other additional information. THE ORGANIZATION CHOOSES RECIPIENTS BASED ON AN APPLICATION PROCESS (d) Amount of non-cash assistance 163,755. (c) Amount of cash grant (b) Number of recipients 156 THE REQUIRED ENROLLMENT PERIOD (a) Type of grant or assistance PART III SCHEDULE I, SCHOLARSHIPS DURING

SCHEDULE J (Form 990)

Compensation Information

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 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD

Employer identification number 44-0610626

Pa	art I Questions Regarding Compensation				
	·			Yes	No
1a	Check the appropriate box(es) if the organization provide	ed any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide a	ny relevant information regarding these items.			
	X First-class or charter travel	X Housing allowance or residence for personal use			
	X Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organ	ization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describ	oed above? If "No," complete Part III to explain	. <u>1b</u>	Х	
2	Did the organization require substantiation prior to reimb	ursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Direct	ctor, regarding the items checked on line 1a?	. 2	Х	
3	Indicate which, if any, of the following the organization us	sed to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not che	eck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, b	out explain in Part III.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X 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:				
а	Receive a severance payment or change-of-control paym	ent?	. <u>4a</u>		X
b		nonqualified retirement plan?			Х
С	Participate in, or receive payment from, an equity-based	compensation arrangement?	. <u>4c</u>		Х
	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) organi	zations 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:				
а	The organization?		5a		X
b	Any related organization?		5b		Х
	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:				
а	The organization?		6a		X
			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line				
		:	. 7		Х
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	n 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" on line 8, did the organization also follow the reb	outtable presumption procedure described in			
	Regulations section 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2019

Page 2

44-0610626

Schedule J (Form 990) 2019

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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sillen	(a)-(i)(a)	reported as deferred on prior Form 990
(1) SHANE WILLIAMSON	Ξ	271,214.	0	0.	10,268.	19,064.	300,546.	0
PRESIDENT/CEO	: ≘	0	0	0	0	0	0	0
(2) SEAN MCNAMARA	Ξ	102,500.	0	0	3,989.	58,820.	165,309.	0
EXEC VP	(ii)		• 0	• 0	• 0		0 • 0	0
(3) KEN WILLIAMS	Ξ	210,389.	0	0	10,809.	16,452.	237,650.	0
CHIEF SUPPORT OFFICER	≘	0	0	0	0	0	0	0
(4) DAN BRITTON	Ξ	123,642.	0	0	8,927.	98,972.	231,541.	0
CHIEF FIELD OFFICER	≘		0	0	0	ı	0	0
(5) MARK BOYER	Ξ	144	0	0	105.	19,568.	164,025.	0
VICE PRES	≘		0	0	0	0	0	0
(6) JOSEPH OUTLAW	Ξ	140,13	0	0	3,664.	19,064.	162,866.	0
EXEC VP OF TALENT ADVANCEM	≘		0	0	0	0	0	0
(7) TIMOTHY JOHNSON	Ξ	154,680.	0	0	8,312.	19,064.	182,056.	0
VICE PRES	≘		• 0	• 0	• 0	• 0	• 0	•0
(8) DICKY CLARK	Ξ	152,	0	0	2,521.	8,940.	164,157.	0
VICE PRES	(ii)		0.	0.		0.		0.
(9) LES STECKEL-SEE SCHEDULE J STMT	(i)	32,63	• 0	• 0	42,000.	0	74,639.	42,000.
FORMER OFFICER	▣	0	0	0	0	0	0.	0.
	Ξ							
	≘							
	Ξ							
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Schedule J (Form 990) 2019

Part III Supplemental Information

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1a, 1b, 3, 4a, 4b, 4c, 5a,
1b, 3, 4a, 4b, 4c, 5a,
es 1a, 1b, 3, 4a, 4b, 4c, 5a,
t I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
art I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
or Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
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explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
), explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
rmation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
ormation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
e information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
e information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,

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 J
THE RETIREMENT BENEFITS OF \$42,000 PAID TO LES STECKEL DURING THE YEAR
WERE ALSO REPORTED ON A PREVIOUSLY FILED FORM 990 AS COMPENSATION TO
HIM WHEN THE BENEFITS WERE EARNED.
Schedule J (Form 990) 2019

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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 for instructions and the latest information.

FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD

Employer identification number 44-0610626

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 16	(d) Method of do noncash contrib	etermir		s
4	Art Morko of ort		literns contributed	Form 990, Fart VIII, line 1	<del>]</del>			
1	Art - Works of art Art - Historical treasures							
2	***************************************							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X	11	237 325	FAIR MARKET	1 777	יווד.	
6	Cars and other vehicles			251,525	• LVIK MVKKRI	VA	1013	
7	Boats and planes							
8	Intellectual property Securities - Publicly traded	X	161	1 107 998	FAIR MARKET	ι τ/Δ	LITE	
9	Securities - Closely held stock		101	1,101,550	• PAIN MARKET		пов	
10	Securities - Partnership, LLC, or							
11								
12	0 111 111							
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
	Real estate - Commercial							
16								
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 (	<u> </u>						
29	Number of Forms 8283 received by the organization and the companies of the	-						
	for which the organization completed Form 826	83, Part IV, I	Jonee Acknowlead	gement <b>29</b>				
20-	Divine the year did the average time we arive by			autaalia Daut I linaa 4 dhuu	b 00 4b at it		Yes	No
зua	During the year, did the organization receive by							
	must hold for at least three years from the date			•				v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.	1: 41 4		-£			v	
31	Does the organization have a gift acceptance p	•	•	•		31	Х	
32a	Does the organization hire or use third parties		_	•			ᢏ	
	contributions?					32a	Х	
	If "Yes," describe in Part II.	- h / ) *		. #a				
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	rior which column (a) is ch	эскеа,			
	describe in Part II.  For Paperwork Reduction Act Notice, see	4la a   la -4		`	0-11-1-1	A /F	000)	0010
LHA	FOI PADELWOLK REQUCTION ACT NOTICE. SEE	tile instruct	uons for Form 990	J.	Schedule i	vi (FOľi	11 990)	ZU 19

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

Schedule M (Form 990) 2019

8701 LEEDS ROAD 44-0610626 Schedule M (Form 990) 2019 Page 2 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 M (Form 990) 2019

932142 09-27-19

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### 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 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD

Employer identification number 44-0610626

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 THESSALONIANS 2:8) 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, 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 TALENTS AND TREASURES TO HELP OTHER COACHES AND ATHLETES TIMELHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES	Page 2
Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD	Employer identification number 44-0610626
EXPERIENCE THE GOSPEL, GROW IN THEIR FAITH AND SHARE HIM W	ITH OTHERS.
WE DESIRE TO DEVELOP DISCIPLES WHO MAKE DISCIPLES, ASSISTI	NG 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 2020, FCA SAW INCREDIBLE IMPACT. HERE ARE A FEW HIGHLIG	HTS:
- AS FCA MINISTERED TO COACHES AND ATHLETES, WE CELEBRATE	D 29,429
FAITH DECISIONS!	
- FCA DISTRIBUTED 101,049 BIBLES WORLDWIDE.	
- FCA GAINED TREMENDOUS GROWTH AND RECORD-SETTING NUMBERS	IN REACHING
APPROXIMATELY TWO MILLION COACHES AND ATHLETES AROUND THE	WORLD.
- FCA HAD OVER 20,948 TOTAL CERTIFIED HUDDLES.	
- FIELDS OF FAITH SAW INCREDIBLE IMPACT WITH OVER 84,942	STUDENTS
REACHED AT 162 FIELDS ACROSS THE COUNTRY AND THE WORLD.	
- FCA EXPANDED TO 365 INTERNATIONAL LEADERS IN 106 COUNTR	IES AROUND
THE WORLD.	
- FCA EXPERIENCED AN INCREDIBLE AND UNIQUE YEAR WITH A TO	TAL
ATTENDANCE OF 24,452 AT 332 FCA CAMPS AROUND THE WORLD.	
- FCA'S HALL OF CHAMPIONS HONORED 2020 INDUCTEES STEVE PO	WELL; DR.
JUDSON MARTIN; THEODORE GINN, SR.; JEFF EDMONDSON; JAY BEL	L; JEAN
BARRETT; AND MIKE AYERS.	
- AS A FAITH-FUNDED MINISTRY, WE GIVE THANKS TO THE LORD	FOR HIS
PROVISION.	
- THE AUTOMATIC MONTHLY PARTNER (AMP) PROGRAM REACHED \$43	.5 MILLION IN
REVENUE, A 15.4% INCREASE OVER THE PRIOR YEAR AND MADE UP	37.3% OF

932212 09-06-19

Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD

Employer identification number 44-0610626

FCA'S TOTAL DONORS.

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:

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD	Employer identification number 44-0610626
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, FORMS 990	, CONFLICT OF
INTEREST POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE	PUBLIC UPON
REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON T	HE ORGANIZATION'S
WEBSITE.	
CHURCH STATUS	
BY LETTER DATED DECEMBER 24, 2014, THE INTERNAL REVENUE SE	RVICE
DETERMINED THAT FCA IS A CHURCH BECAUSE IT IS A PUBLIC CHA	RITY
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 E	LECTED
VOLUNTARILY TO FILE FORM 990 OUT OF A DESIRE TO FOSTER TRA	NSPARENCY AND
ACCOUNTABILITY. FCA'S VOLUNTARY DECISION TO FILE FORM 990	SHOULD IN NO
WAY BE INTERPRETED AS BEING INCONSISTENT WITH ITS STATUS A	S 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 OPERA	TE 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)

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

► Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. FELLOWSHIP OF CHRISTIAN ATHLETES

8701 LEEDS ROAD

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

44-0610626

ELLOWSHIP OF CHRISTIAN Direct controlling 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. 3,289,356. ATHLETES End of year assets 271,767. Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) SOUTH DAKOTA Primary activity RENTAL PROPERTY Name, address, and EIN (if applicable) of disregarded entity SD 57105 SOUTH DAKOTA FCA, LLC 1102 W. 22ND STREET SIOUX FALLS, Part I Part II

(g) Section 512(b)(13) controlled ٥ entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charity Exempt Code section ▣ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

932161 09-10-19 LHA

Schedule R (Form 990) 2019

8701 LEEDS ROAD

44-0610626

Page 2

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. Schedule R (Form 990) 2019

(j) (k) General or Percentage managing ownership					
(j) keneral or   nanaging partner?	Yes No				
(i) Code V-UBI camount in box	K-1 (Form 1065) Y				
(h) Disproportionate allocations?					
(g) Share of end-of-year	dssets				
(f) Share of total income					
(e) Predominant income (related, unrelated,	sections 512-514)				
(d) Direct controlling entity					
(c) Legal domicile (state or	foreign country)				
(b) Primary activity					
(a) Name, address, and EIN of related organization					

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.

ا ا			1
Section 512(b)(13) controlled entity?			
Sect Sect 512(b contri entir			
(h) Percentage ownership			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Type of entity (C corp., S corp, or trust)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
<b>(b)</b> Primary activity			
(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 3

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.				\ 	Yes No	0
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?	s with one or more re	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		
(S)				၃		l
d Loans or loan quarantees to or for related organization(s)				19		
l oans or loan dijarantees hy related ordanization(s)				4		
				2		
f Dividends from related organization(s)				<b>#</b>	H	
a Sale of assets to related organization(s)				10		
Purchase of assets from related organization(s)				, <del>-</del>		
				<b>;</b> =		
i Lease of facilities, equipment, or other assets to related organization(s)				÷		
				7		
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)	ınization(s)			1		
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n		
o Sharing of paid employees with related organization(s)				9		
<b>p</b> Reimbursement paid to related organization(s) for expenses				9	H	
				9		
-						
r Other transfer of cash or property to related organization(s)				+		
(s)				18		
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete thi	s line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						1
(4)						ĺ
(5)						
						1
(9)				!!		] !
932163 09-10-19			Schedule R (Form 990) 2019	R (Form S	390) 201	9

44-0610626

Page 4

8701 LEEDS ROAD Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(j) (k) General or Percentage managing ownership Yes No				
General or F managing partner?				
Gen Gen Yes				
Code V-UBI e amount in box 20 n of Schedule K-1 y (Form 1065) y				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501 (c)(3) Ords.? Yes No				
Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2019