# 991

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning SEP 1, D Employer identification number C Name of organization Check if applicable ]Address ]change FELLOWSHIP OF CHRISTIAN ATHLETES Name change 44-0610626 Doing Business As Initial return Number and street (or P.O. hox if mail is not delivered to street address) Room/suite E Telephone number 816-921-0909 Termin-8701 LEEDS ROAD ]Amende return 99,791,642. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-KANSAS CITY, MO 64129 H(a) is this a group return pending F Name and address of principal officer: LESLIE STECKEL JYes X No for subordinates? H(b) Are all subordinates included? Yes No SAME AS C ABOVE Tax-exempt status: X 501(c)(3) If "No," attach a list. (see instructions) \_| 501(c) ( J 4947(a)(1) or l ) (insert no.) J Website: WWW.FCA.ORG H(c) Group exemption number 📂 K Form of organization: X Corporation L Year of formation: 1954 M State of legal domicile: OK Other > Trust Association Part Summary Briefly describe the organization's mission or most significant activities: CHRISTIAN MINISTRY TO ATHLETES Governance AND COACHES Check this box > \_\_\_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) ď 1477Total number of individuals employed in calendar year 2013 (Part V, line 2a) Activities 40000 6 Total number of volunteers (estimate if necessary) 55,551. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. 7b b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 68,085,749. 77,093,343. Contributions and grants (Part VIII, line 1h) 11,833,723. 14,349,774. Program service revenue (Part VtII, line 2g) 1,203,096. 933,090. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 160 534. 191,617. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 92,536,741. 314,185. 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) ....... 29,520. 138,496. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) n. 14 Benefits paid to or for members (Part IX, column (A), line 4) 50.010.033. 56,160,997. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 41,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 27,927,268. 31,905,360. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 88,245,853. 77,966,821. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 3,347,364. 4,290,888 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 55,346,486. 49,260,161. 20 Total assets (Part X, line 16) 2,515,440. 3,488,497 21 Total liabilities (Part X, line 26) 46,744,721. 51,857,989. 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign FRED OLSON. DIRECTOR OF FINANCE Here Type or print name and little PTIN Print/Type preparer's name Preparer's signature -P00048643 GREGORY D. GREGORY D. OWENS Paid 48-1195228 Firm's name 🕒 KELLER & OWENS. Firm's EIN 🛌 Preparer Firm's address 10955 LOWELL AVE, STE 800 Use Only Phone no. (913) 338-3500 OVERLAND PARK, KS 66210 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

# Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ⋅

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoonup X• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions), For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print FELLOWSHIP OF CHRISTIAN ATHLETES 44-0610626 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 8701 LEEDS ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions KANSAS CITY, MO 64129 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 FRED OLSON The books are in the care of ▶ 8701 LEEDS ROAD - KANSAS CITY, MO 64129 Telephone No. ► (816) 829-1110 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until APRIL 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning SEP 1, 2013 , and ending AUG 31, 2014 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

Form 8868 (Rev. 1-2014)

LHA 323841 12-31-13

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	
'	Briefly describe the organization's mission:  TO PRESENT TO ATHLETES AND COACHES AND ALL WHOM THEY INFLUENCE THE
	CHALLENGE AND ADVENTURE OF RECEIVING JESUS CHRIST AS SAVIOR AND LORD,
	SERVING HIM IN THEIR RELATIONSHIPS AND IN THE FELLOWSHIP OF THE
	CHURCH.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	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 \$ 73,379,912. including grants of \$ 138,496. ) (Revenue \$ 14,466,724.
	TO ADVANCE OUR MISSION (STATEMENT NOTED ABOVE) AND OUR VISION ("TO SEE
	THE WORLD IMPACTED THROUGH THE INFLUENCE OF COACHES AND ATHLETES"), THE
	FELLOWSHIP OF CHRISTIAN ATHLETES PRIMARILY FOCUSES EFFORTS THROUGH OUR
	4 C'S OF MINISTRY: COACHES, CAMPUS, CAMP AND COMMUNITY. ADDITIONALLY,
	FCA IS EXPANDING OUR INFLUENCE TO COACHES AND ATHLETES THROUGH
	SPORT-SPECIFIC MINISTRY AND INTERNATIONAL MINISTRY. EACH OF THESE
	AREAS FULLY ALIGNS WITH AND ADVANCES OUR MISSION AND MINISTRY
	OBJECTIVES. FCA HAS GROWN TO OVER 1200 STAFF MEMBERS WHO, IN ADDITION
	TO THEIR MINISTRY EFFORTS, SOLICIT DONATIONS FOR THE EXPANSION OF THESE
	PROGRAM AREAS AND RESOURCES. BELOW IS A SUMMARY OF EACH AREA AS WELL
	AS KEY MINISTRY ACCOMPLISHMENTS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 73,379,912.
0005	Form <b>990</b> (2013
33200	2. SEE SCHEDILE O FOD CONTINUATION(S)

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#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			37
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		х
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	the organization's separate or consolidated limancial 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	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	- 22	
ıza	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	Х	
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	47	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
	1 100 to mile 200, the the organization attach a copy of its addition a statements to this feturn?		000	(2012)

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		7.7	
	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):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule 2, ranth	200		
·	director, trustee, or direct or indirect owner? 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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# | Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Programme   Second Prog		Check if Schedule O contains a response or note to any line in this Part V										
b Enter the number of Forms W2G included in line 1s. Enter 6-bill rot applicable   10   0   0   0   0   0   0   0   0						Yes	No					
b Enter the number of Forms W2G included in line 1a. Enter o II not applicable O II the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a 1477  2b Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If the sea of the sea of the sea of the organization file all required federal employment tax returns?  4b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  4c If the organization have unrelated business gross income of \$1,000 or more during the year?  4c If the organization have unrelated business gross income of \$1,000 or more during the year?  4c If Yes, a feater the name of the foreign country level as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  4c If Yes, a feater the name of the foreign country. If Yes, a feater the name of the foreign country, If Yes, a feater the name of the foreign country. If Yes, a feater the name of the foreign country, If Yes, a feater than account, securities account, or other financial accounts.  5c If Yes, a feater the name of the foreign country. If Yes, a feater the name of the foreign country, If Yes, a feater than accounts of the properties account or other financial accounts?  5c If Yes, a feater the name of the foreign country. If Yes, a feater the name of the foreign same accounts account the frame of the feater of the fea	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	494								
collaboration comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners?  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.  3 In the state on the reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state of the state of the state of the state on the state of the organization state of the organization has a shell return associated any contributions that may receive the deductible as charitately contributions?  4 If 'Yes,' to line 5a or 5b, did the organization file Form 88661?  5 Organization state may receive deductible contributions under section 170(c).  5 If 'Yes,' the organization has the state of the state of the state of the state of the organization state of the state of the state of the state of the organization that may receive the during the year.  5 Organization state of the organization state of the state of the state of the organization state of the stat	b		1b	0								
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Eas 1477   b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a X  3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O. 3b X  4a * At any time during the calendary year, did the organization have uniferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so interest in, or a signature or other authority over, a financial account in a foreign country. ▶  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization have amount gross receiption that was or is a party to a profibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 88861?  6c If "Yes," to line 5a or 5b, did the organization file Form 88861?  6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organization selve a payment in exciss of \$7\in make party for goods and services provided to the payor?  7c If	С		eporta	ble gaming								
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a X  b If "Yes," has it filed a Form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O  3b IX  4a At any time during the calendary 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, sornitive account, or other financial account)?  b If "Yes," also the means of the foreign country.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization file Form 8888-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8888-17  6d Does the organization have amountal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?  b If Yes," did the organization inclined with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organization sell-exchange, or otherwise dispose of tangible personal property for which it was required to the payor?  7c IX  b If the organization receive a payment in excess of \$75 made parity sa sortification and party for goods and services provided to the payor?  7c IX  1 Did the organization receive a payment in excess of \$75 made parity sa sortification and party for goods and services provided to the payor?  7d IX  1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		(gambling) winnings to prize winners?			1c							
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a bid the organization have unrelated business gross income of \$7,000 or more during the year?  3b if Yes, 'has it filed a Form 990-Ti or this year? If 'No,' to line 3b, provide an explanation in Schedule O  4a At any time during the calendary 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 accountly?  5b if Yes,' enter the name of the foreign country   Schedule O  5c is with the foreign country   Schedule O  5c is with the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c is structions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c is structions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c is bid any taxabibe party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c is bid any taxabibe party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c is bid any contributions that were not tax deductible as charatable contributions?  6c is a contribution of the very contributions and the organization and the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  6c is a X  6d if Yes, 'did the organization notify the donor of the value of the goods or services provided?  7c organization receive a payment in excess of \$75 made party as a contribution of quantization from the approximation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d if the organization receive any funds, dire	2a											
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9a  b Gection 501(c)(7) organizations. Enter:  a 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  11a  12a  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.)  12b  12c  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  13 Section 501(c)(229) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Ente		to file Form 8282?			7c		Х					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37					
							_ <u>^</u>					
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eυ				(0040)					

Pa	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	•		"No" r	espon	se					
						X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip 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	ne direc	ct supervision								
	of officers, directors, or 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	990 wa	as filed?	4	X						
5											
6	Did the organization have members or stockholders?										
7a											
	more members of the governing body?			7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	persons other than the governing body?			7b		_X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	=								
а	The governing body?			8a	X						
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 really the second of the s	ached a	at the			v					
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal R		· Codo \	9		X					
Sec	tion B. Folicies (This Section B requests information about policies not required by the internal h	evenue	e Code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?			10a	X	NO					
				iva							
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?											
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	·····g	11a	Х						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
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 approve	al by ir	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X						
	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 arrange					v					
	taxable entity during the year?			16a		_X					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is initiated and the company of the control of	-	=								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure			100							
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, C	O , C	T,FL,GA,HI	,IL	, KS	, KY					
'' 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					<del></del>					
	for public inspection. Indicate how you made these available. Check all that apply.	. (	· · · · · · · · · · · · · · · · · · ·								
	X Own website Another's website X Upon request Other (explain	in Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			d finar	ncial						
	statements available to the public during the tax year.		• •								
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion:							
	FRED OLSON - (816) 829-1110										
	8701 LEEDS ROAD, KANSAS CITY, MO 64129										
	SEE SCHEDIILE O FOR FIILL LIST OF STATES			Гания	000	(2013)					

# 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.

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BILL BREWER NAT'L TRUSTEE	2.00	x						0.	0.	0.
(2) DON CASTLE	2.00	^						0.	0.	<u></u>
NAT'L TRUSTEE	2.00	Х						0.	0.	0.
(3) LISA LAWSON	2.00	23							· ·	
NAT'L TRUSTEE		х						0.	0.	0.
(4) DR. JUD MARTIN	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(5) SHEREASHER MCDONALD	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) WALLY WADMAN	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(7) SANDY SANSING	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(8) KEN WHITTEN	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.
(9) BRUCE WILLIAMS	2.00									
NAT'L TRUSTEE	0 00	Х						0.	0.	0.
(10) BUCK MCCABE	2.00									
NAT'L TRUSTEE	0 00	Х						0.	0.	0.
(11) JOE GILLIS	2.00	,,		37					_	0
SECRETARY (12) ERIC ELSE	2.00	Х		Х				0.	0.	0.
NAT'L TRUSTEE	2.00	х						0.	0.	0.
(13) JULIE NIMMONS	2.00	Λ						0.	0.	<u> </u>
CHAIRMAN	2.00	Х						0.	0.	0.
(14) MARY BETH DOUGHTY	2.00							0.	0.	
NAT'L TRUSTEE	2.00	x						0.	0.	0.
(15) DR. NORA HARMSEN	2.00							-		
NAT'L TRUSTEE		х						0.	0.	0.
(16) FRED EXUM	2.00									
TREASURER		х		х				0.	0.	0.
(17) MAX GONZENBACH	2.00									
NAT'L TRUSTEE		Х						0.	0.	0.

332007 10-29-13

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization ndividual trustee organizations em plo yee and related below organizations line) (18) BRUCE GRAHAM 2.00 NAT'L TRUSTEE Х 0. 0. 0. (19) SCOTT LANGSTON 2.00 X 0. 0. 0. NAT'L TRUSTEE 2.00 (20) RICK RODRIOUEZ NAT'L TRUSTEE Х 0. 0. 0. (21) STEVE SPARKS 2.00 Х 0. 0. NAT'L TRUSTEE 0. (22) MIKE BALLER 2.00 0. 0 0 NAT'L TRUSTEE (23) TERESA BLUBAUGH 2.00 NAT'L TRUSTEE X 0. 0 0. 2.00 (24) RUSS CROSSON Х 0. 0. 0. NAT'L TRUSTEE 2.00 (25) DR. TIM PALMA Х NAT'L TRUSTEE 0. 0. 0. (26) LESLIE T STECKEL 50.00 X 162,053. 185,680. PRESIDENT/CEO 162,053 185,680. 1b Sub-total 233,893. 998,923 0. c Total from continuation sheets to Part VII, Section A ,160,976. 419,573. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALEXANDER OPEN SYSTEMS, INC., 12980 FOSTER	THE GUIDDONE GERLITANG	426 424
211, 2011 000, 011111112 111111, 112 00110	IT SUPPORT SERVICES	436,434.
FEDERAL EXPRESS	GUIDDING	100 076
<u></u>	SHIPPING	189,076.
NEXTPAGE, INC., 13997 S. MINUTEMAN DR.,		
SUITE 300, DRAPER, UT 84020	PRINTING/POSTAGE	161,556.
GEORGE WISLAR		
1576 TAPPAHANNOCK TRAIL, MARIETTA, GA 30062	CONSULTING	150,800.
RR DONNELLEY		
111 S. WACKER DRIVE, CHICAGO, IL 60606	PRINTING/PUBLISHING	138,277.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 9		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 FELLOWSF	HIP OF C	HR.	IS'	ΓIZ	AN	A'.	[H]	LETES	44-061	0626
Part VII Section A. Officers, Directors, T	rustees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(check all that apply)				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	3e or 0	stee			ısatec		(***-2/1099-141130)		and related
	organizations	ndividual trustee or director	Institutional trustee		)yee	Highest compensated employee				organizations
	below	idual	tution	eL	Key employee	esto	Je.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) KENNETH WILLIAMS	50.00									
CHIEF ADMINISTRATION OFFICER				Х				167,009.	0.	28,056.
(28) FRED S OLSON	50.00									
DIRECTOR OF FINANCE				Х				92,620.	0.	24,742.
(29) JAMES E NOEL	50.00									
ASSISTANT SECRETARY				Х				88,984.	0.	26,808.
(30) RAYMOND J TURNER	45.00									
CONTROLLER				Х				72,520.	0.	24,705.
(31) DICKY V CLARK	40.00									
VICE PRES						Х		131,644.	0.	24,266.
(32) TIMOTHY JOHNSON	40.00									
VICE PRES						Х		117,673.	0.	40,572.
(33) NANCY C HEDRICK	40.00	]							_	
EXECUTIVE VICE PRESIDENT						Х		111,104.	0.	21,659.
(34) RICKY D BOWLES	40.00	1							_	
MULTI-AREA DIRECTOR						Х		104,899.	0.	18,142.
(35) MARK BOYER	40.00							440 4-0		
VICE PRESIDENT						Х		112,470.	0.	24,943.
		4								
			-							
		ł								
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		1								
		_								
Total to Part VII. Spotion A. line 15								998,923.		233,893.
Total to Part VII, Section A, line 1c								770,723.		200,000

Pa	LVI			or note to any lim	o in this Bort VIII			
		Check if Schedule O conta	ains a response		(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		135,130.				
윤립		Membership dues						
ξţ		Fundraising events		12,534,454.				
اقِ ق		Related organizations		T2 60F				
Sir		Government grants (contributions and a second		73,627.				
ig E	f	All other contributions, gifts, grant		64 350 133				
문항		similar amounts not included abov		64,350,132. 884,908.				
Ę		Noncash contributions included in lines			77,093,343.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	77,055,545.			
ا ہ	2 2	CAMPS/CONFERENCES		900099	4,926,943.	4,926,943.		
ξ				900099	4,884,224.	4,884,224.		
Ser		PROGRAM RELATED REVENU		900099	4,505,137.	4,505,137.		
a a l	d	MEMBERSHIP FEES		900099	33,470.	33,470.		
Program Service Revenue	e				,	,		
ፈ	f	All other program service reve	nue					
		Total. Add lines 2a-2f		<b>&gt;</b>	14,349,774.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	316,705.			316,705.
	4	Income from investment of tax	k-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		<b>&gt;</b>	17,490.			17,490.
			(i) Real	(ii) Personal				
	6 a	Gross rents	253,736.					
		Less: rental expenses	258,486.					
		Rental income or (loss)	-4,750.		4 ==0			4 750
					-4,750.			-4,750.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	635,278.	31,743.				
	b	Less: cost or other basis	0.	50,636.				
	_	and sales expenses						
		Gain or (loss)  Net gain or (loss)		· · · · · ·	616,385.			616,385.
۵		Gross income from fundraising			020,000.			020,000.
l Ge	o a	including \$ 12,534	•					
e e		contributions reported on line						
ř.		Part IV, line 18		6,888,854.				
Other Revenue	b	Less: direct expenses		6,906,472.				
٥		Net income or (loss) from fund			-17,618.			-17,618.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19		31,450.				
		Less: direct expenses		13,832.				
		Net income or (loss) from gam		<b></b>	17,618.			17,618.
	10 a	Gross sales of inventory, less		445 450				
		and allowances		117,170.				
		Less: cost of goods sold		25,475.	01 605	01 605		
	С	Net income or (loss) from sale:		Ducinosa Oada	91,695.	91,695.		
	11 0	Miscellaneous Revenue	<u>e</u>	Business Code 541800	55,551.		55,551.	
		ACTUARIAL ADJUSTMENT		900099	548.		33,331.	548.
	C				313.			313.
		All other revenue	_					
		Total. Add lines 11a-11d		<b>—</b>	56,099.			
	12	Total revenue. See instructions.		<b>&gt;</b>	92,536,741.	14,441,469.	55,551.	946,378.
33200 10-29	9 13							Form <b>990</b> (2013)

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 (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 73,400. 73,400. the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 65,096. 65,096. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 86,012. 884,288. 369,168. 429,108. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 37,371,038. 46,018,903. 5,038,967. 3,608,898. Other salaries and wages Pension plan accruals and contributions (include 998,460. 867,726. 79,707. section 401(k) and 403(b) employer contributions) 51,027. 815,150. Other employee benefits 6,135,343. 4,853,197. 466,996. 9 2,124,003. 1,674,751. 286,531 162,721. 10 Fees for services (non-employees): Management 119.457. 119,457. 42,900. 42,900. Accounting 41,000. 41,000. Professional fundraising services. See Part IV. line 17 Investment management fees \_\_\_\_\_ Other. (If line 11g amount exceeds 10% of line 25, 6,787. 913,623. 556,078. 350,758. column (A) amount, list line 11g expenses on Sch O.) 1,178,842. 969,019. 115,144. 94.679. Advertising and promotion 12 5,414,437. 4,278,702. 754,461. 381,274. 13 Office expenses 184,255. 61,092. 121,924. 1,239. Information technology ..... 14 15 Royalties 775,192. 592,463. 141,452. 41,277. 16 Occupancy 4,595,361. 3,782,042. 449,816. 363,503. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,982,387. 5,982,387. Conferences, conventions, and meetings 19 4,207. 4,207. 20 Payments to affiliates 21 722,068. 653,132. 12,820. 56,116. 22 Depreciation, depletion, and amortization ..... 1,141,596. 941,576. 110,114. 89,906. 23 Other expenses. Itemize expenses not covered 24

Form **990** (2013)

5,656,951.

17,074.

97,163.

41,058.

21,541.

25

FOOD

4,506,656.

4,197,499.

1,203,925. 509,733.

88,245,853.

413,222.

All other expenses

above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

PROGRAM EVENTS/MINISTRY
PROGRAM EVENTS/TRAINING

TAXES, COMMISSIONS, AND

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

9,935.

132,544.

179,071.

9,208,990.

43,604.

4,506,656.

4,170,490.

974,218.

425,071.

212,610.

73,379,912.

# Form 990 (2013) Part X Balance Sheet

Га	πχ	Balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		712,856.	1	1,563,263.
	2	Savings and temporary cash investments		24,691,058.	2	28,011,891.
	3	Pledges and grants receivable, net		95,332.	3	74,718.
	4	Accounts receivable, net		131,299.	4	71,960.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
ţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		382,814.	8	600,080.
	9	Prepaid expenses and deferred charges		6,333.	9	0.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 22,686,924.			
	b	Less: accumulated depreciation	10b 12,013,917.	10,491,061.	10c	10,673,007.
	11	Investments - publicly traded securities	11,715,003.	11	13,317,162.	
	12	Investments - other securities. See Part IV, line	459,405.	12	459,405.	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		575,000.	15	575,000.
	16	Total assets. Add lines 1 through 15 (must equ		49,260,161.	16	55,346,486.
	17	Accounts payable and accrued expenses	2,422,453.	17	3,435,739.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
∄		key employees, highest compensated employee	· · · · · · · · · · · · · · · · · · ·			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	To the state of th		23	25 252
	24	Unsecured notes and loans payable to unrelate	T	75,059.	24	35,378.
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of	17 000		17 200
		Schedule D		17,928.	25	17,380.
	26			2,515,440.	26	3,488,497.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an		12 202 620		11 010 010
aŭ	27	Unrestricted net assets		12,303,629.	27	11,919,812.
Ва	28	Temporarily restricted net assets		250,000.	28	39,688,177. 250,000.
pur	29			250,000.	29	230,000.
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ □□□			
s o		and complete lines 30 through 34.			00	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		46,744,721.	32	51,857,989.
_	33	Total net assets or fund balances		49,260,161.	33	55,346,486.
	34	Total liabilities and net assets/fund balances		±9,400,101•	34	Form <b>990</b> (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		90,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,7		
5	Net unrealized gains (losses) on investments	5	8	22,3	80.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	51,8	57,9	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k	, X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3k		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**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.

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

			HIP OF CHRIS	-					4	4-0610	626	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ  1	A church, con A school des A hospital or A medical res	nvention of churches cribed in section 17 a cooperative hospi search organization of	because it is: (For lines of some some some some some some some some	ches desc hedule E.) described	ribed in <b>se</b> in <b>section</b>	ction 170	(b)(1)(A)(i) A)(iii).		<b>i).</b> Enter t	the hospita	l's nam	ne,
5	city, and state:  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). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a											
f g	supporting of	rganization, check th t 17, 2006, has the c	nis box organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers			Yes	. L
	the gove	erning body of the su	irectly controls, either al upported organization? n described in (i) above?							11g(i)		No
h			person described in (i) of about the supported or							11g(iii)		
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o in col. (i) lis governing (		organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	ı ` <i>'</i>	ount of mone support	
			(355 111311 4311 0113))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

# 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.)

Calendar year (or fiscal year beginning in) ► (a) 2  1 Gifts, grants, contributions, and	009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						(I) IOLAI
membership fees received. (Do not						
include any "unusual grants.") 55,1	36,671.	56,835,084.	61,002,342.	68,085,749.	77,093,343.	318,153,189.
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						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3 55,1	36,671.	56,835,084.	61,002,342.	68,085,749.	77,093,343.	318,153,189.
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						318,153,189.
Section B. Total Support						
Calendar year (or fiscal year beginning in) (a) 2		<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 55,13	36,671.	56,835,084.	61,002,342.	68,085,749.	77,093,343.	318,153,189.
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties	0.50		272 252	<b>.</b>		
and income from similar sources 714,	269.	1,042,096.	872,960.	766,659.	587,931.	3,983,915.
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	0.50	4 200		4 0 6 0	7.0	21 077
,	958.	4,389.		4,862.	768.	31,977.
11 Total support. Add lines 7 through 10		,			56	322,169,081. ,657,690.
12 Gross receipts from related activities, etc. (see						,057,090.
13 First five years. If the Form 990 is for the orga						. □
organization, check this box and stop here . Section C. Computation of Public Supp	ort Pe	rcentage				<b>P</b>
14 Public support percentage for 2013 (line 6, col			olumn (f))		14	98.75 %
15 Public support percentage from 2012 Schedul					15	98.51 %
16a 33 1/3% support test - 2013. If the organizati						
stop here. The organization qualifies as a public						
b 33 1/3% support test - 2012. If the organizati						
and <b>stop here.</b> The organization qualifies as a			•		•	
17a 10% -facts-and-circumstances test - 2013.						
and if the organization meets the "facts-and-ci	•					•
meets the "facts-and-circumstances" test. The						
b 10% -facts-and-circumstances test - 2012.						
more, and if the organization meets the "facts-						
organization meets the "facts-and-circumstand		·				<b></b>
18 Private foundation. If the organization did not						s

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(5) 2010	(6) 2011	(u) 2012	(6) 2010	(i) rotai
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						
<b>3</b> 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 behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	,	, , , , , , , , , , , , , , , , , , ,	, ,	, ,	, ,	( )
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for	•			•	. , . ,	
check this box and stop here  Section C. Computation of Publi						<u></u>
15 Public support percentage for 2013 (li			column (f))		15	
16 Public support percentage for 2013 (iii					16	<u>%</u> %
Section D. Computation of Inves					10	70
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	<del></del>
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

2013
Open to Public Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number 44-0610626

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	).	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	T		اما
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
D.	conservation easements.	Ant Historical Transcruss or O	Han Cincilar Accets
Pai	T III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ıı gaın, provide
	the following amounts required to be reported under SFAS 116	· -	<b>.</b>
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

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FELLOWSHIP	$\cap$ F	CHRICTIAN	ΔΨΗΤ.ΕΨΕς
LUHUMOUTE	Or	CULTOITAN	HIUDELEO

	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or	Other	Similar A	Assets(cont	inued,	)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	re a sign	ificant use	of its collecti	on iter	ms
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs	s				
b	Scholarly research	е		0 . 0					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how thev further t	he organization'	's exemp	t purpose i	in Part XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		□ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	es" to Fo	rm 990, Pa	rt IV, line 9, c	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi		•					_	_
	on Form 990, Part X?						L		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amou	nt	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo						Yes	L	⊣ No
	If "Yes," explain the arrangement in Part XIII.							L	
Pai	T V Endowment Funds. Complete in					Thuas wasus	haali ( ) Fa		- haal
		(a) Current year	(b) Prior year	(c) Two years b			back (e) Fo		
	Beginning of year balance	11,714,413.		10,734,0		10,097,			,803.
	Contributions	872,417.	412,975.			312,			,516.
	Net investment earnings, gains, and losses	1,503,085.	803,245.	584,5	558.	1,075,	890.	631	,503.
	Grants or scholarships								
е	Other expenditures for facilities	1 000 410	0.46, 0.00	F40.0		750	207	0.50	202
	and programs	1,002,412.	946,098.	540,0	J83.	752,	207.	858	,203.
	Administrative expenses	13,087,503.	11 714 412	11 444 5	201	10 724	020 1	0 007	610
_	End of year balance				291.	10,734,	039.	0,097	,619.
2	Provide the estimated percentage of the curr	rent year end baland	· · · · · · · · · · · · · · · · · · ·	a)) neid as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment   1.91	<u>%</u> %							
С	Temporarily restricted endowment ► 9								
0-	The percentages in lines 2a, 2b, and 2c should be the second of the seco	•	-4: 414 le -1-1		-l <b>6</b> 4l		_		
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	na administered	a for the	organizatio	on	V	T
	by:						0-(1)	Yes	No X
	(i) unrelated organizations						3a(i)		X
<b>L</b>	(ii) related organizations						3a(ii	+	+22
							3b		<u> </u>
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		witterit turius.						
ı uı	Complete if the organization answered		Part IV line 11a S	ee Form 990 P	art Y line	<u>.</u> 10			
	Description of property	(a) Cost or o				umulated	(d) Bo	ok vali	
	Description of property	basis (investr	1 ' '	(other)		ciation	(u) 60	ok vali	ue
12	Land		' I	7,040.	G, G, F, G		1,14	17 (	140.
	Land Buildings	···		8,977.	4.29	3,883			
	Buildings Leasehold improvements			- 1 - 1 - 1	_,_,	3,303	7,25	, \	
	Equipment		8.71	6,385.	7.62	0,792	. 1,09	5.5	593.
	Other	1 22		6,878.		9,242			98.
	I. Add lines 1a through 1e. (Column (d) must e					<u>, , </u>	10,67		
iota	in Add in los Ta till odgit Te. (Oolditill (d) Must of	quai i 01111 000, i ait	, Joiann (D), into 1	· (*/·/		······		- / \	

Schedule D (Form 990) 2013

oci icadic L	) (1 OHH 330) 20 10		 
Part VII	Investments	- Other Securities.	

Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	1
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,		990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		4.7.000		
(2) CHARITABLE TRUST		17,380.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	17,380.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

FELLOWSHIP	OF	CHRISTIAN	ATHI.ETES
T. TITITOMOTITE	OT.	CHILTISTICAL	

_	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	etur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			101 012 206
1			1	101,213,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 022 200		
_	Net unrealized gains on investments 22			
b	Donated services and use of facilities	-		
	Recoveries of prior year grants 20			
	Other (Describe in Part XIII.)			0 676 645
_	Add lines 2a through 2d		2e	8,676,645 92,536,741
3	Subtract line 2e from line 1		3	94,530,741
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	- <b>.</b>	١.	0
	Add lines 4a and 4b		4c	92,536,741
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TXII Reconciliation of Expenses per Audited Financial Statements		5 Poti	
Fai		with Expenses per	nell	4111.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		1	96,100,118
1	Total expenses and losses per audited financial statements			70,100,110
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	650,000.		
	Donated services and use of facilities 22		-	
	Prior year adjustments 2th		-	
	Other losses 20		-	
	Other (Describe in Part XIII.)			7,854,265
_	Add lines 2a through 2d		2e	88,245,853
3	Subtract line 2e from line 1		3	00,243,033
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	- <b>.</b>		_
	Add lines 4a and 4b		4c	88,245,853
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)t XIII Supplemental Information.		5	00,243,033
		and house Obs. Doubly the a	4. D.	LV lbs - O. Davit VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		4; Pan	t X, line 2; Part XI,
PAF	RT X, LINE 2:			
EXI	PLANATION: THE ORGANIZATION HAS ADOPTED THE P	ROVISIONS OF	тнв	FASR ASC
	DIMMITON: THE ORGANIZATION HAD ADOLISE THE I	NOVIDIOND OI	11111	TADD ADC
740	0-10 AS IT MIGHT APPLY TO THE ORGANIZATION'S	FINANCIAL TRA	NSA	CTIONS.
THE	ORGANIZATION'S POLICY IS TO RECORD A LIABIL	ITY FOR ANY T	AX	POSITION
THA	AT IS BENEFICIAL TO THE ORGANIZATION, INCLUDI	NG ANY RELATE	DΙ	NTEREST AND
PE1	NALTIES, WHEN IT IS MORE LIKELY THAN NOT THE	POSITION TAKE	N B	Y
MAN	AGEMENT WITH RESPECT TO THE TRANSACTION OR C	LASS OF TRANS	ACT	IONS WILL

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

LIABILITY HAS BEEN ACCRUED.

332054 09-25-13 Schedule D (Form 990) 2013

BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES

THERE ARE NO SUCH POSITIONS AS OF AUGUST 31, 2014 AND, ACCORDINGLY, NO

Schedule D (Form 990) 2013 FELLOWSHIP OF CHRISTIAN ATHLETES  Part XIII   Supplemental Information (continued)	44-0610626 Page 5
SPECIAL EVENT EXPENSES	6,920,304.
COST OF GOODS SOLD	25,475.
RENTAL EXPENSES	258,486.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,204,265.
	_
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	6,920,304.
COST OF GOODS SOLD	25,475.
RENTAL EXPENSES	258,486.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,204,265.
	_

#### **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. ► See separate instructions.

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

OMB No. 1545-0047 Open to Public Inspection

Yes X No

Name of the organization

**Employer identification number** 

FELLO	VSHIP	OF	CHRISTIAN	ATHLETES	44-0610626
Part I	Genera	al Int	formation on A	ctivities Outside the United States. Complete if the organ	nization answered "Yes" on
	Form 99	0. Par	t IV. line 14b.		

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

3 Activities per Region. (T			an be duplicated if additional space is	needed.)	_
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				GUDDODE TOD GDODEG	
SOUTH ASIA	0	4	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	74 549
SOUTH ASIA	-	*	FROGRAM SERVICE	REDATED MINISTRI	74,549.
				SUPPORT FOR SPORTS	
NORTH AMERICA	0	1	PROGRAM SERVICE	RELATED MINISTRY	100,715.
				SUPPORT FOR SPORTS	
				RELATED MINISTRY; TRAVEL	
CENTRAL AMERICA AND				EXPENSE FOR SPORTS	
THE CARIBBEAN -	0	2	PROGRAM SERVICE	RELATED MINISTRY	478,996.
MIDDLE EAST AND		_		SUPPORT FOR SPORTS	
NORTH AFRICA -	0	0	PROGRAM SERVICE	RELATED MINISTRY	138,973.
				SUPPORT FOR SPORTS	
				RELATED MINISTRY, TRAVEL	
EAST ASIA AND THE		4-		EXPENSE FOR SPORTS	006 744
PACIFIC -	0	17	PROGRAM SERVICES	RELATED MINISTRY	236,711.
RUSSIA & THE NEWLY				TRAVEL EXPENSE FOR	
INDEPENDENT STATES -	0	0	PROGRAM SERVICES	SPORTS RELATED MINISTRY	165,083.
				SUPPORT FOR SPORTS	
				RELATED MINISTRY, TRAVEL	
				EXPENSE FOR SPORTS	
SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	RELATED MINISTRY	157,674.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,				TRAVEL EXPENSE FOR	
AUSTRIA, BELGIUM	0	1	PROGRAM SERVICES	SPORTS RELATED MINISTRY	64,801.
3 a Sub-total	0	28			1,417,502.
<b>b</b> Total from continuation					
sheets to Part I	0	1			62,974.
c Totals (add lines 3a					
and 3b)	0	29			1,480,476.

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

Schedule F (Form 990) 2013

Schedule F (Form 990)	FELLOWSH	IP OF CH	RISTIAN ATHLETES	44-061	L0626 <sub>Page 1</sub>
			1.(Schedule F (Form 990), Part I, line 3	1	
(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
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,		1	DDOGDAM GEDYTGEG	TRAVEL EXPENSE FOR	62 974
COLUMBIA, ECUADOR,	0	1	PROGRAM SERVICES	SPORTS RELATED MINISTRY	62,974.
Totals		1			62,974.

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

1 (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			FUNDING CHRISTIAN					
			SPORTS CAMPS,					
			CONFERENCES AND OTHER					
		AND THE CARIBBEAN	SPORTS RELATED	12,000.	WIRE	0.		
			FUNDING CHRISTIAN	,				
		EUROPE (INCLUDING	SPORTS CAMPS,					
		ICELAND &	CONFERENCES AND OTHER					
		GREENLAND)	SPORTS RELATED	3,713.	WIRE	0.		
			FUNDING CHRISTIAN					
			SPORTS CAMPS,					
			CONFERENCES AND OTHER					
		SOUTH ASIA	SPORTS RELATED	7,150.	WIRE	0.		
			FUNDING CHRISTIAN	,				
			SPORTS CAMPS,					
			CONFERENCES AND OTHER					
			SPORTS RELATED	1,400.	WIRE	0.		
			FUNDING CHRISTIAN					
			SPORTS CAMPS,					
			CONFERENCES AND OTHER					
		SOUTH ASIA	SPORTS RELATED	1,200.	CASH	0.		
2 Fatau tatal as male as af		!!ataa! alaa tlaat a	recognized as shorities by the	fausian assumbus				

2	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	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

5

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	RUSSIA AND						
	NEIGHBORING						
MEDICAL EXPENSES	STATES	1	34,000.	WIDE	0.		
MEDICAL EXIENSES	DIATES		34,000.	WIKE			
TRAVEL EXP / MINISTRY SUPPORT	SOUTH ASIA	1	2,633.	CASH	0.		
MEDICAL EXPENSES	SOUTH ASIA	1	1,000.	WIRE	0.		
MEDICAL EXPENSES	SOUTH ASIA	1	2,000.	WIRE	0.		

# Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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 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)	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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

#### Part V | Supplemental Information

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

#### PART I, LINE 2:

EXPLANATION: THE ORGANIZATION REQUIRES REPORTING FROM GRANTEE

ORGANIZATION REGARDING THE USE OF ALL GRANT FUNDS. THE ORGANIZATION

CONDUCTS SITE VISITS AND OBTAINS PHOTOGRAPHS FROM GRANTEE ORGANIZATIONS.

#### PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED MINISTRY.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND
OTHER SPORTS RELATED MINISTRY.

#### REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED MINISTRY.

#### REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND
OTHER SPORTS RELATED MINISTRY.

#### REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND
OTHER SPORTS RELATED MINISTRY.

#### FORM 990, SCHEDULE F, PART IV, #1

	(i dilli 330) 20				<u> </u>									rage o
Part V	Suppleme Provide the in investments	nforma	tion requir	ed by Part										
	(estimated nu													
EXPLAN	ATION:	THE	TRANS	SFERS	REFERE	NCED	IN	THIS	QUES	STIC	N RI	ELATE	TO T	THE
GRANTS	LISTED	IN	PART	II OF	SCHED	ULE I	F.	FORM	926	IS	NOT	REQU	IRED	FOR
THESE	TRANSAC	TIO	NS.											

#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

**Open To Public** 

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection

FELLOWS	SHIP OF CHRISTIAN A	ATHL	ETE	S	44-0610	626
Part I Fundraising Activities required to complete this pa	<b>5.</b> Complete if the organization answrt.	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rail</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia  or oral agreement with any individual Part VII) or entity in connection with particular or entities (fundraisers) purs	tion of tion of I fundra I (inclu- profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	1		Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MANIFOLD ALLIANCE - 401 NORTH		Yes	No			
RD STREET, SUITE 310,	FUNDRAISING ASSISTANCE		Х	299,500.	21,000.	278,500.
MARK D. JOHNSON & ASSOCIATES,						
NC 23616 KANIS ROAD,	FUNDRAISING ASSISTANCE		х	114,175.	20,000.	94,175.
- Total	1		<b>—</b>	413,675.	41,000.	372,675.
List all states in which the organizati or licensing.		contrik	outions	•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

44-0610626 Page 2 Schedule G (Form 990 or 990-EZ) 2013 FELLOWSHIP OF CHRISTIAN ATHLETES Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events  ${ t GOLF}$ BANOUET -(add col. (a) through 800 TOURNAMENT NASHVILLE, col. (c)) (total number) (event type) (event type) Revenue 342,749. 304,203. 18,776,356. 19,423,308. 1 Gross receipts 195,994 12,117,631. 220,829 12,534,454. 2 Less: Contributions 121,920 108,209 6,658,725 6,888,854. Gross income (line 1 minus line 2) 0. 0. 138,406. 138,406. 4 Cash prizes 16,187. 0. 669,254. 685,441. 5 Noncash prizes Direct Expenses 21,995. 14,147. 2,801,182. 2,837,324. Rent/facility costs 12,626. 39,041. 2,854,861. 2,906,528. 7 Food and beverages 8 Entertainment 12.114. 844. 325,815 338,773. Other direct expenses 6,906,472. 10 Direct expense summary. Add lines 4 through 9 in column (d) -17,618. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 31,450. 31,450. Gross revenue 2 Cash prizes Expenses 6,589. 6,589. 3 Noncash prizes Direct 4 Rent/facility costs 7,243. 7,243. 5 Other direct expenses Yes Yes X No Nο 6 Volunteer labor No 13,832. Direct expense summary. Add lines 2 through 5 in column (d) 17,618. Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: TXX No a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: ACCORDING TO THE TEXAS ATTORNEY GENERAL, NONPROFIT ORGANIZATIONS ARE NOT REQUIRED TO REGISTER PRIOR TO HOLDING A GAMING ACTIVITY.

SEE PART IV FOR COMPLETE EXPLANATIONS

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

**b** If "Yes," explain:

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 FELLOWSHIP OF CHRISTIAN ATHLETES 44 – (	<u>1010070</u>	Page 3
11 Does the organization operate gaming activities with nonmembers?	X Yes	└── No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	X No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	4 0 0	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name > RAYMOND TURNER		
Address ► 8701 LEEDS ROAD - KANSAS CITY, MO 64129		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name ▶ N/A		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the</li> </ul>	Yes	X No
organization's own exempt activities during the tax year > \$		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	ines 9, 9b, 10	)b, 15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	RS:	
(I) NAME OF FUNDRAISER: MANIFOLD ALLIANCE		
(I) ADDRESS OF FUNDRAISER:		
401 NORTH 2RD STREET, SUITE 310, MINNEAPOLIS, MN 55401		
(I) NAME OF FUNDRAISER: MARK D. JOHNSON & ASSOCIATES, INC.		
(I) ADDRESS OF FUNDRAISER: 23616 KANIS ROAD, LITTLE ROCK, AR 72	2225	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) (2013)

FELLOWSHI	P OF CHRI	STIAN ATHLE	ETES				44-0610	)626
Part I General Information on Grants a	and Assistance							
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selectio	n	
criteria used to award the grants or assi	stance?						Yes	X No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	d States.				
Part II Grants and Other Assistance to		•			anization answered "	Yes" to Form 990, Part IV	, line 21, for any	
recipient that received more than					(f) Method of			
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	nt
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-	-	he line 1 table				<b>&gt;</b>	

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
(a) Type of grant of assistance	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(i) Description of non-easin assistance
		<b>72.400</b>			
BENEVOLENCE FOR MEDICAL EXPENSES	1	73,400.		CASH DISTRIBUTED	
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2, Part III, column	n (b), and any other a	dditional information.	

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# **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. ➤ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number 44-0610626

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  **Mousing allowance or residence for personal use**			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	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 in 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 payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			77
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	I	

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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 in 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 are not 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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	in prior Form 990
(1) LESLIE T STECKEL	(i)	162,053.	0.	0.	34,572.	151,108.	347,733.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) KENNETH WILLIAMS	(i)	167,009.	0.	0.	8,400.	19,656.		0.
CHIEF ADMINISTRATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DICKY V CLARK	(i)	131,644.	0.	0.	6,904.	17,362.		0.
VICE PRES	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIMOTHY JOHNSON	(i)	117,673.	0.	0.	6,306.	34,266.		0.
VICE PRES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
EXPLANATION: 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 L**

# Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

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

44-0610626

Part I Excess Benefit Tran	sactions (section 501(c)(3) and section	n 501(c)(4) organizations only).		
Complete if the organization	n answered "Yes" on Form 990, Part IV,	ine 25a or 25b, or Form 990-EZ, Part V, line 40b.		
1 (a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Con	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
2 Enter the amount of tax incurred by	y the organization managers or disqualifie	ed persons during the year under		
section 4958		<b>&gt;</b> \$		
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organiza	tion		
Part II Loans to and/or From	m Interested Persons.			
Complete if the organization	n answered "Yes" on Form 990-EZ, Part	V, line 38a or Form 990, Part IV, line 26; or if the orga	anization	
reported an amount on For	m 990, Part X, line 5, 6, or 22.			

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	) In ault?	(h) Ap by bo comm	proved ard or nittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					<b>&gt;</b> \$							

Part III Grants or Assistance Benefiting Interested Persons.

	•			
Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
DON MCCLANEN	FOUNDER OF ORGAN	73,400.	SEE PART V	SEE PART V
	· · · · · · · · · · · · · · · · · · ·		•	

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	_	1 (a) Ol-	vine of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
Part V Supplemental Information Provide additional information for response	onses to questions on Schedule L (see	instructions).	1	<u> </u>	
SCH L, PART III, GRANTS OF	ASSISTANCE BENEFIT	TING INTERE	ESTED PERSON	ɪs:	
(A) NAME OF PERSON: DON MO	CLANEN				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	TION:		
FOUNDER OF ORGANIZATION					
(C) AMOUNT OF GRANT \$ 73,	400.				
(D) TYPE OF ASSISTANCE: CA	ASH GRANT				
(E) PURPOSE OF ASSISTANCE:	BENEVOLENCE				

# **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

**Employer identification number** 44-0610626

Pai	t I Types of Property					•				
	•	(a)	(b)	(c)	.		(d)			
		Check if applicable	Number of contributions or	Noncash contribut amounts reported			lethod of de ash contribu		•	c
		арріісаріс		Form 990, Part VIII, I		110110	asii continoc	ilion a	Hount	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles	Х	5	74,94	18. F	AIR	MARKET	VA	LUE	
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	122	761,96	0. F	AIR	MARKET	VA	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential	Х	1	48,00	0. F	AIR	MARKET	VA	LUE	
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ( )									
26	Other ()									
27	Other ()									
28	Other (									
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 82				9				5	
		, ,	·						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1	l - 28, th	at it mus	t hold for			
	at least three years from the date of the initial	•		•						
	the entire holding period?		•	•	•			30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard	contribut	tions?		31	Х	
	Does the organization hire or use third parties									
	contributions?		_					32a	Х	
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (	a) is che	ecked.				
	describe in Part II.	(2)	), p. spe.	,	, =:	,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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

Department of the Treasury

Internal Revenue Service

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

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

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number 44-0610626

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

#### COACHES MINISTRY

COACHES ARE THE HEART OF FCA. OUR PHILOSOPHY IN COACHES MINISTRY IS TO MINISTER "TO AND THROUGH THE COACH" TO SEE TRANSFORMATION. WE DESIRE TO SEE BIBLICAL COACHES WHO ARE CHRISTIANS WHO HAPPEN TO COACH, RATHER THAN JUST COACHES WHO HAPPEN TO BE CHRISTIANS. WHEN COACHES BECOME FOLLOWERS OF JESUS CHRIST, THEIR CHARACTER, THEIR RELATIONSHIPS AND THEIR APPROACH TO COACHING WILL BE AUTHENTIC. IN 2014, WE SAW INCREDIBLE IMPACT WITH A RECORD 700 CERTIFIED COACHES HUDDLES. ALSO WE'VE SEEN TREMENDOUS IMPACT THROUGH 3DIMENSIONAL COACHING, AN ONLINE CURRICULUM OF VIDEO TRAINING MODULES THAT ALLOWS COACHES TO DETERMINE THEIR TRANSFORMATIONAL PURPOSE IN COACHING. WE ALSO RELEASED A BRAND NEW BOOK, 3D COACH, WHICH EXPLAINS THE 3D CONCEPT OF COACHING. OUR STAFF BETTER ENGAGE COACHES, WE HOSTED OUR THIRD ANNUAL COACHES MINISTRY ACADEMY, WHERE 54 SELECTED NATIONAL AND INTERNATIONAL STAFF WERE TRAINED AND CERTIFIED ON THE 3DIMENSIONAL COACHING STRAGEGY. FCA ALSO PARTICIPATED IN EIGHT NATIONAL COACHES' CONVENTIONS, WHERE COACHES WERE ENCOURAGED AND CHALLENGED TO GROW IN THEIR FAITH.

#### CAMPUS MINISTRY

THE SCHOOL CAMPUS IS ONE OF THE MOST STRATEGIC MISSION FIELDS WITH THE

VAST MAJORITY OF ALL YOUTH PASSING THROUGH THIS PORTAL. FCA FOCUSES ON

EQUIPPING, ENABLING, EMPOWERING AND ENCOURAGING STUDENT ATHLETES,

COACHES AND ADULT LEADERS TO IMPACT AND INFLUENCE THEIR CAMPUS FOR

CHRIST. THERE ARE THREE MINISTRY TYPES: MULTI-SPORT HUDDLES, TEAM

HUDDLES AND COACHES HUDDLES. ADDITIONALLY, OUTREACH EVENTS TAKE PLACE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Employer identification number 44-0610626

ON THE CAMPUS SUCH AS SCHOOL ASSEMBLIES AND THE ANNUAL FIELDS OF FAITH

EVENTS. IN 2014, OVER 450,000 STUDENTS WERE REACHED IN 10,568 CAMPUS

HUDDLES WORLDWIDE. THE TENTH ANNUAL FIELDS OF FAITH EVENT HAD MORE THAN

185,000 STUDENTS PARTICIPATE ON APPROXIMATELY 505 ATHLETIC FIELDS. OF

THOSE, 6,270 COMMITMENTS TO CHRIST, 8,297 RECOMMITMENTS TO CHRIST, AND

13,711 COMMITMENTS TO READ THE BIBLE WERE MADE. GOD HAS USED FIELDS OF

FAITH TO IMPACT OVER ONE MILLION PEOPLE SINCE IT FIRST BEGAN IN 2004.

#### CAMP MINISTRY

CAMP IS A TIME OF "INSPIRATION AND PERSPIRATION" FOR COACHES AND

ATHLETES TO REACH THEIR POTENTIAL BY OFFERING ATHLETIC, SPIRITUAL AND

LEADERSHIP TRAINING. FCA OFFERS SEVEN TYPES OF CAMPS: SPORTS CAMPS,

LEADERSHIP CAMPS, COACHES CAMPS, POWER CAMPS, PARTNERSHIP CAMPS, TEAM

CAMPS, AND INTERNATIONAL CAMPS. CAMP MINISTRY EXPERIENCED A

RECORD-SHATTERING YEAR WITH A TOTAL ATTENDANCE OF 86,557 AT 516 FCA

CAMPS IN 40 STATES AND 33 COUNTRIES AROUND THE WORLD. MANY LIVES WERE

IMPACTED AND TRANSFORMED BY OUTSTANDING COMPETITION AND SPIRITUAL

GROWTH DURING FCA'S 58TH CAMP SEASON. THE 2014 THEME, ALL IN,

CHALLENGED ATTENDEES TO TAKE A LEAP OF FAITH AND COMMIT 100% TO JESUS

CHRIST AS THEY GO ALL IN-BODY, MIND AND SPIRIT-FOR THEIR SPORT AND

FAITH. THAT IS EXACTLY WHAT HAPPENED WITH 10,137 SALVATION DECISIONS

AND 9,642 RECOMMITMENTS TO THE LORD.

#### COMMUNITY MINISTRY

WITH THE MAJORITY OF ATHLETES PLAYING SPORTS IN THE COMMUNITY

(NON-CAMPUS PROGRAMS), FCA IS MINISTERING TO THE CLUB, RECREATIONAL AND

YOUTH SPORTS TEAMS WITH THE GOAL OF ESTABLISHING ON-GOING MINISTRY FOR

COACHES AND ATHLETES TO COMPETE FOR JESUS CHRIST WITH CHARACTER,

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

**Employer identification number** 44-0610626

PASSION AND EXCELLENCE. FCA COMMUNITY MINISTRY IS THE OFF-CAMPUS OPPORTUNITIES TO REACH COACHES AND ATHLETES THROUGH THE CLUB AND RECREATION SPORT ENVIRONMENT. OVER 16,000 COACHES AND ATHLETES WERE REACHED THROUGH 644 COMMUNITY SPORT HUDDLES AROUND THE GLOBE. THE TYPES OF COMMUNITY MINISTRY ARE TEAM HUDDLES, MULTI-SPORT HUDDLES, COACHES HUDDLES AND FCA SPORTS TEAMS.

FCA INTERNATIONAL HAS EXPLODED IN 2014. IT CONTINUES TO IMPACT COACHES AND ATHLETES THROUGHOUT THE WORLD BY CONNECTING FCA'S 485 FIELD OFFICES AND OVER 1,200 STAFF TO THOSE WHO LEAD SPORTS MINISTRIES OVERSEAS. FCA INTERNATIONAL HAS FOCUSED ON DEVELOPING AND GROWING THE AFFILIATE PROGRAM BY EOUIPPING LEADERS IN SPORTS MINISTRIES WITHIN THEIR OWN COUNTRIES WITH FCA'S PROGRAMS, SERVICES, SUPPORT AND TOOLS. THE RESULT HAS BEEN INCREDIBLE WITH MINISTRY EXPANDING INTO 45 COUNTRIES. ALSO, FCA STAFF HAVE PARTNERED AND TRAINED AFFILIATES AROUND THE WORLD, AS WELL AS DISTRIBUTING FCA RESOURCES WORLDWIDE. INTERNATIONAL CAMPS HAVE RAPIDLY EXPANDED. IN 2014, THERE WERE 152 CAMPS WITH 29,150 ATTENDEES IN 33 COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE ORGANIZATION HAS APPLIED FOR CHURCH STATUS FROM THE IRS.

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

EXPLANATION: 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 Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number 44-0610626

RETURN WITH THE OPPORTUNITY TO MAKE COMMENTS AND ASK QUESTIONS PRIOR TO THE FORM BEING SUBMITTED.

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

EXPLANATION: 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:

EXPLANATION: 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,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MO,NC,ND,NH,NJ,NM,NY,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,MS,NV

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

EXPLANATION: 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 THE

ORGANIZATION'S WEBSITE.

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization ►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FELLOWSHIP OF	CHRISTIAN ATHLETES	5	ů		E	mployer identific $44-06106$	cation n	umber
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	J.					
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	(e) me End-of-year a	assets	s Direct c	<b>(f)</b> ontrolling ntity	9
SOUTH DAKOTA FCA, LLC  1102 W. 22ND STREET  SIOUX FALLS, SD 57105	RENTAL PROPERTY	SOUTH DAKOTA	253	,736. 3,928	,093	FELLOWSHIP (	OF CHRI	STIAN
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	e related tax-exen	npt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) rect controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No

Page 2

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 Part III organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	partn	l or Percentaging ownersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
										Ш	
										Ш	
<u> </u>	]										

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 Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled ity?
		country)						Yes	No
	_								
	_								
									<u> </u>
	_								
									<u> </u>
									<u> </u>
	_								
	_								
									<u> </u>
		4.57							

Page 3

Yes No

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	y			1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related or	ganization(s)			11	
m Performance of services or membership or fundraising solicitations by related org				1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	
Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	$\perp$
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved	
1)					
2)					
2).					
3)					
4)					
5)					
oj 22163 00-12-13	48		Schadula I	2 (Form 90	0) 2013

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.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec.	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	excluded from tax	501(c)(3) orgs.?	total	end-of-year	tion allocat	ons?	of Schedule K-1	partner	ownership
		country)	under section 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	5
-											
				_			+				
				_			+	-		$\vdash$	+
				_			+	_		$\vdash$	+
							ı 1		I	1 1	

Form	990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687										
		(and proxy tax under section 6033(e))  For calendar year 2013 or other tax year beginning SEP 1, 2013, and ending AUG 31, 2014.										
		For cal		<u>4</u> ·	2013							
	tment of the Treasury		Information about Form 990-T and its instructions is available at www.irs.gov/form990t.									
A	Check box if		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).    Solition   Check box if name changed and see instructions									
	address changed		(Employees' trust, see instructions.)									
	kempt under section	Print	FELLOWSHIP OF CHRISTIA			4-0610626						
X	]501( <b>c</b> )( <b>3</b> )	or Type	Number, street, and room or suite no. If a P.O. box	E Unrelated business activity codes (See instructions.)								
	408(e) 220(e)	••	8701 LEEDS ROAD									
	] 408A530(a) ] 529(a)		City or town, state or province, country, and ZIP or foreign postal code  KANSAS CITY, MO 64129 541800									
C Boo	ok value of all assets	value of all assets										
55	end of year , 346, 486. G Check organization type XX 501(c) corporation 501(c) trust 401(a) trust Other trust											
H De	Describe the organization's primary unrelated business activity.   ADVERTISING INCOME											
			oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ L	Ye	s X No				
			tifying number of the parent corporation.				04.6	\ 000 1110				
		_	FRED OLSON		(A) Income	one number (						
			de or Business Income	1	(A) income	(B) Expenses	5	(C) Net				
	Gross receipts or sale		- Polones	,								
_	Less returns and allo		c Balance▶	1c 2								
2	Gross profit. Subtrac		A, line 7)	3								
-	•		om line 1c h Form 8949 and Schedule D)	4a								
			art II, line 17) (attach Form 4797)	4b								
			sts	4c								
5			ips and S corporations (attach statement)	5								
6	Rent income (Schedi			6								
7	Unrelated debt-finance		ne (Schedule E)	7								
8	Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8								
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9								
10			me (Schedule I)	10								
11	Advertising income (	Schedule	e J)	11	55,551.	21,9	05.	33,646.				
12			ns; attach schedule.)	12		01.0	<u> </u>	22 646				
			gh 12	13	55,551.	21,9	05.	33,646.				
Pa			ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected		,	s income.)						
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14					
15							15					
16							16					
17							17					
18							18 19					
19 20	Charitable contribut	ione (So	e instructions for limitation rules.)				20					
21			562)				20					
22	Less depreciation of	laimed oi	n Schedule A and elsewhere on return		22a		22b					
23							23					
24			mpensation plans				24					
25							25					
26			chedule I)				26					
27	Excess readership of	costs (Sc	hedule J)				27	33,646.				
28			nedule)				28					
29			es 14 through 28				29	33,646.				
30			ncome before net operating loss deduction. Subtrac				30	0.				
31			(limited to the amount on line 30)				31					
32			ncome before specific deduction. Subtract line 31 fr				32	1 000				
33 34			y \$1,000, but see instructions for exceptions.) income. Subtract line 33 from line 32. If line 33 is g				33	1,000.				
J4			income. Subtract line 33 from line 32. If line 33 is (	-	·		34	0.				

323701 12-12-13 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2013)

Form 990-T	(2013) FELLOWSHIP OF CHRISTIAN ATHLETES 44	-06.	1062	Ò	Page Z
Part II	Tax Computation				
35	Organizations Taxable as Corporations, See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:				
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1)  \$ (2)  \$ (3)  \$		in inter		
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		5614191		
	(2) Additional 3% tax (not more than \$100,000)				
		ilen.	350		0.
G	Income tax on the amount on line 34		June 1		
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		ALEMAN .		
	Tax rate schedule or Schedule D (Form 1041)		36		
	Proxy tax, See instructions		37		
	Alternative minimum tax				^
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39		0,
	Tax and Payments				
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
b	Other credits (see instructions) 40b				
	General business credit. Attach Form 3800	<u>-</u>	Ġ,		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d				,
e	Total credits. Add lines 40a through 40d		40e		
					0.
40	Subtract line 40e from line 39 Other taxes, Check if from: Form 4265 Form 8611 Form 8897 Form 8866 Other (attach	rebudula)	42		
					0.
43	Total tax, Add lines 41 and 42	**********	1.4.50F		
	Payments: A 2012 overpayment credited to 2013		-		
	2013 estimated tax payments 44b				
	Tax deposited with Form 8868 44e				
	Foreign organizations; Tax paid or withheld at source (see instructions)44d				
	Backup withholding (see instructions) 44e				
f	Credit for small employer health insurance premiums (Attach Form 8941)				
9	Other credits and payments: Form 2439				
,	Ulher credits and payments:   Form 2439				
45	Total payments. Add lines 44a through 44g		45		
48	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		46		
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			, , , ,	0.
	Overpayment, If line 45 is larger than the total of lines 43 and 46, enter amount overpaid				0.
	Enter the amount of line 48 you want; Credited to 2014 estimated lax				
Part V	Statements Regarding Certain Activities and Other Information (see instructions	3)			
1 At a	by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a fi	nancial a	ccount (l	ank.	Yes No
i Utai	rities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Ba	ik and Fi	inancial	<b>,</b>	
		in dia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X
ACCI Durk	ounts. If YES, enter the name of the foreign country here g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a ligreign trust?	· · · ·			$\frac{1}{X}$
- if YE	S, see instructions for other forms the organization may have to file.		.,		50 50 50 50
	r the amount of tax-exempt interest received or accrued during the tax year > \$			······	1 - 1 - 1 - 1 - 1 - 1 - 1
	ule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A		6	· · · · · · · · · · · · · · · · · · ·	
	ntory at beginning of year1 6 Inventory at end of year	,,,	- 6		
	hases 7 Cost of goods sold. Subtract line 6		1 _		
3 Cos	of labor 3 from line 5. Enter here and in Part I, line 2		7		T
4 a Addi	ional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to				Yes No
b Othe	r costs (attach schedule)  4b property produced or acquired for resale) at	oly to			
5 Tota	1. Add lines 1 through 4b 5 the organization?				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my lur	owiedge a	nd belief, it i	s true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IS	S discuss in	is return with
Here	34/5 DIRECTOR OF FINAN		•	er shows bel	
	Signature of officer Date Title		instruction	s)? X Y	es 🔲 No
	Print/Type preparer's name Preparer's signature Date Check	<b></b>	ii PTI	N	one of more an annual of the growth of the
	Trinit . ypu propins is manie	mploye	1 .		
Paid	CRECORY D OWENS CRECORY D OWENS			00048	643
Prepa	FOR STATE OF	's EIN 🖡		8-119	1 1115
Use C	Firm's name ▶ KELLER & OWENS, LLC	OLHI P		ىرسىسىد پ	
	100EE TOWELL AVE CUE SUU				
	10955 LOWELL AVE, STE 800	ባል ሰላ	1913	) 339	8-3500
Total Control	10955 LOWELL AVE, STE 800	ne no.	(913	Contratement and and are also and process	3 - 3 5 0 0 <b>90-T</b> (2013)

323711 12-12-13

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box						
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)					
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.				
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6	6 months for a corpo	oration			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	868 to request an ex	ktension			
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated With Cer	tain			
	al Benefit Contracts, which must be sent to the IRS in pag								
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		,						
Part			submit original (no copies ne	eded).					
A corpo	ration required to file Form 990-T and requesting an auto								
Part I or					•	X			
	r corporations (including 1120-C filers), partnerships, REN								
	come tax returns.				er's identifying num	ber			
Type or	Name of exempt organization or other filer, see instru	ctions.			r identification numb				
print	FELLOWSHIP OF CHRISTIAN AT		S			( ,			
princ	8701 LEEDS ROAD 44-								
File by the	North an atmost and reason and vita and If a D O have a	Social se	curity number (SSN						
due date f filing your	8701 LEEDS ROAD	.00 11101.40			Coolar Coolarity Trainison (Cort)				
return Sec instruction		oreign add	ress see instructions.						
	KANSAS CITY, MO 64129	51.51g.11 a.a.a							
	2424107400 02227								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 7			
		D .	I			Data			
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
	00 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99	WASHINGTON CONTROL OF THE CONTROL OF	02	Form 1041-A			08			
	'20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	The state of the s	04	Form 5227			10			
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	00-T (trust other than above)	06	Form 8870			12			
	FRED OLSON								
	pooks are in the care of > 8701 LEEDS ROA	D - K.		29					
	phone No. ▶ (816) 829-1110		Fax No.						
	organization does not have an office or place of busines								
	s is for a Group Return, enter the organization's four digit	7							
	. If it is for part of the group, check this box				ers the extension is	for.			
<b>1</b> 1)	equest an automatic 3-month (6 months for a corporation								
-	JULY 15, 2015 to file the exemp	t organiza	tion return for the organization name	ed above.	The extension				
is	for the organization's return for:								
	calendar year or								
	tax year beginning SEP 1, 2013	, an	d ending $\overline{\mathrm{AUG}}$ 31, $2014$		<b>=</b> (0)				
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n				
	Change in accounting period								
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any						
n	onrefundable credits. See instructions.			3a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
	stimated tax payments made. Include any prior year overp			3b	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your pa		CARLON CA						
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.			
	. If you are going to make an electronic funds withdrawal								

instructions.

Schedule C - Rent Inc	ome (Fr	om Real	Prope	ty and	l Personal	Propert	y Lease	d With Real P	rope	erty)(see instructions)	
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2							2/a\Deductions dire	etly cor	nnected with the income in	
(a) From personal property rent for personal propert 10% but not more t	y is more than	age of า	( <b>b</b> ) <sup>F</sup>	f rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if	columns 2(a	a) and 2	(b) (attach schedule)	
(1)											
(2)											
(3)											
(4)											
Total		0.	Total				0.	(h) Total daduations			
(c) Total income. Add totals of continuous and on page 1, Part I, line 6,	column (A)						0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1.	0.	
Schedule E - Unrelate	d Debt-l	Financed	Incom	<b>1e</b> (see i	nstructions)						
					2. Gross inc	come from		<ol> <li>Deductions directly to debt-fin</li> </ol>	connect	ted with or allocable property	
1. Description of	of debt-finance	ed property			or allocable financed	e to debt-	(a) s	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)											
(2)											
(3)											
(4)											
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average of or a debt-fina			ge adjusted basis allocable to lanced property ch schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)						%	0				
(2)						%	0				
(3)						%	0				
(4)						%	0				
								ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals							▶		0.	0.	
Total dividends-received deduc									.▶	0.	
Schedule F - Interest,	Annuitie	es, Royal	ties, ar	nd Ren	its From C	ontrolle	d Organ	nizations (see in	nstruc	tions)	
				Exemp	t Controlled O	rganizatio	ns				
Employer id		Employer ide numb	entification		related income Total of		4. of specified ents made	<b>5.</b> Part of column a included in the conforganization's gross	trolling	connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income		unrelated incom see instructions		<b>9.</b> Tot	tal of specified pay made	ments	in the contr	olumn 9 that is included rolling organization's oss income		Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
							Enter here a	lumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).	
Totals								0.		0.	
Totals								0.		0.	

Form 990-T (2013) FELLOWSHIP OF CHRISTIAN ATHLETES 44-0610626								6 Page	
Schedule G - Investme (see insti	ent Income of a				ganiza	tion			
1. Desc	ription of income		2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
				Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page Part I, line 9, column (B).
Totals			▶	0.					0
Schedule I - Exploited (see instru		/ Income	, Other	Than Advertis	ing Inco	ome			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5.</b> Gross income from activity that is not unrelated business income		<b>6.</b> Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I, II. (B).						Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertisi		notructions)	0.						0
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis					
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, computools. 5 through 7.		rculation come		leadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FCA MAGAZINE	55,55	1. 21	,905	•	24	,934.	416	5,204.	
(2)					_				
(3)					_				
(4)									
Totals (carry to Part II, line (5)) Part II Income From	<b>▶</b> 55,55	1. 21	,905	33,646	. 24	,934.	416	5,204.	33,646
columns 2 through	7 on a line-by-line ba	asis.)	a Sepa	For e	each perio	odical liste	d in Pai	t II, fill in	
			Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, computable cols. 5 through 7.	ss) (col. 2 minus fa gain, compute fa gain, compute fa gain, compute factorial factori		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)		1 01	005						22 646
Totals from Part I	55,55 Enter here and o		, 905 ere and on	<u>-</u>					33,646 Enter here and
	1, Part I, 1, col. (B).						on page 1, Part II, line 27.		
Totals, Part II (lines 1-5)	<b>▶</b> 55,55		,905						33,646
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instruction		-1 -1		
<b>1.</b> N		2. Title  3. Percent of time devoted to business				Compensation attributable to unrelated business			
(1)			%						
(2)				%					
(3)				%					

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Total. Enter here and on page 1, Part II, line 14 ...