

Form **990**

**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

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **AUG 31, 2014**


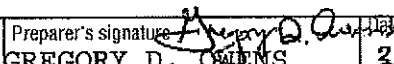
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FELLOWSHIP OF CHRISTIAN ATHLETES</b>		<b>D</b> Employer identification number <b>44-0610626</b>
	Doing Business As		<b>E</b> Telephone number <b>816-921-0909</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>99,791,642.</b>
	8701 LEEDS ROAD		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>KANSAS CITY, MO 64129</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>LESLIE STECKEL</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: <b>WWW.FCA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1954</b> <b>M</b> State of legal domicile: <b>OK</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CHRISTIAN MINISTRY TO ATHLETES AND COACHES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>1477</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>55,551.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>68,085,749.</b>	<b>77,093,343.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>11,833,723.</b>	<b>14,349,774.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,203,096.</b>	<b>933,090.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>191,617.</b>	<b>160,534.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>81,314,185.</b>	<b>92,536,741.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>29,520.</b>	<b>138,496.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>50,010,033.</b>	<b>56,160,997.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>41,000.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,656,951.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>27,927,268.</b>	<b>31,905,360.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>77,966,821.</b>	<b>88,245,853.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>3,347,364.</b>	<b>4,290,888.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>49,260,161.</b>	<b>55,346,486.</b>
		<b>2,515,440.</b>	<b>3,488,497.</b>
		<b>46,744,721.</b>	<b>51,857,989.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>3/4/15</b>	
	Type or print name and title <b>FRED OLSON, DIRECTOR OF FINANCE</b>		
<b>Preparer Use Only</b>	Print/Type preparer's name <b>GREGORY D. OWENS</b>	Preparer's signature 	Check <input type="checkbox"/> PTIN if self-employed <b>P00048643</b>
	Firm's name <b>KELLER &amp; OWENS, LLC</b>	Firm's EIN <b>48-1195228</b>	Phone no. (913) <b>338-3500</b>
Firm's address <b>10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868) .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **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](http://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 Part I only

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

**FRED OLSON**

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

**1** 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:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **SEP 1, 2013**, and ending **AUG 31, 2014**.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO 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? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 73,379,912.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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 .....		X
<b>27</b> 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	21		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL BREWER NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(2) DON CASTLE NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(3) LISA LAWSON NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(4) DR. JUD MARTIN NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(5) SHEREASHER MCDONALD SECRETARY	2.00	X		X			0.	0.	0.	
(6) WALLY WADMAN NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(7) SANDY SANSING VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(8) KEN WHITTEN NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(9) BRUCE WILLIAMS NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(10) BUCK MCCABE NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(11) JOE GILLIS SECRETARY	2.00	X		X			0.	0.	0.	
(12) ERIC ELSE NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(13) JULIE NIMMONS CHAIRMAN	2.00	X					0.	0.	0.	
(14) MARY BETH DOUGHTY NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(15) DR. NORA HARMSSEN NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(16) FRED EXUM TREASURER	2.00	X		X			0.	0.	0.	
(17) MAX GONZENBACH NAT'L TRUSTEE	2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRUCE GRAHAM NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(19) SCOTT LANGSTON NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(20) RICK RODRIQUEZ NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(21) STEVE SPARKS NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(22) MIKE BALLER NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(23) TERESA BLUBAUGH NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(24) RUSS CROSSON NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(25) DR. TIM PALMA NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(26) LESLIE T STECKEL PRESIDENT/CEO	50.00			X			162,053.	0.	185,680.	
<b>1b Sub-total</b>							162,053.	0.	185,680.	
<b>c Total from continuation sheets to Part VII, Section A</b>							998,923.	0.	233,893.	
<b>d Total (add lines 1b and 1c)</b>							1,160,976.	0.	419,573.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 ST., SUITE 300, OVERLAND PARK, KS 66213	IT SUPPORT SERVICES	436,434.
FEDERAL EXPRESS 612 W 47TH ST, KANSAS CITY, MO 64112	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 listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 135,130.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 12,534,454.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 73,627.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 64,350,132.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	884,908.					
	<b>h Total.</b> Add lines 1a-1f		77,093,343.				
	Program Service Revenue	<b>2 a</b> CAMPS/CONFERENCES	<b>Business Code</b> 900099	4,926,943.	4,926,943.		
<b>b</b> OTHER PROGRAMS		900099	4,884,224.	4,884,224.			
<b>c</b> PROGRAM RELATED REVENUE		900099	4,505,137.	4,505,137.			
<b>d</b> MEMBERSHIP FEES		900099	33,470.	33,470.			
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			14,349,774.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		316,705.			316,705.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		17,490.			17,490.	
	<b>6 a</b> Gross rents	(i) Real	253,736.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	258,486.				
		<b>c</b> Rental income or (loss)	-4,750.				
	<b>d</b> Net rental income or (loss)		-4,750.			-4,750.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	635,278.				
		(ii) Other	31,743.				
		<b>b</b> Less: cost or other basis and sales expenses	0.	50,636.			
		<b>c</b> Gain or (loss)	635,278.	-18,893.			
	<b>d</b> Net gain or (loss)		616,385.			616,385.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 12,534,454. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	6,888,854.				
		<b>b</b> Less: direct expenses	6,906,472.				
<b>c</b> Net income or (loss) from fundraising events			-17,618.			-17,618.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	31,450.					
	<b>b</b> Less: direct expenses	13,832.					
	<b>c</b> Net income or (loss) from gaming activities		17,618.			17,618.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	117,170.					
	<b>b</b> Less: cost of goods sold	25,475.					
	<b>c</b> Net income or (loss) from sales of inventory		91,695.	91,695.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> ADVERTISING	541800	55,551.		55,551.			
<b>b</b> ACTUARIAL ADJUSTMENT	900099	548.			548.		
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		56,099.					
<b>12 Total revenue.</b> See instructions.		92,536,741.	14,441,469.	55,551.	946,378.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	73,400.	73,400.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	65,096.	65,096.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	884,288.	369,168.	429,108.	86,012.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,018,903.	37,371,038.	5,038,967.	3,608,898.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	998,460.	867,726.	51,027.	79,707.
9 Other employee benefits	6,135,343.	4,853,197.	815,150.	466,996.
10 Payroll taxes	2,124,003.	1,674,751.	286,531.	162,721.
11 Fees for services (non-employees):				
a Management				
b Legal	119,457.		119,457.	
c Accounting	42,900.		42,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	41,000.			41,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	913,623.	556,078.	350,758.	6,787.
12 Advertising and promotion	1,178,842.	969,019.	115,144.	94,679.
13 Office expenses	5,414,437.	4,278,702.	754,461.	381,274.
14 Information technology	184,255.	61,092.	121,924.	1,239.
15 Royalties				
16 Occupancy	775,192.	592,463.	141,452.	41,277.
17 Travel	4,595,361.	3,782,042.	449,816.	363,503.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,982,387.	5,982,387.		
20 Interest	4,207.		4,207.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	722,068.	653,132.	12,820.	56,116.
23 Insurance	1,141,596.	941,576.	110,114.	89,906.
24 Other expenses. Itemize expenses not covered 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 O.)				
a PROGRAM EVENTS/MINISTRY	4,506,656.	4,506,656.		
b PROGRAM EVENTS/TRAINING	4,197,499.	4,170,490.	9,935.	17,074.
c TAXES, COMMISSIONS, AND	1,203,925.	974,218.	132,544.	97,163.
d FOOD	509,733.	425,071.	43,604.	41,058.
e All other expenses	413,222.	212,610.	179,071.	21,541.
25 Total functional expenses. Add lines 1 through 24e	88,245,853.	73,379,912.	9,208,990.	5,656,951.
26 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	712,856.	<b>1</b>	1,563,263.	
	<b>2</b> Savings and temporary cash investments .....	24,691,058.	<b>2</b>	28,011,891.	
	<b>3</b> Pledges and grants receivable, net .....	95,332.	<b>3</b>	74,718.	
	<b>4</b> Accounts receivable, net .....	131,299.	<b>4</b>	71,960.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	382,814.	<b>8</b>	600,080.	
	<b>9</b> Prepaid expenses and deferred charges .....	6,333.	<b>9</b>	0.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 22,686,924.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,013,917.			
	<b>11</b> Investments - publicly traded securities .....	10,491,061.	<b>10c</b>	10,673,007.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,715,003.	<b>11</b>	13,317,162.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	459,405.	<b>12</b>	459,405.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	575,000.	<b>14</b>	575,000.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	49,260,161.	<b>15</b>	55,346,486.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,422,453.	<b>16</b>	3,435,739.	
	<b>18</b> Grants payable .....		<b>17</b>		
	<b>19</b> Deferred revenue .....		<b>18</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	75,059.	<b>23</b>	35,378.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	17,928.	<b>24</b>	17,380.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,515,440.	<b>25</b>	3,488,497.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	12,303,629.	<b>26</b>	11,919,812.	
	<b>28</b> Temporarily restricted net assets .....	34,191,092.	<b>27</b>	39,688,177.	
	<b>29</b> Permanently restricted net assets .....	250,000.	<b>28</b>	250,000.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>33</b> Total net assets or fund balances .....	46,744,721.	<b>32</b>	51,857,989.	
<b>34</b> Total liabilities and net assets/fund balances .....	49,260,161.	<b>33</b>	55,346,486.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,536,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,245,853.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,290,888.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,744,721.
5	Net unrealized gains (losses) on investments	5	822,380.
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	51,857,989.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  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  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	55,136,671.	56,835,084.	61,002,342.	68,085,749.	77,093,343.	318,153,189.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	55,136,671.	56,835,084.	61,002,342.	68,085,749.	77,093,343.	318,153,189.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						318,153,189.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	55,136,671.	56,835,084.	61,002,342.	68,085,749.	77,093,343.	318,153,189.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	714,269.	1,042,096.	872,960.	766,659.	587,931.	3,983,915.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	21,958.	4,389.		4,862.	768.	31,977.
<b>11 Total support.</b> Add lines 7 through 10						322,169,081.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	56,657,690.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.75	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	98.51	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,714,413.	11,444,291.	10,734,039.	10,097,619.	9,814,803.
b Contributions	872,417.	412,975.	665,777.	312,737.	509,516.
c Net investment earnings, gains, and losses	1,503,085.	803,245.	584,558.	1,075,890.	631,503.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,002,412.	946,098.	540,083.	752,207.	858,203.
f Administrative expenses					
g End of year balance	13,087,503.	11,714,413.	11,444,291.	10,734,039.	10,097,619.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  1.91 %
- c Temporarily restricted endowment  98.09 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	670,000.	477,040.		1,147,040.
b Buildings	3,794,582.	8,738,977.	4,293,883.	8,239,676.
c Leasehold improvements				
d Equipment		8,716,385.	7,620,792.	1,095,593.
e Other	33,062.	256,878.	99,242.	190,698.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  10,673,007.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE TRUST	17,380.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	101,213,386.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	822,380.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	650,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,204,265.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,676,645.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	92,536,741.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	92,536,741.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	96,100,118.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	650,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,204,265.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,854,265.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	88,245,853.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	88,245,853.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**EXPLANATION: THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE FASB ASC 740-10 AS IT MIGHT APPLY TO THE ORGANIZATION'S FINANCIAL TRANSACTIONS. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF AUGUST 31, 2014 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.**

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



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
SOUTH ASIA	0	4	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	74,549.
NORTH AMERICA	0	1	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	100,715.
CENTRAL AMERICA AND THE CARIBBEAN -	0	2	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY; TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	478,996.
MIDDLE EAST AND NORTH AFRICA -	0	0	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	138,973.
EAST ASIA AND THE PACIFIC -	0	17	PROGRAM SERVICES	SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	236,711.
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	0	PROGRAM SERVICES	TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	165,083.
SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	157,674.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	1	PROGRAM SERVICES	TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	64,801.
<b>3 a</b> Sub-total .....	0	28			1,417,502.
<b>b</b> Total from continuation sheets to Part I .....	0	1			62,974.
<b>c Totals</b> (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





**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)
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	3,713.	WIRE	0.		
		SOUTH ASIA	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	7,150.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	1,400.	WIRE	0.		
		SOUTH ASIA	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	1,200.	CASH	0.		

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 ..... **5**

3 Enter total number of other organizations or entities ..... **5**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

**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)
MEDICAL EXPENSES	RUSSIA AND NEIGHBORING STATES	1	34,000.	WIRE	0.		
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)* .....  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  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  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**

**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.

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

Multiple horizontal lines for supplemental information.



**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	
		GOLF TOURNAMENT	BANQUET - NASHVILLE, T	800	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	342,749.	304,203.	18,776,356.	19,423,308.
	2	Less: Contributions	220,829.	195,994.	12,117,631.	12,534,454.
	3	Gross income (line 1 minus line 2)	121,920.	108,209.	6,658,725.	6,888,854.
Direct Expenses	4	Cash prizes	0.	0.	138,406.	138,406.
	5	Noncash prizes	16,187.	0.	669,254.	685,441.
	6	Rent/facility costs	21,995.	14,147.	2,801,182.	2,837,324.
	7	Food and beverages	12,626.	39,041.	2,854,861.	2,906,528.
	8	Entertainment				
	9	Other direct expenses	12,114.	844.	325,815.	338,773.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				6,906,472.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-17,618.

**Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			31,450.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			6,589.	6,589.
	4	Rent/facility costs				
	5	Other direct expenses			7,243.	7,243.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				13,832.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				17,618.	

9 Enter the state(s) in which the organization operates gaming activities: **TX**  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: **ACCORDING TO THE TEXAS ATTORNEY GENERAL, NONPROFIT ORGANIZATIONS ARE NOT REQUIRED TO REGISTER PRIOR TO HOLDING A GAMING ACTIVITY.**  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain:

\*\* SEE PART IV FOR COMPLETE EXPLANATIONS



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

<b>13a</b>		%
<b>13b</b>	100.00	%
- 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  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ N/A

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(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 72225

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization

**FELLOWSHIP OF CHRISTIAN ATHLETES**

**Employer identification number**

**44-0610626**

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

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

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

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

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

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BENEVOLENCE FOR MEDICAL EXPENSES	1	73,400.	0.	CASH DISTRIBUTED	

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

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number

44-0610626

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</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 .....</p>	X	
<p><b>2</b> 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? .....</p>	X	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </p> <p> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
		X
		X
		X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
		X
		X
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
		X
		X
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>		X
<p><b>8</b> 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 .....</p>		X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE T STECKEL PRESIDENT/CEO	(i)	162,053.	0.	0.	34,572.	151,108.	347,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH WILLIAMS CHIEF ADMINISTRATION OFFICER	(i)	167,009.	0.	0.	8,400.	19,656.	195,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DICKY V CLARK VICE PRES	(i)	131,644.	0.	0.	6,904.	17,362.	155,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIMOTHY JOHNSON VICE PRES	(i)	117,673.	0.	0.	6,306.	34,266.	158,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

**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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	5	74,948.	FAIR MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	122	761,960.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....	X	1	48,000.	FAIR MARKET VALUE
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 5

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**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. TO HELP 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 STRATEGY. 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

Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES	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,

Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES	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 EQUIPPING 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

Name of the organization FELLOWSHIP OF CHRISTIAN ATHLETES	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)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**FELLOWSHIP OF CHRISTIAN ATHLETES**

Employer identification number

**44-0610626**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SOUTH DAKOTA FCA, LLC 1102 W. 22ND STREET SIOUX FALLS, SD 57105	RENTAL PROPERTY	SOUTH DAKOTA	253,736.	3,928,093.	FELLOWSHIP OF CHRISTIAN ATHLETES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2013





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

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

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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

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

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

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

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

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

For calendar year 2013 or other tax year beginning SEP 1, 2013, and ending AUG 31, 2014

2013

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

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: FELLOWSHIP OF CHRISTIAN ATHLETES; Address: 8701 LEEDS ROAD, KANSAS CITY, MO 64129; Employer identification number: 44-0610626; Unrelated business activity codes: 541800.

C Book value of all assets at end of year: 55,346,486. F Group exemption number. G Check organization type: 501(c) corporation.

H Describe the organization's primary unrelated business activity: ADVERTISING INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of: FRED OLSON. Telephone number: (816) 829-1110

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Net gain (loss), 5-12 Other income, 13 Total. Total income: 55,551. Total expenses: 21,905. Total net: 33,646.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16-21 Other deductions; 22 Less depreciation; 23-28 Other deductions; 29 Total deductions; 30-34 Unrelated business taxable income. Total deductions: 33,646. Unrelated business taxable income: 0.

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount on line 34 35c 0.  
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) 36  
 37 Proxy tax. See instructions 37  
 38 Alternative minimum tax 38  
 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a  
 b Other credits (see instructions) 40b  
 c General business credit. Attach Form 3800 40c  
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d  
 e Total credits. Add lines 40a through 40d 40e  
 41 Subtract line 40e from line 39 41 0.  
 42 Other taxes. Check if from:  Form 4265  Form 8611  Form 8697  Form 8866  Other (attach schedule) 42  
 43 Total tax. Add lines 41 and 42 43 0.  
 44a Payments: A 2012 overpayment credited to 2013 44a  
 b 2013 estimated tax payments 44b  
 c Tax deposited with Form 8868 44c  
 d Foreign organizations: Tax paid or withheld at source (see instructions) 44d  
 e Backup withholding (see instructions) 44e  
 f Credit for small employer health insurance premiums (Attach Form B941) 44f  
 g Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total 44g  
 45 Total payments. Add lines 44a through 44g 45  
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached  46  
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.  
 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.  
 49 Enter the amount of line 48 you want: Credited to 2014 estimated tax 49 Refunded


**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

1	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

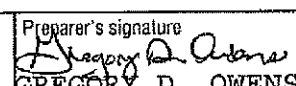
**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (att. schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

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

Sign Here:  Date: 3/4/15 Title: DIRECTOR OF FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only: Print/Type preparer's name: GREGORY D. OWENS; Preparer's signature: ; Date: 3-4-15; Check self-employed: ; PTIN: P00048643

Firm's name: KELLER & OWENS, LLC; Firm's EIN: 48-1195228; Firm's address: 10955 LOWELL AVE, STE. 800 OVERLAND PARK, KS 66210; Phone no.: (913) 338-3500

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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](http://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 Part I only

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

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

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

**FRED OLSON**

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JULY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **SEP 1, 2013**, and ending **AUG 31, 2014**

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

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

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ..... ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) 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 adjusted basis of or allocable to debt-financed property (attach 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)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ..... ▶			0.	0.
Total dividends-received deductions included in column 8 ..... ▶			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ..... ▶			0.	0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

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.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FCA MAGAZINE	55,551.	21,905.		24,934.	416,204.	
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	55,551.	21,905.	33,646.	24,934.	416,204.	33,646.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	55,551.	21,905.				33,646.
<b>Totals, Part II (lines 1-5)</b>	55,551.	21,905.				33,646.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.