

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning SEP 1, 2012 and ending AUG 31, 2013**

<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 Name of organization</b> FELLOWSHIP OF CHRISTIAN ATHLETES Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8701 LEEDS ROAD City, town, or post office, state, and ZIP code KANSAS CITY, MO 64129 <b>F Name and address of principal officer:</b> LESLIE STECKEL SAME AS C ABOVE	<b>D Employer identification number</b> 44-0610626  <b>E Telephone number</b> 816-921-0909  <b>G Gross receipts \$</b> 87,805,424. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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>J Website:</b> ▶ WWW.FCA.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1954 <b>M State of legal domicile:</b> OK

Part I Summary		
	1 Briefly describe the organization's mission or most significant activities: <u>CHRISTIAN MINISTRY TO ATHLETES AND COACHES</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) .....	3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 20
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	5 1355
	6 Total number of volunteers (estimate if necessary) .....	6 34000
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 88,990.
	b Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.
	Revenue	8 Contributions and grants (Part VIII, line 1h) .....
9 Program service revenue (Part VIII, line 2g) .....		10,574,820. 11,833,723.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		689,964. 1,203,096.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		271,375. 191,617.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		72,538,501. 81,314,185.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	45,759,130. 50,010,033.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,972,439.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	25,209,985. 27,927,268.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	70,989,615. 77,966,821.	
19 Revenue less expenses. Subtract line 18 from line 12 .....	1,548,886. 3,347,364.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	47,153,263. 49,260,161.
	21 Total liabilities (Part X, line 26) .....	2,979,822. 2,515,440.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	44,173,441. 46,744,721.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	▶ Signature of officer	Date		
	▶ FRED OLSON, DIRECTOR OF FINANCE			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	GREGORY D. OWENS	GREGORY D. OWENS		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		

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

▶ **File a separate application for each return.**

- 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.

<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) 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	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, 2014**, 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, 2012**, and ending **AUG 31, 2013**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 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.	3b	\$	0.
c <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.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal 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 to any question 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 \$ 64,659,176. including grants of \$ 29,520. ) (Revenue \$ 11,937,208. ) 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 1100 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 64,659,176.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> 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
<b>4</b> <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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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 and other assistance to any government or organization in the United States 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 and 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 25</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> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 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); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a 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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a 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); 16b 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, AZ, CA, CO, CT, FL, GA, HI, IL, KS
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. [X] Own website [ ] Another's website [X] 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 to any question 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 CHALMERS NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(3) DON CASTLE NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(4) LISA LAWSON TREASURER	2.00	X		X			0.	0.	0.	
(5) DR. JUD MARTIN NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(6) SHEREASHER MCDONALD SECRETARY	2.00	X		X			0.	0.	0.	
(7) WALLY WADMAN CHAIRMAN	2.00	X		X			0.	0.	0.	
(8) SANDY SANSING VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(9) KEN WHITTEN NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(10) BRUCE WILLIAMS NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(11) JAMES WYLAND NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(12) BENNY YOUNT NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(13) JOE BALENTINE TREASURER	2.00	X		X			0.	0.	0.	
(14) DIANA MYERS NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(15) BUCK MCCABE NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(16) JOE GILLIS NAT'L TRUSTEE	2.00	X					0.	0.	0.	
(17) ERIC ELSE 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) HARVEY GAINNEY NAT'L TRUSTEE	2.00	X						0.	0.	0.
(19) JULIE NIMMONS NAT'L TRUSTEE	2.00	X						0.	0.	0.
(20) MARY BETH DOUGHTY NAT'L TRUSTEE	2.00	X						0.	0.	0.
(21) DR. NORA HARMSEN NAT'L TRUSTEE	2.00	X						0.	0.	0.
(22) FRED EXUM TREASURER	2.00	X		X				0.	0.	0.
(23) MAX GONZENBACH NAT'L TRUSTEE	2.00	X						0.	0.	0.
(24) BRUCE GRAHAM NAT'L TRUSTEE	2.00	X						0.	0.	0.
(25) SCOTT LANGSTON NAT'L TRUSTEE	2.00	X						0.	0.	0.
(26) RICK RODRIQUEZ NAT'L TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,202,452.	0.	442,545.
<b>d Total (add lines 1b and 1c)</b>								1,202,452.	0.	442,545.

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 **10**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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
NEXTPAGE, INC., 13997 S. MINUTEMAN DR., SUITE 300, DRAPER, UT 84020	PRINTING/POSTAGE	199,156.
FEDERAL EXPRESS 612 W 47TH ST, KANSAS CITY, MO 64112	SHIPPING	162,365.
RR DONNELLEY 111 S. WACKER DRIVE, CHICAGO, IL 60606	PRINTING/PUBLISHING	129,407.
DONORDIRECT, 1300 E. LOOKOUT DR., UNIT 240, RICHARDSON, TX 75082	COMPUTER PROGRAMMING	120,348.
ALEXANDER OPEN SYSTEMS, INC., 12980 FOSTER ST., SUITE 300, OVERLAND PARK, KS 66213	IT SUPPORT SERVICES	103,714.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part 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 (check all that apply)						(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			
(27) STEVE SPARKS NAT'L TRUSTEE	2.00	X						0.	0.	0.
(28) LESLIE T STECKEL PRESIDENT/CEO	50.00			X				199,497.	0.	123,362.
(29) KENNETH WILLIAMS CHIEF ADMINISTRATION OFFIC	50.00			X				168,193.	0.	22,070.
(30) FRED S OLSON DIRECTOR OF FINANCE	50.00			X				95,396.	0.	20,650.
(31) JAMES E NOEL ASSISTANT SECRETARY	50.00			X				92,945.	0.	19,620.
(32) RAYMOND J TURNER CONTROLLER	45.00			X				70,545.	0.	19,650.
(33) DICKY V CLARK VICE PRES	40.00					X		129,217.	0.	22,436.
(34) TIMOTHY JOHNSON VICE PRES	40.00					X		111,512.	0.	39,532.
(35) DONALD DEES EXECUTIVE DIRECTOR	40.00					X		111,974.	0.	93,480.
(36) DANIEL BRITTON VICE PRESIDENT	40.00					X		111,177.	0.	60,855.
(37) BRIAN HANSEN DIRECTOR	40.00					X		111,996.	0.	20,890.
Total to Part VII, Section A, line 1c .....								1,202,452.		442,545.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 128,991.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 12,283,993.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 55,329.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 55,617,436.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	772,901.					
	<b>h Total.</b> Add lines 1a-1f		68,085,749.				
	Program Service Revenue	<b>2 a</b> PROGRAM RELATED REVENUE	Business Code 900099	4,022,749.	4,022,749.		
<b>b</b> OTHER PROGRAMS		900099	3,966,904.	3,966,904.			
<b>c</b> CAMPS/CONFERENCES		900099	3,808,580.	3,808,580.			
<b>d</b> MEMBERSHIP FEES		900099	35,490.	35,490.			
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			11,833,723.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		537,798.			537,798.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		16,852.			16,852.	
	<b>6 a</b> Gross rents	(i) Real	212,009.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	223,304.				
		<b>c</b> Rental income or (loss)	-11,295.				
	<b>d</b> Net rental income or (loss)		-11,295.			-11,295.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	665,346.				
		(ii) Other	105,433.				
		<b>b</b> Less: cost or other basis and sales expenses	0.	105,481.			
		<b>c</b> Gain or (loss)	665,346.	-48.			
	<b>d</b> Net gain or (loss)		665,298.			665,298.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 12,283,993. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	6,120,540.				
		<b>b</b> Less: direct expenses	6,120,540.				
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	30,637.					
	<b>b</b> Less: direct expenses	15,000.					
	<b>c</b> Net income or (loss) from gaming activities		15,637.			15,637.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	103,485.					
	<b>b</b> Less: cost of goods sold	26,914.					
	<b>c</b> Net income or (loss) from sales of inventory		76,571.	76,571.			
Miscellaneous Revenue		Business Code					
<b>11 a</b> ADVERTISING		541800	88,990.		88,990.		
	<b>b</b> ACTUARIAL ADJUSTMENT	900099	4,862.			4,862.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		93,852.				
<b>12 Total revenue.</b> See instructions.		81,314,185.	11,910,294.	88,990.	1,229,152.		

**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 to any question 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				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	29,520.	29,520.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	886,261.	372,872.	426,716.	86,673.
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	40,924,512.	33,233,147.	4,486,954.	3,204,411.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	863,662.	690,290.	106,717.	66,655.
9 Other employee benefits	5,474,032.	4,338,179.	719,711.	416,142.
10 Payroll taxes	1,861,566.	1,466,468.	253,231.	141,867.
11 Fees for services (non-employees):				
a Management				
b Legal	112,678.		112,678.	
c Accounting	45,448.		45,448.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	929,313.	602,654.	281,709.	44,950.
12 Advertising and promotion	939,775.	788,746.	75,999.	75,030.
13 Office expenses	4,678,229.	3,830,952.	505,341.	341,936.
14 Information technology	481,698.	94,632.	384,803.	2,263.
15 Royalties				
16 Occupancy	747,980.	632,267.	75,024.	40,689.
17 Travel	3,628,855.	2,985,141.	365,597.	278,117.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,380,459.	5,380,459.		
20 Interest	7,030.		7,030.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	923,547.	840,064.	14,240.	69,243.
23 Insurance	980,344.	781,406.	122,307.	76,631.
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 <b>PROGRAM EVENTS/MINISTRY</b>	3,951,904.	3,951,904.		
b <b>PROGRAM EVENTS/TRAINING</b>	3,507,540.	3,477,768.	14,706.	15,066.
c <b>TAXES, COMMISSIONS, AND</b>	899,596.	725,638.	101,457.	72,501.
d <b>FOOD</b>	257,067.	214,529.	21,974.	20,564.
e All other expenses	455,805.	222,540.	213,564.	19,701.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	77,966,821.	64,659,176.	8,335,206.	4,972,439.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,034,349.	1	712,856.	
	<b>2</b> Savings and temporary cash investments .....	19,581,794.	2	24,691,058.	
	<b>3</b> Pledges and grants receivable, net .....	85,445.	3	95,332.	
	<b>4</b> Accounts receivable, net .....	178,067.	4	131,299.	
	<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 .....		5		
	<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 .....		6		
	<b>7</b> Notes and loans receivable, net .....	2,013,589.	7	0.	
	<b>8</b> Inventories for sale or use .....	746,125.	8	382,814.	
	<b>9</b> Prepaid expenses and deferred charges .....	220,175.	9	6,333.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,853,387.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,362,326.			
	<b>11</b> Investments - publicly traded securities .....	11,063,078.	<b>10c</b>	10,491,061.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,096,236.	<b>11</b>	11,715,003.	
	<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 .....	675,000.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	47,153,263.	<b>15</b>	575,000.		
<b>17</b> Accounts payable and accrued expenses .....	2,921,979.	<b>16</b>	49,260,161.		
<b>18</b> Grants payable .....		<b>17</b>	2,422,453.		
<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 .....	35,052.	<b>23</b>			
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	22,791.	<b>24</b>	75,059.		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,979,822.	<b>25</b>	17,928.		
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>	2,515,440.		
<b>28</b> Unrestricted net assets .....	12,565,496.				
<b>29</b> Temporarily restricted net assets .....	31,357,945.	<b>27</b>	12,303,629.		
<b>30</b> Permanently restricted net assets .....	250,000.	<b>28</b>	34,191,092.		
<b>31</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		<b>29</b>	250,000.		
<b>32</b> Capital stock or trust principal, or current funds .....					
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
<b>34</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
<b>35</b> Total net assets or fund balances .....	44,173,441.	<b>32</b>			
<b>36</b> Total liabilities and net assets/fund balances .....	47,153,263.	<b>33</b>	46,744,721.		
		<b>34</b>	49,260,161.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,314,185.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,966,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,347,364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,173,441.
5	Net unrealized gains (losses) on investments	5	-384,779.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-391,305.
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	46,744,721.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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 (2012)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,226,859.	55,136,671.	56,835,084.	61,002,342.	68,085,749.	294,286,705.
<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 .....	53,226,859.	55,136,671.	56,835,084.	61,002,342.	68,085,749.	294,286,705.
<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.						294,286,705.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	53,226,859.	55,136,671.	56,835,084.	61,002,342.	68,085,749.	294,286,705.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	926,781.	714,269.	1,042,096.	872,960.	766,659.	4,322,765.
<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.) .....	93,405.	21,958.	4,389.		4,862.	124,614.
<b>11 Total support.</b> Add lines 7 through 10						298,734,084.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	50,670,090.
<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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.51	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	98.13	%
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 - 2011.</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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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. See separate instructions.

OMB No. 1545-0047

2012

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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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.

Table with 2 columns: Question number, Amount. Includes questions 1a-1b regarding collections of art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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	11,444,291.	10,734,039.	10,097,619.	9,814,803.	12,236,699.
b Contributions	412,975.	665,777.	312,737.	509,516.	243,294.
c Net investment earnings, gains, and losses	803,245.	584,558.	1,075,890.	631,503.	-1,003,735.
d Grants or scholarships					
e Other expenditures for facilities and programs	946,098.	540,083.	752,207.	858,203.	1,661,455.
f Administrative expenses					
g End of year balance	11,714,413.	11,444,291.	10,734,039.	10,097,619.	9,814,803.

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  2.13 %
- c Temporarily restricted endowment  97.87 %

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.** 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.	472,040.		1,142,040.
b Buildings	3,747,534.	8,608,890.	3,928,844.	8,427,580.
c Leasehold improvements				
d Equipment		8,124,566.	7,348,276.	776,290.
e Other	33,062.	197,295.	85,206.	145,151.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,491,061.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE TRUST	17,928.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,928.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	87,965,164.
<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>	-384,779.
<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>	6,385,758.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,650,979.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	81,314,185.
<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>	81,314,185.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	85,002,579.
<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>	6,385,758.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,035,758.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	77,966,821.
<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>	77,966,821.

**Part XIII Supplemental Information**

Complete this part to 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: 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, 2013 AND,**



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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	0	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	61,708.
NORTH AMERICA	0	0	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	69,300.
CENTRAL AMERICA AND THE CARIBBEAN -	0	1	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY; TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	413,416.
MIDDLE EAST AND NORTH AFRICA -	0	1	PROGRAM SERVICE	SUPPORT FOR SPORTS RELATED MINISTRY	116,217.
EAST ASIA AND THE PACIFIC -	0	1	PROGRAM SERVICES	SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	137,989.
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	1	PROGRAM SERVICES	TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	111,927.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPORT FOR SPORTS RELATED MINISTRY, TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	69,368.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL EXPENSE FOR SPORTS RELATED MINISTRY	13,872.
<b>3 a</b> Sub-total .....	0	4			993,797.
<b>b</b> Total from continuation sheets to Part I .....	0	1			32,755.
<b>c Totals</b> (add lines 3a and 3b) .....	0	5			1,026,552.

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

Schedule F (Form 990) 2012





**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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	14,015.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	7,200.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDING CHRISTIAN SPORTS CAMPS, CONFERENCES AND OTHER SPORTS RELATED	2,500.	CHECK	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 ..... **3**

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

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" to 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)
MINISTERIAL SUPPORT	CENTRAL AMERICA AND THE CARIBBEAN	1	600.	CHECK	0.		
MEDICAL EXPENSES	SOUTH ASIA	1	1,500.	WIRE	0.		
MISSIONARY SUPPORT / SPORTS ACTIVITIES	SUB-SAHARAN AFRICA	1	3,129.	WIRE	0.		
BENEVOLENCE	SUB-SAHARAN AFRICA	1	576.	CHECK	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) 2012

**Part V Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: 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: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

FORM 990, SCHEDULE F, PART IV, #1

FORM 926

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.



**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	
		BANQUET - DALLAS, TX	BANQUET - NASHVILLE, T	800	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	342,749.	304,203.	17,757,581.	18,404,533.
	2	Less: Contributions	228,766.	203,038.	11,852,189.	12,283,993.
	3	Gross income (line 1 minus line 2)	113,983.	101,165.	5,905,392.	6,120,540.
Direct Expenses	4	Cash prizes	1,502.	882.	120,027.	122,411.
	5	Noncash prizes	7,508.	4,410.	600,136.	612,054.
	6	Rent/facility costs	30,783.	18,082.	2,460,556.	2,509,421.
	7	Food and beverages	31,534.	18,524.	2,520,569.	2,570,627.
	8	Entertainment				
	9	Other direct expenses	3,754.	2,205.	300,068.	306,027.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 6,120,540 )
11	Net income summary. Combine line 3, column (d), and line 10				0.	

**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			30,637.
Direct Expenses	2	Cash prizes			0.	
	3	Noncash prizes			15,000.	15,000.
	4	Rent/facility costs			0.	
	5	Other direct expenses			0.	
	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)				( 15,000 )	
8	Net gaming income summary. Combine line 1, column d, and line 7				15,637.	

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>	The organization's facility	.00	%
<b>13b</b>	An outside facility	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.** Complete this part to 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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2012**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number  
44-0610626

**Part I Questions Regarding Compensation**

	Yes	No
<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. <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 <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)		
<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 .....	X	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	X	
<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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <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		
<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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....		X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? ..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		X
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<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:		
<b>a</b> The organization? .....	5a	X
<b>b</b> Any related organization? ..... If "Yes" to line 5a or 5b, describe in Part III.	5b	X
<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:		
<b>a</b> The organization? .....	6a	X
<b>b</b> Any related organization? ..... If "Yes" to line 6a or 6b, describe in Part III.	6b	X
<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 .....	7	X
<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 .....	8	X
<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)? .....	9	

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

Schedule J (Form 990) 2012



**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)	199,497.	0.	0.	11,334.	112,028.	322,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH WILLIAMS CHIEF ADMINISTRATION OFFIC	(i)	168,193.	0.	0.	8,150.	13,920.	190,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DICKY V CLARK VICE PRES	(i)	129,217.	0.	0.	6,536.	15,900.	151,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIMOTHY JOHNSON VICE PRES	(i)	111,512.	0.	0.	6,064.	33,468.	151,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONALD DEES EXECUTIVE DIRECTOR	(i)	111,974.	0.	0.	8,700.	84,780.	205,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL BRITTON VICE PRESIDENT	(i)	111,177.	0.	0.	8,250.	52,605.	172,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A: THE ORGANIZATION PAID HOUSING ALLOWANCES TO SOME OF  
THE INDIVIDUALS EMPLOYED IN THE CAPACITY AS A MINISTER. COMPANIONS TRAVEL  
ONLY WHEN THERE IS A BUSINESS PURPOSE. BUSINESS PURPOSES INCLUDE MINISTRY  
EVENTS WITH COUPLES, BOARD MEETINGS WITH COUPLES AND DONOR VISITS WITH  
COUPLES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

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.**

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	4	44,122.	FAIR MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	71	458,779.	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	270,000.	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**

	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) (2012)

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

SCHEDULE M, LINE 32B: THE ORGANIZATION USES STOCK BROKERS TO SELL STOCK DONATIONS AND REAL ESTATE AGENTS TO SELL REAL ESTATE. DONATED AUTOS & VEHICLES ARE GENERALLY SOLD THROUGH A THIRD PARTY.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

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 2013, WE SAW INCREDIBLE IMPACT WITH A RECORD 9,780 COACHES ATTENDING BIBLE STUDIES ACROSS THE COUNTRY. ALSO, WE HAVE RECENTLY DEVELOPED 3DIMENSIONAL COACHING, AN ONLINE CURRICULUM OF VIDEO TRAINING MODULES THAT ALLOWS COACHES TO DETERMINE THEIR TRANSFORMATIONAL PURPOSE IN COACHING. AS A RESULT, THE COACH IS RELEASED INTO THE FCA MINISTRY WITH PURPOSE, SUPPORT AND RESOURCES TO HAVE MAXIMUM IMPACT FOR JESUS CHRIST. TO HELP OUR STAFF BETTER ENGAGE COACHES, WE HOSTED OUR SECOND ANNUAL COACHES MINISTRY ACADEMY, WHERE 40 SELECTED NATIONAL AND INTERNATIONAL STAFF WERE TRAINED ON EFFECTIVE WAYS TO MINISTER TO COACHES AND CONNECT THEM TO CHRIST AND MINISTRY. 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. FCA FOCUSES ON EQUIPPING, ENABLING, EMPOWERING AND ENCOURAGING STUDENT-ATHLETES, COACHES AND ADULT LEADERS TO IMPACT AND INFLUENCE THEIR CAMPUS FOR CHRIST. THIS IS ACCOMPLISHED THROUGH CERTIFIED

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

MINISTRY THAT IS INITIATED AND LED BY STUDENT-ATHLETES, SPONSORED BY COACHES, SUPPORTED BY STAFF, ESTABLISHED ON JUNIOR HIGH, HIGH SCHOOL OR COLLEGE CAMPUSES AND MEETS ON A REGULAR BASIS. THERE ARE FOUR MINISTRY TYPES: CLUB HUDDLES, TEAM HUDDLES, CHAPLAIN HUDDLES AND COACHES HUDDLES. ADDITIONALLY, OUTREACH EVENTS TAKE PLACE ON THE CAMPUS SUCH AS ONE WAY 2 PLAY - DRUG FREE PROGRAMS, SCHOOL ASSEMBLIES AND THE ANNUAL FIELDS OF FAITH EVENTS. IN 2013, OVER 450,000 STUDENTS WERE REACHED ON 9,323 CAMPUSES ACROSS AMERICA. THE EIGHTH ANNUAL FIELDS OF FAITH EVENT HAD MORE THAN 170,000 STUDENTS PARTICIPATE ON APPROXIMATELY 463 ATHLETIC FIELDS. OF THOSE, 5,397 COMMITMENTS TO CHRIST, 7,921 RECOMMITMENTS TO CHRIST, AND 9,834 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

CAMPS ARE A TIME OF "INSPIRATION AND PERSPIRATION." FCA PROVIDES ATHLETES AND COACHES THE OPPORTUNITY TO REACH THEIR GOD-GIVEN POTENTIAL BY OFFERING COMPREHENSIVE ATHLETIC, SPIRITUAL AND LEADERSHIP TRAINING IN A CAMP ENVIRONMENT. THESE TYPES OF CAMPS ARE SPORTS CAMP, LEADERSHIP CAMP, COACHES CAMP, POWER CAMP, PARTNERSHIP CAMP, TEAM CAMP AND INTERNATIONAL CAMP.

CAMP MINISTRY EXPERIENCED AN INCREDIBLE YEAR WITH MORE THAN 59,000 COACHES AND ATHLETES ATTENDING 429 FCA CAMPS IN 38 STATES AND 25 COUNTRIES AROUND THE WORLD. MANY LIVES WERE IMPACTED AND TRANSFORMED BY OUTSTANDING COMPETITION AND SPIRITUAL GROWTH DURING FCA'S 57TH CAMP SEASON. THE 2013 CAMP THEME, RELENTLESS, CHALLENGED ATTENDEES TO RELENTLESSLY PURSUE GOD AND THEIR SPORT WITH A DESPERATE, DETERMINED HEART. THAT IS EXACTLY WHAT HAPPENED WITH 5,002 SALVATION DECISIONS AND

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

7,120 RECOMMITMENTS TO THE LORD.

COMMUNITY MINISTRY

WITH THE MAJORITY OF ATHLETES PLAYING SPORTS IN THE COMMUNITY (OFF-CAMPUS PROGRAMS), FCA IS MINISTERING TO THE CLUB, RECREATIONAL AND YOUTH SPORTS TEAMS WITH THE GOAL OF ESTABLISHING ONGOING MINISTRY FOR COACHES AND ATHLETES TO COMPETE FOR JESUS CHRIST WITH CHARACTER, PASSION AND EXCELLENCE. THIS INCLUDES ANY OFF-CAMPUS OPPORTUNITIES SUCH AS TEAM HUDDLES, CHAPLAIN HUDDLES, COACHES HUDDLES, CLUB HUDDLES AND FCA SPORTS TEAMS.

FCA EXPANDED MINISTRIES

FCA CONTINUES TO REACH MORE COACHES AND ATHLETES IN THEIR UNIQUE SPORTS CULTURE THROUGH SPORT-SPECIFIC MINISTRY AND INTERNATIONAL MINISTRY. SPORT-SPECIFIC MINISTRY IMPACTS SPECIFIC SPORTS COMMUNITIES FOR CHRIST BY MINISTERING TO THOSE UNITED AROUND A PARTICULAR SPORT. IT HAS ESTABLISHED EXECUTIVE DIRECTORS IN BASEBALL, CHEERLEADING, ENDURANCE, GOLF, ICE HOCKEY, LACROSSE, MOTOCROSS, SOCCER AND WRESTLING. OUR STRATEGY TO GROW SPORT-SPECIFIC MINISTRIES IS TO START LOCALLY, GROW REGIONALLY AND SUPPORT NATIONALLY.

FCA INTERNATIONAL HAS EXPLODED IN 2013. IT CONTINUES TO IMPACT COACHES AND ATHLETES THROUGHOUT THE WORLD BY CONNECTING FCA'S 505 FIELD OFFICES AND 1,100 STAFF TO THE WORLD, TRAINING THOSE WHO LEAD SPORTS MINISTRIES OVERSEAS WITH FCA STAFF, DISTRIBUTING RESOURCES WORLDWIDE AND DEVELOPING AFFILIATES AND PARTNERS WITH LEADERS TO WORK IN UNITY. CURRENTLY FCA IS WORKING IN 30 DIFFERENT COUNTRIES, AND CAMPS HAVE GROWN FROM 11 TO 87 IN FIVE YEARS! IN 2013, A TOTAL OF 13,115 COACHES

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

AND ATHLETES WERE REACHED THROUGH THE CAMPS (UP FROM 5,352 IN 2012).

FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT PERFORMS THE INITIAL REVIEW OF THE FORM 990. THE FORM IS THEN REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD, WHICH ALSO FUNCTIONS AS THE AUDIT COMMITTEE. THE COMMITTEE WILL HAVE THE OPPORTUNITY TO DISCUSS, MAKE COMMENTS AND ASK QUESTIONS PRIOR TO FILING THE TAX RETURN. THE FULL BOARD OF DIRECTORS WILL BE PROVIDED A COPY OF THE TAX RETURN WITH THE OPPORTUNITY TO MAKE COMMENTS AND ASK QUESTIONS PRIOR TO THE FORM BEING SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH TRUSTEE AND MEMBER OF SENIOR MANAGEMENT TO SIGN AN ANNUAL AFFIRMATION OF THE CONFLICT OF INTEREST POLICY AND EACH PERSON RECEIVES A COPY OF THE POLICY ON AN ANNUAL BASIS. IF A CONFLICT OF INTEREST DOES ARISE, THE TRUSTEES IN QUESTION WOULD RECUSE THEMSELVES FROM ANY PERTINENT DISCUSSION AND DECISION MAKING RELATED TO SAID CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS ANNUALLY THE COMPENSATION OF THE SENIOR LEADERSHIP OF THE MINISTRY. THEY USE COMPARABILITY DATA COMPILED FROM SALARY SURVEYS PROVIDED BY EXTERNAL SOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AK, AL, AR, AZ, 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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, FORMS 990, CONFLICT OF INTEREST POLICY, AND GOVERNING



Name of the organization  
FELLOWSHIP OF CHRISTIAN ATHLETES

Employer identification number  
44-0610626

DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS  
ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Multiple horizontal lines for additional text or details.

**Related Organizations and Unrelated Partnerships**

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

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" to 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	212,009.	3,990,443.	FELLOWSHIP OF CHRISTIAN ATHLETES

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 other 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" to 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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Series of horizontal lines for supplemental information.