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Form

Department of the Treasury Internal Revenue Service

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

2009

Open to Public Inspection

A	For the 20	09 calendar y	ear, or tax year beginning , and ending		
В	Check if application	use IRS	D Empl	oyer identification number	
	Name change	label or print or	42	-6073219	
	Initial return	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telep	hone number
	Termination	Specific	BOX 1117	-	1 700 030
	Amended retur	Instruc-	City or town, state or country, and ZIP + 4 LAWRENCE KS 66044	G Gross red	eipts\$ 1,700,939
	Application per	E None	e and address of principal officer	H(a) Is this	a group return for
	Application per	nung	·	affilia	
		ļ		H(b) Are a	ll affiliates led? Yes No
_				If "No	attach a list (see instructions)
	Tax-exempt		501(c) (3) ◄ (insert no) 4947(a)(1) or 527		
_	Website:			H(c) Grou	exemption number
	art I	zation X Coi			M State of legal domicile
<u> </u>	T		the organization's mission or most significant activities		
a		-	ER FUNDS TO CHRISTIAN WORKERS		
auc					
Activities & Governance					
Š	2 Che	ck this box	If the organization discontinued its operations or disposed of more than 25% of its net as	sets	
∞ 5			g members of the governing body (Part VI, line 1a)	3	5
ties	1	•	endent voting members of the governing body (Part VI, line 1b)	4_	5
Ξį	1		employees (Part V, line 2a)	5	
Ă	1		volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12	6 7a	
	1	_	isiness taxable income from Form 990-T, line 34	7b	0
	- D INC.	diriciated bu	Prior Ye	ar	Current Year
ō.	8 Con	itributions an	d grants (Part VIII, line 1h)	7,110	1,700,710
eun	1	_	revenue (Part VIII, line 2g)	400	
Revenue	1		me (Part VIII, column (A), lines 3, 4, and 7d)	423	229
	1	•	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7 522	1,700,939
				7,533 8,585	
	13 Gra	ints and simili refits haid to	ar amounts paid (Part IX, column (A), Inc. (ED)	0,505	1,002,3.2
s	15 Sala	aries, other c	ompensation, employee benefits (Part IX, column (A) times 5–10)	·	
benses		fessional fun			
	b Tota	al fundraising			
ŵ			(Part IX, column (A), lines 11a 11d 111 741)	<u>5,985</u>	70,960
				4,570	1,733,932
50	19 Rev	enue less ex	rpenses Subtract line 18 from line 12 -1 Beginning of Cu	7,037	-32,993 End of Year
Net Assets or	20 Tota	al assets (Pa		9,038	86,045
ASS	21 Tota	•	Part X, line 26)		
8	22 Net	assets or fur	nd balances Subtract line 21 from line 20	9,038	86,045
	Part II	Signatu	re.Block		
			lties of perjury, I declare that I have examined this return, including accompanying schedules and statements, Listrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which		
e:.		V	to trace, solvest, and soppose obstantion of preparer (other than officer) is based on all millionization of which	l I	s any knowledge
Sig He	-	Scanner 1	useux Yauquil		
110		Signate	KUSSELL E. FARWELL - TREASUREN	Date	1
		Type or	print name and title		
_		Preparer's	ıf	Preparer's identifying number	
Pa		signature	ved ▶	(see instructions) P00170272	
	eparer's	1	REDENTIIS & BOWSER LLP	EIN J	
US	e Only	Firm's name if self-emplo	124 NORTH 9TH STREET	Phone	
		address, an	d ZIP+4 FORT DODGE, IA 50501-3911	no l	▶ 515-955-8300
			eturn with the preparer shown above? (see instructions)		Yes No
For DA/	Privacy A	ct and Pape	rwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)
					617 20

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

1,662,972

Pa	art IV Checklist of Required Schedules		•	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			ĺ
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u></u>	<u> </u>	
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			₹.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		А
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	l		v
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40	'	х
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		х
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
20	If "Yes," complete Schedule G, Part III	19 20	 -	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	

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

Page 4 **Checklist of Required Schedules (continued)** Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X 21 in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts i and ili 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? Х 27 If "Yes," complete Schedule L, Part III 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 36 organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

> X Form **990** (2009)

Pa	int V Statements Regarding Other IRS Filings and Tax Compliance					
1-	Enter the number reported in Poy 3 of Form 1006. Applied Summers and Transmitted of	,		Γ	Yes	No_
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4.	0			
_	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and rej					
С	gaming (gambling) winnings to prize winners?	JUITADIO	7	1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
44	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			_ 		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv				
	this return?	,		За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	у			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin					
	account)?			_4a_		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding				
	Prohibited Tax Shelter Transaction?			_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible?			_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
	and services provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				1
	required to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona		7e		
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	2012		7f		-
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			<u> '9</u>		
••	required?	. 43		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ļ · · ·		
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter					[
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			}	}]
	amounts due or received from them)	11b				}
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	· · · · · · · · · · · · · · · · · · ·		L	<u> </u>
				Forn	n 990	(2009)

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.

_	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management		· ·	
10	Enter the number of voting members of the governing body	[Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 5	 j		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2	İ	x
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	-		
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-		
10	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ĺ	x
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		}	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	İ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	İ	[
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		<u> </u>	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		}	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	L
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶ RUSSELL E. FARWELL 332 TALL GRASS DRIVE			

DAA

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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

Name and Title Average hours per week Pour per we	X Check this box if the organization (A)	(B)			(0	C)		(D)		(E)	(F)
ROBERT L. ROCKHOLD PRESIDENT ROSA LEA WILLIAMS VICE-PRESIDE 2.00 X 0 0 0 0 0 0 0 0 0 0 0	Name and Title	hours per				all Key employee	Former A Highest compensated employee) Reportable compensatio from the organization (W-2/1099-MIS	n l	compensation from related organizations	amount of other compensation from the organization and related
VICE-PRESIDE 2.00 X 0 0 0 JOHN R. SCOLLON SECRETARY 2.00 X 0 0 RUSSELL E. FARWELL 900 X 3450,06 0 RON SPRAGG DIRECTOR 2.00 X 0 0 ON SPRAGG DIRECTOR 2.00 X ON SPRAGG DIRECTO									2 0		
VICE-PRESIDE 2.00 X 0 0 JOHN R. SCOLLON SECRETARY 2.00 X 0 0 RUSSELL E. FARWELL 200 X TREASURER 2.00 X 3,450,06 0 RON SPRAGG DIRECTOR X 0 0			├		X		- -	7711	0		
JOHN R. SCOLLON SECRETARY RUSSELL E. FARWELL FRASUBER RON SPRAGG DIRECTOR 2.00 X 3,450,06 0 0 0 0 0 0 0 0 0 0 0 0				}	v		{ }	}		م	
SECRETARY 2.00 X 0 0 RUSSELL E. FARWELL 200 X 3,450,08 0 RON SPRAGG DIRECTOR 2.00 X 0 0		2.00	╁		^	-	\vdash				
RUSSELL E. FARWELL 900 X \$ 3,450,00 0 0 RON SPRAGG DIRECTOR X 0 0 0		2.00			x	i			0	ol	
TREASURER 2:00 X 3,450,08 0 RON SPRAGG DIRECTOR X 0 0 0			 	_		-	 	<i>t</i>			_
RON SPRAGG DIRECTOR 2.00 X 0 0	·				X		1 1	3,450	0,08	0	
	DIRECTOR	2.00			X	l			0	0	
			-	-	-	-					
			<u> </u>		<u> </u>	_					

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Part VII		T	tees	s, Ke			yees	s, an	d Highest Compensated (D)	(E)		(F)	
١	(A) Name and Title	(B) Average hours per	(C) Position (check all that app			Reportable compensation	Reportable compensation	Estimated amount of					
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
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	·												
	·					_	ļ						
	·					ļ <u>.</u>							<u></u>
			-										
													
1b Total		<u> </u>				L							
2 Total r	number of individuals (in				thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
3 Did the	e organization list any fo	ormer officer, dire	ector	or t					oyee, or highest compensa	ted		Yes	
4 For an	yee on line 1a? If "Yes," y individual listed on line against and related o	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation s," complete Schedule J fo	from	3	3	X
individ 5 Did an	ual ly person listed on line 1	a receive or acc	rue c	comp	ens	atıor	n fror	n an	y unrelated organization fo		_4	1	X
	es rendered to the orgar Independent Contracte		<u>con</u>	nple	te So	ched	lule J	for	such person		5	5	X
1 Comp	lete this table for your fivensation from the organi	ve highest comp zation	ensa	ted ı	nde	penc	lent o	conti	ractors that received more				
 	(A) Name and business address							_	Descrip	(B) tion of services		(C) Compensa	ation
	·												
	·- ·· -·· -··												
							ed to	tho	se listed above) who receiv	/ed			
more t	than \$100,000 in compe	nsation from the	orga	anıza	tion	<u> </u>					F	orm 990	(2009)

Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns	1a					
an	b	Membership dues	1b					
g,	c	Fundraising events	1c					
jift ar	d	Related organizations	1d					
S, C	e		1e					
tion	f	All other contributions, gifts, grants,						
the		and similar amounts not included above	1f	1,700,710				
dat	g	Noncash contributions included in lines 1a-	1f \$					
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f		▶ 1	1,700,710			
ne				Busn. Code				
ven	2a							
8	b							
vice	c							<u> </u>
Ser	d							
E I	е							
.og	f	All other program service reve	nue					
<u> </u>	_ 9	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends,	, interest, and				
		other similar amounts)		▶	229			229
	4	Income from investment of tax	-exempt t	oond proceeds				
	5	Royalties		•				
		(i) Real		(II) Personal				
	6a							
	b	Less rental exps						
	c	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		(II) Other				
		sales of assets	<u>'</u>	(II) Other				
	h	other than inventory			·			
	b	Less cost or other basis & sales exps						
	_	Gain or (loss)						
	d	Net gain or (loss)						
		Gross income from fundraising eve	nts					
Jue		(not including \$	<i>'''</i>					
Ş.		of contributions reported on line 1c)						
æ		See Part IV, line 18	а					
Other Reven	b	Less direct expenses	ь					
0		Net income or (loss) from fund	Iraising ev	vents 🕨				
		Gross income from garning activities	7					
		See Part IV, line 19	a					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activit	ties				
	10a	Gross sales of inventory, less	j	j				
		returns and allowances	a					ı
	b	Less cost of goods sold	b			•		
	С	Net income or (loss) from sale						··· - ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
		Miscellaneous Revenue	-	Busn. Code		'		
	11a							
	b			ļl				
	C	•••						
	d	All other revenue		L			<u> </u>	
	e	Total Revenue Constant			1 700 000			229
	12	Total Revenue. See instruction	пs	▶	1,700,939	0	0	

Form 990 (2009)

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) but are not required to complete columns (B) (C) and (C)

	All other organizations must				
	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			J	
	the U.S. See Part IV, line 22	1,662,972	1,662,972		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	2 400		2,400	
16	Occupancy	2,400		2,400	
17	Travel				
18	Payments of travel or entertainment expenses			Í	
19	for any federal, state, or local public officials				
20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	1	}		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	i			_
а	FELLOWSHIP	55,500		55,500	
b	ADMINISTRATIVE EXPENSE	8,723		8,723	
С	POSTAGE	3,082		3,082	
d	SUPPLIES	1,255		1,255	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,733,932	1,662,972	70,960	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	[•	ĺ	
DAA	fundraising solicitation				
D44					Form 990 (2009)

		(2009) CHRISTIAN WORKERS FELL	OWSHIP	42-6073219		Page 11
<u> </u>	<u>art)</u>	(Balance Sheet		(A)		(B)
				(A) Beginning of year	1 1	End of year
	1	Cash—non-interest bearing		119,038	1	86,045
	2	Savings and temporary cash investments		113,030	2	00,043
	3	Pledges and grants receivable, net	<u> </u>	3		
	Ă	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,		 		
	"	employees, and highest compensated employees Com	· •		} }	
		Schedule L	ipicio i ali ii oi	l	5	
	6	Receivables from other disqualified persons (as defined	l under section	<u> </u>	╅	
	•	4958(f)(1)) and persons described in section 4958(c)(3)			1 1	
		Part II of Schedule L		6		
įts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	1 -	Land, buildings, and equipment cost or	1 1		 	
	''-	other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	119,038		86,045
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	<u> </u>
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	-
Liabilities	22	Payables to current and former officers, directors, truste				
豆		employees, highest compensated employees, and disq				
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
es.		Organizations that follow SFAS 117, check here ▶ 3	₹ and			
2	}	complete lines 27 through 29, and lines 33 and 34.				
<u>=</u>	27	Unrestricted net assets		119,038	27	<u>86,045</u>
ä	28	Temporarily restricted net assets			28	
Б	29	Permanently restricted net assets			29	
교		Organizations that do not follow SFAS 117, check he	ere 🕨			
ō		and complete lines 30 through 34.		1]		
ţ	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
As	32	Retained earnings, endowment, accumulated income, of	or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		119,038		86,045
<u>z</u>	34	Total liabilities and net assets/fund balances		119,038	34	86,045

Form **990** (2009)

Pa	it XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			İ
	Schedule O	ĺ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a	X	
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	į į		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			İ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 1		
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	ո 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTIAN WORKERS FELLOWSHIP FUND INC

Employer identification number 42-6073219

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)

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- 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)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X 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
 - Type III-Functionally integrated Type II Type III-Other C
- 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)
- 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
- Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

	Yes	No
11g(ı)		
11g(u)		
11g(III)		

(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))		organization sted in your document?	the organ	rou notify nization in of your port?	organızat (i) organı	is the tion in col ized in the S ?	(vii) Amount of support
		(ose men denong),	Yes	No	Yes	No	Yes	No	
			 				ļ · — ·		
otal			1	ĺ	ĺ	ĺ	1	1 1	

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 CHF					-6073219	Page 2
Pa	art II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,395,962	1,727,100	1,695,040	1,757,110	1,700,710	8,275,922
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	i					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,395,962	1,727,100	1,695,040	1,757,110	1,700,710	8,275,922
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,208,588
6	Public support. Subtract line 5 from line 4						6,067,334
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,395,962	1,727,100	1,695,040	1,757,110	1,700,710	8,275,922
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	463	426	511	423	229	2,052
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						8,277,974
12	Gross receipts from related activities, etc	(coo instructions)				12	8,211,914
13	First five years. If the Form 990 is for the	•	second third fou	rth or lifth tay you	ras a section 501	\	
	organization, check this box and stop here	-	, second, tilia, iod	rui, or murtax yea	l as a section so i	(0)(0)	•
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2009 (line 6			n (f))		14	73.29%
15	Public support percentage from 2008 Scho			(.,,		15	74.12%
16a	33 1/3 % support test—2009. If the organ			13. and line 14 is 3	33 1/3 % or more	<u> </u>	
	and stop here. The organization qualifies				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶ X
b	33 1/3 % support test—2008. If the organ		-	or 16a, and line 1	5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali					,	>
17a	10%-facts-and-circumstances test—200				a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums			•			•
þ	10%-facts-and-circumstances test—200			· ·	· ·		
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check t	his box and stop h	iere. Explain in Pa	rt IV how the	
18	organization meets the "facts-and-circums Private foundation. If the organization did		=				>

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)	<u> </u>		
	ction A. Public Support						
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				· · · · · · · · · · · · · · · · · · ·		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					—— —	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	<u></u>					
	tion B. Total Support			r			
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u></u>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						_
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	, second, third, for	urth, or fifth tax yea	ir as a section 501	(c)(3)	>
Sec	ction C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8			ın (f))		15	%
16	Public support percentage from 2008 Scho	• • • • • • • • • • • • • • • • • • • •	•	V-//		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (In			, column (f))		17	%
18	Investment income percentage from 2008		=	· · •		18	%
19a	33 1/3 % support tests—2009. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3 %, check this b	ox and stop here.	The organization	qualifies as a publi	cly supported orga	anization	>
b	33 1/3 % support tests—2008. If the orga	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check the	his box and stop h	ere. The organiza	tion qualifies as a p	oublicly supported	organization	▶
20	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this box	x and see instructi	ons	•

Schedule A (Form 990 or 990-EZ) 2009 CHRISTIAN WORKERS FELLOWSHIP

42-6073219

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

GOVERNITERIES, AND MUNICIDARS IN UNE CONTECT STATES.

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

▼ Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance X Yes **Employer Identification number** non-cash assistance (g) Description of 42-6073219 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa), assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable CHRISTIAN WORKERS FELLOWSHIP General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization FUND INC or government Name of the organization

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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Schedule I (F	Schedule (Form 990) 2009 CHRISTIAN WORKERS FELLOWSHIP	ORKERS FELLOWS		42-6073219		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	e United States. Com	nplete if the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MISSIO	MISSIONARY CONTRIBUTIONS	514	1,662,972			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

CHRISTIAN WORKERS FELLOWSHIP

FUND INC

Employer identification number 42-6073219

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 A copy of Form 990 will be provided to all board members and the Board Treasurer will review before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Currently the organization has no policies in place.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available from the organization upon request.