



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization FRONTLINE FELLOWSHIP, INC
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 109 DOVE DR
 City or town state or country and ZIP + 4
 RINGGOLD, GA 30736

D Employer identification no
61-0855164

E Telephone number
(706) 937-6770

G Gross receipts \$
217,592

F Name and address of principal officer WILLIAM H FORTNER
109 DOVE DR, RINGGOLD, GA 30736

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If No, attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website N/A

K Form of organization Corporation Trust Association Other

L Year of formation

M State of legal domicile GA

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities CHARITABLE RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC TRAINING PURPOSES			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
8 Contributions and grants (Part VIII line 1h)		187,635	217,592
9 Program service revenue (Part VIII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c and 11e)			0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		187,635	217,592
13 Grants and similar amounts paid (Part IX column (A), lines 1-3)		207,343	147,222
14 Benefits paid to or for members (Part IX, column (A) line 4)			0
15 Salaries, other compensation employee benefits (Part IX column (A), lines 5-10)		3,202	27,132
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/>		9,065	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		23,702	19,621
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		234,247	193,975
19 Revenue less expenses - Subtract line 18 from line 12		(46,612)	23,617
20 Total assets (Part X, line 18)		Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)		10,069	24,493
22 Net assets or fund balances - Subtract line 21 from line 20		10,069	24,493

Part II Signature Block

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

Sign Here
 Signature of officer: *William H Fortner* Date: 2-22-11
 WILLIAM H FORTNER, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: *Jessie L Ramsey* Preparer's signature: *Jessie L Ramsey* Date: 2/22/11
 Check self-employed PTIN: P01303369
 Firm's name: *Part IV INTL MISSIONS INC* Firm's EIN: *58-6044837*
 Firm's address: *8614 Harrison Park Rd Harrison, TN 37341* Phone no: *(423) 344-5050*

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

For Paperwork Reduction Act Notice, see the separate instructions EEA Form 990 (2010)

SCANNED MAR 17 2011

P

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 (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	109,649	109,649		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	27,132	9,044	9,044	9,044
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	37,573	37,573		
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):				
a Management				
b Legal				
c Accounting	2,074			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,376		1,355	21
12 Advertising and promotion				
13 Office expenses	852		852	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,737	3,479	5,258	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	691		691	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	179		179	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TELEPHONE	1,518		1,518	
b COMPUTER/INTERNET	1,267		1,267	
c POSTAGE/ SHIPPING	804		804	
d COPIER	101		101	
e NEWSLETTER	2,022		2,022	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	193,975	159,745	25,165	9,065
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

RECEIVED
JUL 10 2013
FAST
IRS OGDEN, UTAH

RECEIVED

MJG

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public
Inspection

Name of the organization

Employer identification number

FRONTLINE FELLOWSHIP, INC

61-0855164

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 the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

RECEIVED
APR 22 2013
EOCU
IRS OGDEN, UTAH

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. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed

(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)
(1)		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRAINING N	81,939	WIRE TRANS			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities

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)
(1) TIMISOARA NATIONAL PASTORS	EUROPE (INCLUDING ICELAND AND GREENLAND)		27,710	WIRE TRANSFER			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, 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