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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

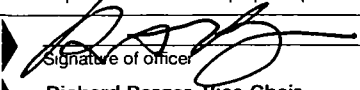
<b>A</b> For the 2010 calendar year, or tax year beginning <b>07/01</b> , 2010, and ending <b>06/30</b> , 20 <b>11</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC</b>
	Doing Business As <b>FAME</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>4545 Southeastern Ave</b>
	City or town, state or country, and ZIP + 4 <b>Indianapolis, IN 46203</b>
	<b>F</b> Name and address of principal officer <b>Richard Wolford</b> <b>4545 Southeastern Ave, Indianapolis, IN 46203</b>
<b>D</b> Employer identification number <b>23-7124787</b>	
<b>E</b> Telephone number <b>317-358-2480</b>	
<b>G</b> Gross receipts \$ <b>1,628,419</b>	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>www.fameworld.org</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <b>1970</b> <b>M</b> State of legal domicile <b>IN</b>

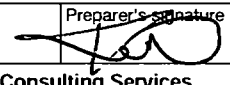
**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Christian Medical Evangelism</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>10</b>
<b>6</b> Total number of volunteers (estimate if necessary) <b>364</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-B, line 34 <b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,435,963</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>5,739</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>2,134</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,443,836</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>1,507,825</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>406,554</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>106,626</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) <b>889,478</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>2,803,857</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>639,979</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>1,783,214</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>374,813</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>1,408,401</b>

**Part II Signature Block**

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

<b>Sign Here</b>		<b>3/14/12</b>
	<b>Richard Berger, Vice-Chair</b>	Date
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Kieron Mitchell</b>	Preparer's signature 	Date <b>3/14/12</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>Central Indiana Consulting Services</b>	Firm's EIN ▶			
	Firm's address ▶ <b>4000 W 106TH ST STE 125-129, Indianapolis, IN 46032</b>	Phone no <b>208-728-5347</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

SCANNED APR 04 2012

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:  
**FAME is passionate in taking help and hope in the name of Christ to the unreached and underserved in the world through medical evangelism.**
- 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 ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 495,201 including grants of \$ 0 ) (Revenue \$ 0 )

**Mission Resources** - Christ's love was demonstrated through the collection and purchase of medicines and medical supplies that were donated or purchased and distributed to International Ministry Partners via Containers, Shipments, and Mobilized Medical Teams

**4b** (Code: ) (Expenses \$ 389,449 including grants of \$ ) (Revenue \$ 0 )

**Mobilization** - Christ's love was shown through Eight Medical teams providing care at International Ministry Partners sites.

**4c** (Code: ) (Expenses \$ 378,550 including grants of \$ ) (Revenue \$ 0 )

**Capital Projects** - Christ's love was shown through capital contributions funding construction of International Clinics and Medical facilities.

**4d** Other program services. (Describe in Schedule O.) See Schedule O, Statement 2  
 (Expenses \$ 29,249 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 1,292,449

**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)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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? If "Yes," complete Schedule D, Part VII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part VIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part IX . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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)? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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 governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	
<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> . . . . .		<input checked="" type="checkbox"/>
<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> . . . . .		<input checked="" type="checkbox"/>
<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> . . . . .		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</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>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>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> . . . . .		<input checked="" type="checkbox"/>
<b>25b</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> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly 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> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>28c</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> . . . . .		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	
<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> . . . . .		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<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> . . . . .		<input checked="" type="checkbox"/>
<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> . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> 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> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>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> . . . . .		<input checked="" type="checkbox"/>
<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> . . . . .		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 10	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b> ✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b> ✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b> ✓	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b> ✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> ✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b> ✓	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b> ✓	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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 ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 15		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 15		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	✓	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		✓
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		✓
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	✓
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	✓
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	✓
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **IN, MN, ND, WV**

**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 ☒ 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: ► **FAME, (317)358-2480**  
**4545 Southeastern Ave, Indianapolis, IN 46203-0548**

**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 (describe hours for related organizations in Schedule O)	(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			
Max Gordon										
Chair	0.6	✓		✓				0	0	0
Mark Wright										
Vice-Chair	0.6	✓		✓				0	0	0
Richard Crabtree										
Treasurer	0.6	✓		✓				0	0	0
Cheryl BoysFore										
Secretary	0.6	✓		✓				0	0	0
Barbara Riggs PhD										
Director	0.3	✓						0	0	0
Jodi SmithGick										
Director	0.3	✓						0	0	0
Claude Kluck										
Director	0.3	✓						0	0	0
Dwain Ilman MD										
Director	0.3	✓						0	0	0
Donald Stogsdill MD										
Director	0.3	✓						0	0	0
Brian Miles MD										
Director	0.3	✓						0	0	0
Ranae Phillips										
Director	0.6	✓						0	0	0
Tim Gephart										
Director	0.3	✓						0	0	0
Barb Pryor										
Director	0.3	✓						0	0	0
David Pound MD										
Director	0.3	✓						0	0	0
Richard Berger										
Director	0.30	✓						0	0	0
Greg Ishmael										
Director	0.3	✓						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 (describe hours for related organizations in Schedule O)	(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			
Sherry Burnam Director	0.3	✓						0	0	0
Richard Wolford Executive Director	40			✓				0	0	89,000
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0	0	89,000

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
		3	✓
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? <i>If "Yes," complete Schedule J for such individual</i>		
		4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		
		5	✓

## 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.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0	

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 20,753				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,596,628				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	423,613				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	1,617,381				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,328	0	0	3,328
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0
	<b>6a</b>	(i) Real					
		(ii) Personal					
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss) 0 0					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	(i) Securities					
		(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . . 0 0					
	<b>d</b>	Net gain or (loss) . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ 19,157 of contributions reported on line 1c). See Part IV, line 18 . . . . . a 1,596					
	<b>b</b>	Less: direct expenses . . . . . b 10,140					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		-8,544	0	-8,544	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . a						
<b>b</b>	Less: direct expenses . . . . . b						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . a						
	Less: cost of goods sold . . . . . b						
	Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		6,114	0	0	6,114	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		6,114				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		1,618,279	0	0	898	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	719,877	719,877		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	89,000	41,601	40,469	6,930
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	230,795	107,880	104,944	17,971
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	18,401	8,601	8,367	1,433
<b>9</b>	Other employee benefits . . . . .	82,219	21,473	49,595	11,151
<b>10</b>	Payroll taxes . . . . .	13,799	12,033	1,766	0
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	82,980	0	71,640	11,340
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .				
<b>12</b>	Advertising and promotion . . . . .	37,695	9,730	0	27,965
<b>13</b>	Office expenses . . . . .	95,579	36,255	48,339	10,985
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	42,899	10,337	32,562	0
<b>17</b>	Travel . . . . .	325,016	306,411	11,586	7,019
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	29,624	17,458	1,054	11,112
<b>23</b>	Insurance . . . . .	15,804	0	15,084	720
<b>24</b>	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.)				
<b>a</b>	Mission-Medicine and supplies (GIK) . . . . .	66,909	0	66,909	0
<b>b</b>	Other . . . . .	3,962	793	3,169	
<b>c</b>	. . . . .				
<b>d</b>	. . . . .				
<b>e</b>	. . . . .				
<b>f</b>	All other expenses . . . . .				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1,854,559	1,292,449	455,484	106,626
<b>26</b>	<b>Joint costs.</b> 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 . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,200	<b>1</b>	10,100
	<b>2</b> Savings and temporary cash investments . . . . .	383,634	<b>2</b>	151,101
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	13,751
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 instructions) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 975,036		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 164,118	<b>10c</b>	810,918
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	591,457	<b>15</b>	566,982
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,783,214	<b>16</b>	1,552,852	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	32,955	<b>17</b>	61,248
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	330,431	<b>23</b>	293,248
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	11,427	<b>25</b>	26,235
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	374,813	<b>26</b>	380,731
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,143,113	<b>27</b>	923,324
	<b>28</b> Temporarily restricted net assets . . . . .	265,288	<b>28</b>	248,797
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,408,401	<b>33</b>	1,172,121
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,783,214	<b>34</b>	1,552,852

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>1,618,279</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>1,854,559</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>-236,280</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>1,408,401</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	<b>0</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>1,172,121</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<input checked="" type="checkbox"/>	
<b>2b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	<input checked="" type="checkbox"/>	
<b>2c</b> 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	<input checked="" type="checkbox"/>	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>3b</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		

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number

23-7124787

**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—Other
- 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?
- (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? 

	Yes	No
11g(i)		
- (ii) A family member of a person described in (i) above? 

11g(ii)		
---------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		
----------	--	--
- 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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	3,972,251	2,619,179	3,082,074	3,435,963	1,617,381	14,726,848
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	3,972,251	2,619,179	3,082,074	3,435,963	1,617,381	14,726,848
<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. . . . .						14,726,848

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	3,972,251	2,619,179	3,082,074	3,435,963	1,617,381	14,726,848
<b>8</b> Gross income from interest, dividends, payments received on securities, loans, rents, royalties and income from similar sources . . . . .	10,715	5,463	3,324	5,739	3,328	28,569
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	9,925	6,504	20,905	7,710	45,044
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						14,800,461
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<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 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.5 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.47 %
<b>16a 33⅓% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33⅓% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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—2010.</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—2009.</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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.) . . . . .						
<b>14 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>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**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. Also complete this part for any additional information. (See instructions).

General Explanation - General Explanation - Other Income

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number

23-7124787

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

(ii) Assets included in Form 990, Part X . . . . . ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

b Assets included in Form 990, Part X . . . . . ▶ \$

**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 XIV

**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 XIV and complete the following table:

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

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment  %  
**b** Permanent endowment  %  
**c** Term endowment  %

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

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	23,000	0		23,000
<b>b</b> Buildings	865,282	0	109,984	755,298
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	27,479	0	19,356	8,123
<b>e</b> Other	59,275	0	34,778	24,497
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				810,918

**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> (Column (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> (Column (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) Medical Supplies Inventory	542,212
(2) Other	24,770
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	566,982

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Annuities Payable	7,199
(3) Accrued Salaries and Payroll Tax Liabilities	19,036
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	26,235

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	1,618,279
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	1,854,559
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	-236,280
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	0
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	0
<b>7</b>	Prior period adjustments	<b>7</b>	0
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	0
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	-236,280

**Part XII 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>	1,628,419
<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>	0
<b>b</b>	Donated services and use of facilities	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	10,140
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,140
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,618,279
<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>	0
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	0
<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>	1,618,279

**Part XIII 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>	1,864,699
<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>	0
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Other losses	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	10,140
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,140
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,854,559
<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>	0
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	0
<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>	1,854,559

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part X - INCOME TAX POSITIONS** On July 1, 2009, FAME adopted the new provisions of the Income Tax Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). These provisions clarify the accounting for uncertainty in tax positions taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the statement of financial position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the statement of activities. As of June 30, 2011, FAME had no uncertain tax positions that qualify for recognition or disclosure in the financial statements

**Schedule D, Part X, Line 2 - FAME follows the provisions of the Income Tax topic of the FASB ASC.** These provisions clarify the accounting for uncertainty in tax positions and prescribe guidance related to the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the statements of financial position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2011 and 2010, FAME had no uncertain tax positions that qualify for recognition or disclosure in the financial statements

**Part XIV - Supplemental Information (Continued)**

Schedule D, Part XII, Line 2d - Net loss on event

Schedule D, Part XIII, Line 2d - Event expenses

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Employer identification number

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

23-7124787

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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 (add col (a) through col (c))
		<u>Gala (Banquet)</u> (event type)	 (event type)	 (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	20,753			20,753
	<b>2</b> Less: Charitable contributions . . . . .	19,157			19,157
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,596			1,596
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	595			595
	<b>6</b> Rent/facility costs . . . . .	2,438			2,438
	<b>7</b> Food and beverages . . . . .	7,841		0	7,841
	<b>8</b> Entertainment . . . . .	300		0	300
	<b>9</b> Other direct expenses . . . . .	-1,034			-1,034
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 10,140 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				-8,544

**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))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	-
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

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



- |           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity operated in:   |                              |                             |
| <b>a</b>  | The organization's facility   | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility   | <b>13b</b>                   | %                           |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                              |                             |

Name 

Address ►

- 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 ► \_\_\_\_\_

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 I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

Employer identification number

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

23-7124787

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

8

0

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - 1.) Prior to approval of a project request, the following are obtained or done: a.) A very comprehensive application form which is notarized. b.) A copy of a resolution from the applicant's Board of Directors stating that the project has Board approval. c.) Application includes a statement that neither the organization requesting funds, nor any individual involved with the organization, has ever in the past or at the present time had any involvement with a terrorist organization. d.) Site visit by a member of the FAME staff or Board. 2.) Once approval is granted and funds are being disbursed for the project, the recipient of funds has agreed to the following: a.) Provide FAME with a brief monthly progress report, including pictures, while funds are being received. b.) Provide FAME with a quarterly report of project progress, financial summary and ministry summary while funds are being received. c.) Provide FAME with a final comprehensive report, including pictures of the project, of the final project budget and of the anticipated time to become operational once the project is completed. d.) Appropriate staff person at FAME monitors timely receipt of these reports and maintains e-mail contact as necessary to assure clarity of progress and offer assistance if hindrances to progress occur. 3.) Long-term follow-up. A site visit may be made one to three years after completion of the project, as deemed necessary, to assure that the project is fully operational and being used for the stated purpose.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number

23-7124787

**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 . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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 . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	378	423,613	FMV
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 0

	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? . . . . .		✓
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? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
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.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M, Part I, Line 32b - Gift for the Nations

Area with horizontal dashed lines for supplemental information.

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number

23-7124787

Form 990, Part VI, Section A, Line 2 - Mr. Mark Wright, Director, is the Pastor of Mr Richard Wolford, Executive Director.

Form 990, Part VI, Section B, Line 11a - The form was double-checked by someone other than the preparer for clerical errors, and then reviewed by the signer (Richard Berger) on March 6th at some level of detail with the preparer. An electronic copy was provided to the board of directors before it was filed.

Form 990, Part VI, Section B, Line 12c - A conflict of interest form, attached to the conflict of interest policy, is sent to all parties. It is then signed and returned. It is then reviewed and approved by supervision. These are kept on file.

Form 990, Part VI, Section B, Line 15 - The process for determining the compensation of the Executive Director was last undertaken by the Executive Committee of the Board of Directors on January 8th, 2008.

Form 990, Part VI, Section C, Line 19 - All via request, some on our website, some on guidestar.com.

## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	Asia Chrstian Services South East Asia Avengeling Mission 16 Union Street Joliet, IL 60433	45,000	
<b>EIN</b>	36-6206043		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>			
<b>Name and address</b>	Central India Christian Mission 1242 W 136TH St Carmel, IN 46032	28,667	
<b>EIN</b>	56-1351880		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Construction of medical facility		
<b>Name and address</b>	CMF International 33365 Winding Way Wildomar, CA 92595	62,000	
<b>EIN</b>	26-3415221		
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>			
<b>Name and address</b>	Ghana Christian Mission 6337 Hollister Dr Ron Hera Indianapolis, IN 46224	7,000	
<b>EIN</b>	20-5181861		
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>			
<b>Name and address</b>	Haitian Chrstian Mission PO Box 910705 Lexington, KY 40591	36,500	
<b>EIN</b>	43-1170717		
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>			
<b>Name and address</b>	Haitian Chrstian Outreach PO Box 1052 Mahomet, IL 61853	49,307	
<b>EIN</b>	36-4203007		
<b>IRC code section</b>			
<b>Method of valuation</b>			

Description of non-  
cash assistance

Purpose of grant

---

Name and address	North Andhra Coastal Evangelizing Assoc	12,500
	2416 E 150 S	
	Washington, IN 47501	
EIN	20-5721050	

IRC code section

Method of valuation

Description of non-  
cash assistance

Purpose of grant

---

Name and address	Northwest Haiti Christian Mission	56,000
	7271 Mayflower Park	
	Zionsville, IN 46077	
EIN	31-1057251	

IRC code section

Method of valuation

Description of non-  
cash assistance

Purpose of grant



## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other - Scholarships fund medical training for Individuals associated with Ministry Partners	29,249		0
Total:		29,249	0	0

**Non-Cash Gifts to FAME**  
**7/1/10 - 6/30/11**

226 Gift(s) listed  
196 Donor(s) listed

EIN: 23-7124787

Order Ref	Pickup Date	Confirmed Date	Entered By	Agency Ref	Agency Name	Quantity	Weight	Service Fee	Misc Cost	Purchase Cost	Donor's Value	G/P \$
					FAME	Confirmed					1:55 PM	Tuesday, Febr
					Consolidated							
					For Orders Ea							
300132	07/01/2010	07/20/2010	athomas	200019		4 Panama Christian Evangelism		\$0.00		\$0.00	\$716.19	(\$716.19)
						4	4	\$0.00		\$0.00	\$716.19	(\$716.19)
300130	07/06/2010	07/14/2010	athomas	200045		4,800 CMF International		\$0.00		\$0.00	\$299.00	(\$299.00)
300133	07/06/2010	07/21/2010	athomas	200079		20,060 Mid-Atlantic Christian University		\$0.00		\$0.00	\$2,979.95	(\$2,979.95)
300135	07/06/2010	07/21/2010	athomas	200004		4,162 Central Brazil Mission		\$0.00		\$0.00	\$634.40	(\$634.40)
300138	07/06/2010	07/23/2010	athomas	200080		183 The Village Experience		\$0.00		\$0.00	\$140.74	(\$140.74)
						29,203	29,203	\$0.00		\$0.00	\$4,054.09	(\$4,054.09)
300136	07/25/2010	08/19/2010	athomas	200006		81,979 Hartum Christian Mission (HCM)		\$0.00		\$0.00	\$28,647.80	(\$28,647.80)
300142	07/21/2010	07/30/2010	athomas	200082		1 Dave Odor		\$0.00		\$0.00	\$99.27	(\$99.27)
						81,980	81,980	\$0.00		\$0.00	\$28,747.07	(\$28,747.07)
300139	07/22/2010	07/23/2010	athomas	200077		8,850 Global Health Ministries		\$0.00		\$0.00	\$265.50	(\$265.50)

300137	08/03/2010	Totals for 7/22/	08/19/2010	athomas	200004	8,850	8,850	\$0 00	\$0 00	\$265 50	(\$265 50)
300140	07/23/2010		07/23/2010	athomas	200081	31,218	Central Brazil Mission	\$0 00	\$0 00	\$2,153 47	(\$2,153 47)
						6,825	Lighthouse Ministries	\$0 00	\$0 00	\$360 71	(\$360 71)
		Totals for 7/23/				38,043		\$0 00	\$0 00	\$2,514 18	(\$2,514 18)
300143	08/23/2010		08/23/2010	athomas	200027	6,705	DISPOSAL	\$0 00	\$0 00	\$69 09	(\$69 09)
		Totals for 8/23/				6,705		\$0 00	\$0 00	\$69 09	(\$69 09)
300144	08/30/2010		08/30/2010	athomas	200078	1,526	INVENTORY ADJUSTMENT	\$0 00	\$0 00	\$15 26	(\$15 26)
		Totals for 8/30/				1,526		\$0 00	\$0 00	\$15 26	(\$15 26)
300145	09/03/2010		09/03/2010	athomas	200022	120	Lifeline Christian Mission	\$0 00	\$0 00	\$262 80	(\$262 80)
300146	09/07/2010		09/03/2010	athomas	200012	120	Hartan Christian Outreach (HCO)	\$0 00	\$0 00	\$262 80	(\$262 80)
		Totals for 9/3/2/				240		\$0 00	\$0 00	\$525 60	(\$525 60)
300154	09/04/2010		09/08/2010	athomas	200085	13	Christian Boaters Association	\$0 00	\$0 00	\$408 94	(\$408 94)
		Totals for 9/4/2/				13		\$0 00	\$0 00	\$408 94	(\$408 94)

300147	09/14/2010	10/04/2010	athomas	200026	29,512	Missions of Hope	\$0 00	\$0 00	\$3,181 87	(\$3,181 87)
300148	09/07/2010	09/07/2010	athomas	200004	11,903	Central Brazil Mission	\$0 00	\$0 00	\$591 33	(\$591 33)
					41,415		\$0 00	\$0 00	\$3,773 20	(\$3,773 20)
300150	09/08/2010	09/08/2010	athomas	200027	5	DISPOSAL	\$0 00	\$0 00	\$200 00	(\$200 00)
300151	09/08/2010	09/08/2010	athomas	200084	2	Crosslink International	\$0 00	\$0 00	\$1,332 80	(\$1,332 80)
300152	09/08/2010	09/08/2010	athomas	200083	1	CHARITABLE DONATIONS	\$0 00	\$0 00	\$110 12	(\$110 12)
300153	09/08/2010	09/08/2010	athomas	200027	24	DISPOSAL	\$0 00	\$0 00	\$5,417 38	(\$5,417 38)
					32		\$0 00	\$0 00	\$7,060 30	(\$7,060 30)
300155	09/14/2010	10/04/2010	athomas	200087	21,581	Dez Zook	\$0 00	\$0 00	\$346 24	(\$346 24)
					21,581		\$0 00	\$0 00	\$346 24	(\$346 24)
300156	09/15/2010	09/15/2010	athomas	200088	8,922	Hillside	\$0 00	\$0 00	\$441 64	(\$441 64)
					8,922		\$0 00	\$0 00	\$441 64	(\$441 64)
300157	09/24/2010	09/24/2010	athomas	200019	18,942	Panama Christian Evangelism	\$0 00	\$0 00	\$3,023 23	(\$3,023 23)
					18,942		\$0 00	\$0 00	\$3,023 23	(\$3,023 23)
300159	09/24/2010	09/24/2010	athomas	200089	1	Hospital Sisters	\$0 00	\$0 00	\$3,585 60	(\$3,585 60)

Account Number	Date	Description	Debit	Credit	Balance
10-003	09/23/2010	10/01/2010 a/bomas	200090		
		Totals for 9/24/		\$0 00	\$3,585 60
		6,274 Fellowship of Associates of Medical Evang		\$0 00	\$65,014 92
		6,274	6,274		\$65,014 92
300160	09/29/2010	10/01/2010 a/bomas	200006		
		Totals for 9/25/		\$0 00	\$2,582 81
		18,501 Hatuan Christian Mission (HCM)		\$0 00	\$8,095 51
		18,501	18,501		\$8,095 51
300149	10/14/2010	12/08/2010 a/bomas	200006		
		Totals for 9/29/		\$0 00	\$12 50
		47,916 Hatuan Christian Mission (HCM)		\$0 00	\$7,443 69
		47,916	47,916		\$7,443 69
300162	10/04/2010	12/08/2010 a/bomas	200063		
		Totals for 10/4/		\$0 00	\$120 36
		250 Good Samaritan Health Clinic		\$0 00	\$7,443 69
		250	250		\$7,443 69
300163	10/22/2010	12/08/2010 a/bomas	200006		
		Totals for 10/6/		\$0 00	\$7,443 69
		58,472 Hatuan Christian Mission (HCM)		\$0 00	\$7,443 69
		58,472	58,472		\$7,443 69
300165	10/22/2010	10/22/2010 a/bomas	200078		
		Totals for 10/6/		\$0 00	\$120 36
		4,186 INVENTORY ADJUSTMENT		\$0 00	\$120 36
		4,186	4,186		\$120 36

300166	10/29/2010	Totals for 10/22	11/01/2010	athomas	200091	4,186	4,186	\$0.00	\$120.36	(\$120.36)
						8 Dr. Ken Klotz		\$0.00	\$231.20	(\$231.20)
300167	11/02/2010	Totals for 10/27	11/02/2010	athomas	200012	8	8	\$0.00	\$231.20	(\$231.20)
300168	11/02/2010		11/02/2010	athomas	200040	8 Haitian Christian Outreach (HCO)		\$0.00	\$6,599.61	(\$6,599.61)
300169	11/02/2010		11/02/2010	athomas	200019	35 Operation Classroom		\$0.00	\$2,017.69	(\$2,017.69)
						23 Panama Christian Evangelism		\$0.00	\$6,456.30	(\$6,456.30)
300170	11/08/2010	Totals for 11/2	11/05/2010	athomas	200040	66	66	\$0.00	\$15,073.60	(\$15,073.60)
						32 Operation Classroom		\$0.00	\$1,469.79	(\$1,469.79)
300172	11/16/2010	Totals for 11/5	11/17/2010	athomas	200062	32	32	\$0.00	\$1,469.79	(\$1,469.79)
						1,793 Grundy Mountain Mission School		\$0.00	\$652.48	(\$652.48)
10-004	11/13/2010	Totals for 11/12	12/08/2010	athomas	200017	1,793	1,793	\$0.00	\$652.48	(\$652.48)
						92,600 His Eyes, Clinica Medica		\$0.00	\$23,090.65	(\$23,090.65)
300173	11/22/2010	Totals for 11/13	11/22/2010	athomas	200092	92,600	92,600	\$0.00	\$23,090.65	(\$23,090.65)
						7 International HealthCare Network		\$0.00	\$464.20	(\$464.20)

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300182	Totals for 12/8/	12/09/2010	12/09/2010	athomas	200096	7,929	7,929	\$0 00	\$0 00	\$257.25	(\$257.25)
300183		12/09/2010	12/09/2010	athomas	200009	1,920	Kingsway Charities	\$0 00	\$0 00	\$38.40	(\$38.40)
300186		12/22/2010	12/22/2010	athomas	200083	9,600	Good Samaritan Clinic	\$0 00	\$0 00	\$192.00	(\$192.00)
						1,920	CHARITABLE DONATIONS	\$0 00	\$0 00	\$38.40	(\$38.40)
300184	Totals for 12/9/	01/05/2011	12/21/2010	athomas	200017	13,440	13,440	\$0 00	\$0 00	\$268.80	(\$268.80)
						1,802	Hus Eyes, Clinica Medica	\$0 00	\$0 00	\$40.66	(\$40.66)
300185	Totals for 12/21	12/22/2010	12/22/2010	athomas	200016	1,802	1,802	\$0 00	\$0 00	\$40.66	(\$40.66)
						21	St Francis NHC	\$0 00	\$0 00	\$540.69	(\$540.69)
11-001	Totals for 12/22	01/06/2011	01/07/2011	athomas	200045	21	21	\$0 00	\$0 00	\$540.69	(\$540.69)
						9	CMF International	\$0 00	\$0 00	\$227.60	(\$227.60)
11-002	Totals for 1/5/2	01/20/2011	05/24/2011	athomas	200101	9	9	\$0 00	\$0 00	\$227.60	(\$227.60)
						24,284	ACM International	\$0 00	\$0 00	\$695.23	(\$695.23)
11-003	Totals for 1/7/2	01/12/2011	01/13/2011	athomas	200061	24,284	24,284	\$0 00	\$0 00	\$695.23	(\$695.23)
						9	Operation Walk	\$0 00	\$0 00	\$178.00	(\$178.00)

11-004	01/13/2011	01/13/2011 athomas	200061	Totals for 1/12/	9	9	\$0.00	\$0.00	\$178.00	(\$178.00)
					33	Operation Walk	\$0.00	\$0.00	\$382.47	(\$382.47)
				Totals for 1/13/	33		\$0.00	\$0.00	\$382.47	(\$382.47)
11-005	02/04/2011	02/18/2011 athomas	200017		57,702	His Eyes, Clinica Medica	\$0.00	\$0.00	\$5,916.75	(\$5,916.75)
				Totals for 1/17/	57,702		\$0.00	\$0.00	\$5,916.75	(\$5,916.75)
11-006	01/18/2011	05/24/2011 athomas	200016		4	St. Francis NHC	\$0.00	\$0.00	\$57.71	(\$57.71)
11-007	01/18/2011	05/24/2011 athomas	200006		182,868	Haitian Christian Mission (HCM)	\$0.00	\$0.00	\$28,517.44	(\$28,517.44)
				Totals for 1/18/	182,872		\$0.00	\$0.00	\$28,575.15	(\$28,575.15)
11-009	01/20/2011	02/07/2011 athomas	200102		76	Nicaragua Medical Alliance	\$0.00	\$0.00	\$1,475.95	(\$1,475.95)
				Totals for 1/20/	76		\$0.00	\$0.00	\$1,475.95	(\$1,475.95)
11-008	01/24/2011	01/24/2011 athomas	200004		6,532	Central Brazil Mission	\$0.00	\$0.00	\$1,078.80	(\$1,078.80)
				Totals for 1/24/	6,532		\$0.00	\$0.00	\$1,078.80	(\$1,078.80)
11-010	02/04/2011	02/07/2011 athomas	200042		2	Timmy Foundation	\$0.00	\$0.00	\$26.85	(\$26.85)

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11-024	04/18/2011	04/18/2011	athomas	200107	7 Community Health Network	\$0 00	\$5,049 94	(\$5,049 94)
11-025	04/18/2011	04/18/2011	athomas	200042	2 Timmy Foundation	\$0 00	\$338 98	(\$338 98)
					9	9	\$5,388 92	(\$5,388 92)
11-028	05/02/2011	05/03/2011	athomas	200016	3 St Francis NHC	\$0 00	\$93 20	(\$93 20)
					3	3	\$93 20	(\$93 20)
11-029	05/04/2011	05/04/2011	athomas	200004	4,307 Central Brazil Mission	\$0 00	\$2,339 41	(\$2,339 41)
11-030	05/06/2011	05/13/2011	athomas	200040	1,005 Operation Classroom	\$0 00	\$8,711 98	(\$8,711 98)
					5,312	5,312	\$11,051 39	(\$11,051 39)
11-031	05/11/2011	05/13/2011	athomas	200042	2,515 Timmy Foundation	\$0 00	\$760 82	(\$760 82)
11-032	05/06/2011	05/13/2011	athomas	200107	4 Community Health Network	\$0 00	\$1,740 00	(\$1,740 00)
					2,519	2,519	\$2,500 82	(\$2,500 82)
11-033	05/07/2011	05/13/2011	athomas	200093	25 African Community International INC	\$0 00	\$3,150 47	(\$3,150 47)
					25	25	\$3,150 47	(\$3,150 47)
11-034	05/11/2011	05/13/2011	athomas	200109	5 For the Youth Medical Missions	\$0 00	\$263 09	(\$263 09)

11-039	06/13/2011	06/13/2011	ethomas	200006	Totals for 5/10/	5	\$0.00	\$0.00	\$263.09	(\$263.09)
						66	\$0.00	\$0.00	\$14,501.86	(\$14,501.86)
						66	\$0.00	\$0.00	\$14,501.86	(\$14,501.86)
11-035	05/17/2011	05/17/2011	ethomas	200110	Totals for 5/11/	37	\$0.00	\$0.00	\$4,337.06	(\$4,337.06)
11-036	05/18/2011	05/18/2011	ethomas	200019		4,762	\$0.00	\$0.00	\$1,231.26	(\$1,231.26)
						4,799	\$0.00	\$0.00	\$5,568.32	(\$5,568.32)
11-037	05/24/2011	06/03/2011	ethomas	200016		2	\$0.00	\$0.00	\$85.61	(\$85.61)
11-049	07/08/2011	06/28/2011	ethomas	200008		81,907	\$0.00	\$0.00	\$16,489.01	(\$16,489.01)
						81,909	\$0.00	\$0.00	\$16,574.62	(\$16,574.62)
11-044	05/28/2011	06/20/2011	ethomas	200041		31	\$0.00	\$0.00	\$4,648.91	(\$4,648.91)
						31	\$0.00	\$0.00	\$4,648.91	(\$4,648.91)
11-038	06/09/2011	06/09/2011	ethomas	200027	Totals for 5/27/	218	\$0.00	\$0.00	\$35,727.82	(\$35,727.82)
11-045	06/09/2011	06/20/2011	ethomas	200018		10	\$0.00	\$0.00	\$697.42	(\$697.42)
						228	\$0.00	\$0.00	\$36,425.24	(\$36,425.24)

11-040	06/13/2011	06/13/2011	ethomas	200012	16 Haitian Christian Outreach (HCO)	\$0 00	\$0 00	\$5,788 86	(\$5,788 86)
11-041	06/13/2011	06/13/2011	ethomas	200071	2 Christianville Foundation, Inc	\$0 00	\$0 00	\$1,560 00	(\$1,560 00)
					18	18	\$0 00	\$7,348 86	(\$7,348 86)
11-046	06/13/2011	06/20/2011	ethomas	200016	1 St Francis NHC	\$0 00	\$0 00	\$99 27	(\$99 27)
					1	1	\$0 00	\$99 27	(\$99 27)
11-042	06/29/2011	06/16/2011	ethomas	200017	1,068 Hta Eyes, Clinica Medica	\$0 00	\$0 00	\$4,487 22	(\$4,487 22)
11-043	06/16/2011	06/16/2011	ethomas	200033	6,833 Masters Provisions	\$0 00	\$0 00	\$410 10	(\$410 10)
					7,903	7,903	\$0 00	\$4,897 32	(\$4,897 32)
11-048	06/22/2011	06/28/2011	ethomas	200027	2 DISPOSAL	\$0 00	\$0 00	\$917 00	(\$917 00)
					2	2	\$0 00	\$917 00	(\$917 00)
11-047	06/27/2011	06/28/2011	ethomas	200076	80 Mashoko Christian Hospital	\$0 00	\$0 00	\$30,525 88	(\$30,525 88)
11-047AD	06/27/2011	10/14/2011	ethomas	200076	10 Mashoko Christian Hospital	\$0 00	\$0 00	\$73 80	(\$73 80)
					90	90	\$0 00	\$30,599 68	(\$30,599 68)
11-050	06/28/2011	06/28/2011	ethomas	200078	277 INVENTORY ADJUSTMENT	\$0 00	\$0 00	\$3 73	(\$3 73)

	06/28/2011	06/29/2011	bgeoffron	200027	180 DISPOSAL	\$0.00	\$24,283.18	(\$24,283.18)
Totals for 6/28/					457	\$0.00	\$24,286.91	(\$24,286.91)
11-052	06/29/2011	06/30/2011	athomas	200111	13 Adjustment-Receiving Error	\$0.00	\$8,597.92	(\$8,597.92)
Totals for 6/29/					13	\$0.00	\$8,597.92	(\$8,597.92)
			Consolidated		938,770	\$0.00	\$447,050.83	
Grand Totals					938,770	\$0.00	\$447,050.83	(\$447,050.83)
Medical Supply Medicine					7,950 930,820	\$0.00 \$0.00	\$135,573.12 \$127,482.16	(\$135,573.12) (\$127,482.16)
Miscellaneous C					938,770	\$0.00	\$447,050.83	(\$447,050.83)

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**Summary B**

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