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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury

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 Internal Revenue Service For the 2011 calendar year, or tax year beginning January 1 2011, and ending 20 11 D Employer identification number C Name of organization Christian Training and Missionary Fellowship B Check if applicable Doing Business As Christian Translator's Fellowship (only in the Philippines) 23-2150107 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change (270)2457811 P O. Box 1128 Initial return City or town, state or country, and ZIP + 4 Terminated 238819 Madisonville, KY 42431-0000 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Tyes Ves No Application pending William Ebert, Same as C Above 501(c) (If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ www williamebert.com H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association [L Year of formation M State of legal domicile Summary Briefly describe the organization's mission or most significant activities: The mission of CTMF is to work along side of the local Churches in the Philippines and to help to train young men and women for the ministry. This is done by being involved in Seminars, Conferences, Activities & Governance Teaching at the Seminary and holding Pastor's retreats. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 3 4 5 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 2 5 Total number of volunteers (estimate if necessary) 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 855 7a 7b 0 Net unrelated business taxable income from Form 990-T, line 34 Current Year 254052 237964 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 853 855 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . n 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 254905 238819 12 104391 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 142649 13 14 Benefits paid to or for members (Part IX; column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 87278 70269 15 Professional fundraising feesi(PartiX, column (A), line 11e)
Total fundraising expenses (Part IX, column (D), line 25) ▶ 16a 0 Other expenses (Part IX, column (A)! lines 11a-11d, 11f-24e)
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 137787 169912 17 18 329456 382830 Revenue less expenses. Subtract line 18 from line 12 (-74551)(-144011)19 **Beginning of Current Year End of Year** 1842004 1697993 Total assets (Part X, line 16) 20 21 Total liabilities (Part X, line 26) . 0 Net assets or fund balances. Subtract line 21 from line 20 1842004 1697993 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here Type or print name and title Print/Type preparer's name Preparer's signature Check | if Paid self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions)]Yes ∏ No

Form 990 (2011)

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: The mission of CTMF is to work along side of the local Churches in the Philippines and to help to train young men and women for the ministry. This is
	done by being involved in Seminars, Conferences, Teaching at the Seminary and holding Pastor's retreats
	done by being involved in seriminars, connecences, reaching at the seriminary and notating raster stretches
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the control of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	grante and anobations to entere, the total expenses, and revenue, if any, for each program cornes reported.
4a	(Code) (Expenses \$ 0 including grants of \$ 67969) (Revenue \$ 0)
	Monies given to the Center for Biblical Studies - Institute and Seminary for the training of young men and women for the ministry in the local churches
	ın the Philippines.
4b	(Code:) (Expenses \$ 41,750 including grants of \$ 0) (Revenue \$ 0)
713	Monies used to keep the buildings and property in good condition for the training of men and women in the ministry
	(Oada) / [Davana
4c	(Code:) (Expenses \$ including grants of \$ 32930) (Revenue \$) Monies given to Pastors in the Association of Christian Churches of the Philippines to help them in their ministries in their local churches
	Monies given to Pastors in the Association of Christian Churches of the Philippines to help them in their ministres in their local Churches
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ _)
4e	Total program service expenses ► 142649

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	√	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	,		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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	11b		1
	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	11c		1
	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	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? 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)?			
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
d	Was the organization included in consolidated, independent audited financial statements for the tax year?			.7_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
15	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	15	1	
16	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	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	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	18		1
19	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	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part I	V Checklist of Required Schedules (continued)	,		
			Yes '	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	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? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	-	1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
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? If "Yes," complete Schedule L, Part I	25b		✓
26	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? If "Yes," complete Schedule L, Part II.	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37		-
	10. Hele. 7 Al 1 Ollif 550 files die required to complete concede 5	1 30		Щ

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a	✓	
b	If "Yes," enter the name of the foreign country: ► Philippines			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u></u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible?	6a	-	✓
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	ļ	
'а	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?	7a	:	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12	•		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	-		
b	against amounts due or received from them.)	İ		
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	1	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	†		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	
u	Note. See the instructions for additional information the organization must report on Schedule O.	1.54	 	f
b	Enter the amount of reserves the organization is required to maintain by the states in which	}	1	
	the organization is licensed to issue qualified health plans	,		1
С	Enter the amount of reserves on hand	1	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	+	

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management	<u> </u>	<u>····</u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or			{
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,	: :
L			[,
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1		1
_	any other officer, director, trustee, or key employee?	2	-	1
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		<u>✓</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		
b	stockholders, or persons other than the governing body?	7b	ļ	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-		
	the year by the following:			,
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0 1:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/ - \	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		√
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	\	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.]
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	100		,
13	Did the organization have a written whistleblower policy?	12c		/
14	Did the organization have a written document retention and destruction policy?	14		▼
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_ 1
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓_
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			'
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a	ļ	<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			l i
	organization's exempt status with respect to such arrangements?	16b		'
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 6104 requi	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	of into	roet r	nolicy
13	and financial statements available to the public during the tax year.	אוווופ	iest þ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► Ethel Bradley, 442 Sugg St Madisonville, KY 42431			

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

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

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

- 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 relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week	box,	Position (do not check more that box, unless person is officer and a director/tru			is both	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rev William A Ebert, President	0			>				00	00	00
(2) Rev Daniel Ebert IV, Vice President	0			√				00	00	00
(3) Mrs Ethel Bradley, Secretary / Treasurer	3			1		_		00		00
(4) Mrs Ruth Von Kohn, Board Member	0	1						00	00	00
(5) Rev Lawrence Richardson, Board Member	0	1						00	00	00
(6)	1									
(7)										
(8)										
(9)	1									
(10)										
(11)	-									
(12)	-									
(13)	-									
(14)	-									

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees		_	lighes	st C	ompensated E	mployees (c	ontinuec).		
	(A)	(B)	(B) (C) Position (do not check more than						(D)	(E)	(F)		F)	
	Name and title	Average hours per	box, ι	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation	nsation from a			
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatior (W-2/1099-Mi			ensatio n the nization related	1
(15)				ě			ited							
(16)							_			_	-			
(17)														
(18)				_			-							
(19)														
(20)														
(21)						-								
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Section	on A	•	· ·			>	00		00 00			00 00
2	Total number of individuals (including bu reportable compensation from the organ			nose	e lis	ted	abov	e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete											3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	nan \$	150	,000)? [f "Ye	es, "	complete Sci	nedule J fo		4	,	,- '
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	tion	n fro	m an	y ur	nrelated organi	zation or ind	lividual	5		<u>,</u>
Section	on B. Independent Contractors		•						·					<u></u>
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of	services	C	(C) ompen		
NA												_		
							_							
2	Total number of independent contraction							 o t	hose listed ab	ove) who		_		
	received more than \$100,000 of compen								0					

rt VIII Statement of	f 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
1a Federated cam	paigns 1a	0		Tevende		012, 010, 0101
b Membership di		0				
c Fundraising ev	ents 1c	0				
d Related organi	zations 1d	0				
e Government gran	nts (contributions) 1e	0				
2 f						
[المحتودة				
b Membership de c Fundraising ev d Related organi e Government gran f g h Total. Add line				•		
	s 1a–1f	Business Code	237964			
b c d e f All other progra		0				1
2a		0				
С	***************************************	0				
d		0				
e		0		-		
f All other progra	am service revenue .	0				
g Total. Add line	es 2a–2f	•	00			
	come (including divid					
	lar amounts)		855			855
	estment of tax-exempt b	ond proceeds ►	0		0	0
5 Royalties .			0	0	0	0
	(i) Real	(II) Personal				
6a Gross rents	. 0 enses 0					
b Less rental exp		 				
d Net rental inco		•	0	0	0	0
7a	(1) Occurred to			•	ľ	
				1		
b Less cost or other	er basis					
and sales expense	es . o	0		1		
c Gain or (loss)		0				
d Net gain or (los	ss)	· · · · •	0	0	0	0
8a Gross income events (not inclu	from fundraising					
	reported on line 1c).	o				
b Less: direct ex	penses b					
c Net income or	(loss) from fundraising	events >	0		0	0
	from gaming activities					
See Part IV, line	_					İ
	(loss) from gaming set			<u> </u>		
	(loss) from gaming act of inventory, less	ivities 🚩	. 0	0	0	0
returns and all		,				
b Less: cost of g	~			1		
	(loss) from sales of inv		0	0	0	0
	aneous Revenue	Business Code			<u> </u>	
11a NA			0	0	0	0
b NA			0	0	0	0
c NA			O	0	0	0
d All other rever			0	0	0	0
		•	C			
12 Total revenue	See instructions	<u> </u>	238819)	<u> </u>	855 Form 990 (2011)
e Total. Add lir	16	enue	nes 11a-11d	nes 11a–11d	nes 11a–11d	nes 11a–11d

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)

Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and			•				
	organizations in the United States. See Part IV, line 21	0	0		<u> </u>			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0					
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	142649	142649					
4 5	Benefits paid to or for members	0	0	0	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0			
7	Other salaries and wages	56152	0	56152	0			
8	Pension plan accruals and contributions (include	30132		30.32				
•	section 401(k) and 403(b) employer contributions)	0	0	0	0			
9	Other employee benefits	13054	00	13054	0			
10	Payroll taxes	1063	0	1063	0			
11	Fees for services (non-employees):	1003						
a	Management	0	0	0	0			
b	Legal	0	0	0	0			
c	Accounting	1341		1341				
d	Lobbying	0	0	0	0			
e	Professional fundraising services See Part IV, line 17	0	i-		0			
f	Investment management fees	0	0	0	0			
g	Other							
12	Advertising and promotion	0	0	0	0			
13	Office expenses	2498	0	2498	0			
14	Information technology	0	0	0	0			
15	Royalties	0	0	0	0			
16	Occupancy	5877	0	5877	0			
17	Travel	2604	0	2604	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings .	0	0	0	0			
20	Interest	0	0	0	0			
21	Payments to affiliates	0	0	0	-			
22	Depreciation, depletion, and amortization .	136384	136384	0				
23	Insurance	10789	0	10,789	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	Office Equipment and Books	7039		7039				
b								
С								
d								
е	All other expenses Miscellaneous	3380		3380				
25	Total functional expenses. Add lines 1 through 24e	382830	279033	103797				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)							

Part X **Balance Sheet** (A) (B) Beginning of year End of year Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of n 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) 4ssets Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **10c** Less: accumulated depreciation 10b b Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) ol Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 ol Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117, check here ▶ 📝 and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances

orm	990	(2011)	

Page **12**

Part	XI Reconciliation of Net Assets	•				
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u>. ' . </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		2:	38819		
2	Total expenses (must equal Part IX, column (A), line 25)			32830		
3	Revenue less expenses. Subtract line 2 from line 1		_	4011)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		184	12004		
5	Other changes in net assets or fund balances (explain in Schedule O)					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		169	97993		
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 2b		✓		
С	c 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.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:					
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-			
- Cu	the Single Audit Act and OMB Circular A-133?	3a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u> </u>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				
		Forr	ո 990	(2011)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

Christ	ian Ti	raining and Missi	onary Fellowship					1		23-215	0107		
Par	tΙ	Reason fo	or Public Char	ity Status (All orga	nizations	must c	omplete	this par	t.) See ır	nstruction	ns.		_
he c	rgar	nization is not	a private founda	tion because it is: (For	r lines 1 t	hrough 1	1, check	only one	box.)				
1		A church, conv	ention of church	nes, or association of	churches	describe	d in sect	ion 170(b)(1)(A)(i)).			
2				170(b)(1)(A)(ii). (Attac									
3 4		•	•	spital service organiza n operated in conjund)(b)(1)(Δ)(i	ii) Enter	the	
•			e, city, and state	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u noopiii							
5	_	_	n operated for t	he benefit of a collect plete Part II.)	ge or univ	versity ov	vned or o	perated	by a gov	vernmenta	il unit de	scribed	in
6 7		An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of					it or from	the gen	eral pub	lic
8				section 170(b)(1)(A)	•	nplete Pa	rt II.)						
9	ŗ	receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel Iter June 30, 1975. Se	ons-sub ated bus	oject to c siness tax	ertaın ex able inc	ceptions ome (les	i, and (2) is section	no more	than 331	1/3% of	ıtş
10	\Box	An organizatio	n organized and	operated exclusively	to test fo	r public s	afetv. Se	e sectio	n 509(a)(4),			
11		-	-	d operated exclusive							r to car	ry out t	he
	1	ourposes of o	ne or more pub	licly supported organ	uzations	described	l in secti	on 509(a	1)(1) or se	ection 509	(a)(2). Se		
	,	509(a)(3). Che	ck the box that o	describes the type of s	supportin	g organız	ation and	d comple	te lines 1	1e through	h 11h.		
		a 🗌 Type I	b 🗌 .		☐ Type						Type III-		
е				that the organization									
				rs and other than one	e or more	publicly	supporte	ed organi	izations c	lescribed	in section	n 509(a)	(1)
		or section 509				IDO 4	L_4 !4 !_	- T	1 T 1		. 101		
f	(organization, c	check this box .								e III sup _l	porting · ·	
g		Since August following persi		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			
	(ndirectly controls, eithody of the supported of						d in (ii) and	d 11g(ı)	Yes N	0
	((ii) A family m	ember of a perso	on described ın (i) abo	ve?						11g(iı)		
		· ·	•	a person described in							11g(III)	_	
h		Provide the fol	llowing informati	on about the supporte	ed organi	zation(s).			,				
(i)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?		nount of oport	
				(500	Yes	No	Yes	No	Yes	No			
(A)													
(B)									 - -			-	
(C)									 				
(D)						-							
						<u> </u>			 	 			
(E)													
T-4-			- (1							

Page 2 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.)

	Tare in the organization land to	quality arrast	1 1110 10010 110	tou 50.011, p.		10 : <u>u</u>. : ,	·
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	101.613	162.254	146 165	254052	227.064	002047
_		181,612	163,254	146,165	254052	237,964	983047
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
•	·	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	0					0
4	Total. Add lines 1 through 3	181,612	0 163,254	0 146,165	254052	237,964	983047
	-	181,012	103,234	140,103	234032	237,904	903047
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					ļ	63360
6	Public support. Subtract line 5 from line 4						919687
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	181,612	163,254	146,165	254052	237,964	983047
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	6,549	4,184	1,526	853	855	13,967
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	(222 24 24					997014
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			, or min tax y	ear as a section	1 501(0)(3)
Socti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	· · • U
<u>3ecu</u> 14	Public support percentage for 2011 (line			1 column (fi)	<u> </u>	14	92 %
15	Public support percentage from 2010 Sci					15	92 %
16a	33 ¹ / ₃ % support test—2011. If the organi	•	•		 I line 14 is 33¹		
	box and stop here. The organization qua						
b	331/3% support test-2010. If the organ			-			_
_	check this box and stop here. The organ				•		. ▶ □
17a	10%-facts-and-circumstances test – 2	-	•			a or 16b and	_
	10% or more, and if the organization me						
	Part IV how the organization meets the "						
	organization				•		``. ▶ □
b	10%-facts-and-circumstances test—2	010. If the oraș	nızatıon did n	ot check a box	on line 13. 16	Sa. 16b. or 17a.	·
~	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization in						
	supported organization				-	·	
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						. ▶ □

SCHEDULE D (Form 990) ,

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Employer identification number Christian Training and Missionary Fellowship 23-2150107 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) . . Aggregate value at end of year 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? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space 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. 2a 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No 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. 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: 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:

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, o	r Oth	er Similar As	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition				or exchange			
b	Scholarly research		е [☐ Other				
С	□ Preservation for future generations	3						
4	Provide a description of the organizat	ion's collections	and expla	in how t	hey further th	e orga	anization's exer	mpt purpose in Part
	XIV.							
5	During the year, did the organization							
	assets to be sold to raise funds rather	than to be mainta	ained as p	art of the	e organization	n's col	lection?	☐ Yes ☐ No
Part	V Escrow and Custodial Arra	ingements. Co	mplete if	the org	anization an	swer	ed "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amoun	t on Form 990,	Part X, III	ne 21. ¯				
1a	Is the organization an agent, trustee,				or contribution	ns or	other assets n	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	llowina t	able:			
	3	,		J				Amount
С	Beginning balance					1c		
d	Additions during the year					1d	 	··
-	Distributions during the year					1e	 	
f	Ending balance					1f		
2a	Did the organization include an amount						_ 	☐ Yes ☐ No
	If "Yes," explain the arrangement in P		art A, iirio	21		• •		ccc
	V Endowment Funds. Compl		zation an	swered	"Yes" to Fo	rm qc	0 Part IV line	e 10
. (31	Zildowillen Fallasi Gelilpi	(a) Current year	(b) Pric				(d) Three years bac	
1a	Beginning of year balance	(-,,		, ,	.,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,7,7
b	Contributions		 					
0	Net investment earnings, gains, and		 					
·	losses							i
د								
ď	Grants or scholarships				<u> </u>			!
е	Other expenditures for facilities and					İ		
	programs		ļ			-		1
f	Administrative expenses							
g	End of year balance		<u> </u>		L			
2	Provide the estimated percentage of			e (line 1g	g, column (a))	held a	ıs:	
а	Board designated or quasi-endowme		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2	·						
За	Are there endowment funds not in th	e possession of t	the organi	zation th	at are held ar	nd adı	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organ		•					3b
4	Describe in Part XIV the intended use							
Part	VI Land, Buildings, and Equip	ment. See For	m 990, P	art X, lir	ne 10.			
	Description of property	(a) Cost or o		1	or other basis		Accumulated	(d) Book value
		(investr	ment)	(0	other)	Œ.	preciation	
1a	Land		 					
b	Buildings		0		1208563.68		88120.70	1120442.98
С	Leasehold improvements		0		0		0	0
d	Equipment				70784 49		48263 23	22521 26
е	Other							
Total	Add lines 1a through 1e (Column (d))	nust equal Form	990 Part	X colum	n (B) line 10(c	~}]		1142964 24

Part VII	Investments - Other Securities	See Form 990, Part X,	line 12.	
' (a	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia			<u> </u>	
	held equity interests			
(3) Other				
(A)				
(B)				
(C)		·		
(D)				
(E)				
(F)	·		 	
(G)			 	
(H) (l)				
	(h) must squal Form 000 Port V sai (D) line 12)		 	
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related	1 See Form 990 Part Y	(line 13	
	(a) Description of investment type	(b) Book value	(c) Method of value	untion
	(a) Description of investment type	(b) Dook value	Cost or end-of-year m	
(1)			 	
(2)			 	
(3)			 	
(4)				
<u>(5)</u> <u>(6)</u>				
(7)				
(8)			 	
(9)				
(10)			 	
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)		·		
(5)				
_(6)				
_(7)	 			
(8)				
(9)				
(10) Co/	ımn (b) must equal Form 990, Part X, c	ol /P) (no 15)		
Part X	Other Liabilities. See Form 990,		<u> </u>	
1.	(a) Description of liability	(b) Book value	<u> </u>	
	lincome taxes	(b) Book value	_	
(2)	THEOTHE TAXES		_	
(3)			_	
(4)			→	
(5)				
(6)			- 	
(7)				
(8)			┪	
(9)			-	
(10)			_	
(11)			7	
	(b) must equal Form 990, Part X, col (B) line 25)		┥	
	ASC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial staten	nents that reports the
organizatio	n's liability for uncertain tax positions u	inder FIN 48 (ASC 740).	<u> </u>	-1

Schedule D (For		ge 5
Part XIV	Supplemental Information (continued)	
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· • • • • • • • • • • • • • • • • •		-
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States Complete if the organization answered "Yes" to Form 990,

2011

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization
Christian Training and Missionary Fellowship

Employer identification number 23-2150107

Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organization ans	swered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as	sistance, and the selection		
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use of its gran	ts and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	East Asia and the Pacific	0	3	Grants Institute		67969
(2)	East Asia and the Pacific	0	3	Services	upkeep of building	41750
(3)	East Asia and the Pacific	0	3	Grants. Pastors		32930
(4)						
(5)						
(6)	·					
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)	 					
(14)						
(15)						
(16)						
(17)						
3a b	Total from continuation	0	3			142649
	sheets to Part I	0	3	<u> </u>		0

Schedu	For	11							Page 2
Part II		s and Other A , line 15, for a can be duplica	Assistance to Organy recipient who ated if additional	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered Tes to Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 · · · · · · · ▶ ■ Part II can be dublicated if additional space is needed.	es Outside the U 35,000. Check this	Inited States. Consider the second of the	ipiete ir the organ pient received mo	iization answered Te ore than \$5,000	
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			East Asia Pacific	General Support	67969 Check	heck	0	0 NA	NA
(2)									
<u>(</u> 9						:			
(4)									
(2)									
9									
8									
<u>(8</u>									
6									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
8	Enter total nu by the IRS, or	ımber of recipie r for which the (Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a		ognized as charities 501(c)(3) equivalen	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	try, recognized as t	ax-exempt ▼	•
က	Enter total nu	ımber of other of	Enter total number of other organizations or entities	tities				A	, and an all the state of the s

Schedule F (Form 990) 2011

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) ž (g) Description of non-cash assistance N N (f) Amount of non-cash assistance (e) Manner of cash disbursement 32930 Check / Cash (d) Amount of cash grant (c) Number of recipients 2 (b) Region East Asia Pacific (a) Type of grant or assistance (1) Food & Clothing Part III ල (10) Ξ <u>8</u> ₹ 2 ε <u>®</u> 6) (12) (13) 14 (15) 9 (16) (17) (18)

Schedule F (Form 990) 2011

Schedule	F (Form	990) 2011	

Page 4

Part	IV	Foreign Forms	,	
1	the o	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," rganization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926)	☐ Yes	· No
2	may Recei	he organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and ipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	the o	he organization have an ownership interest in a foreign corporation during the tax year? If "Yes," rganization may be required to file Form 5471, Information Return of U.S. Persons With Respect To in Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	qualif <i>Inform</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621)	☐ Yes	☑ No
5	the o	he organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain gn Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes,	the organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions form 5713)	Yes	☑ No

Part V . Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I # 2 All of the funds are given only to institutions and Pastors and Bible Women who we personally know, "friends of" We have taught them in class
ministered with them and are familiar with their work. We know that they are only involved in Church ministries
Part I - # 3 (1) c We have three individuals that work in the Philippines with CTMF enabling the mission to carry out its religious non-profit purpose
Part I - # 3(1) d Grants given to the Center for Biblical Studies, an Institute and Seminary (non-profit corporation in the Philippines used for the training of
young men and women for the work of the local churches
Part I - # 3 (2) d Program Services, this is the upkeep of the buildings and property so that they can be used for the non-profit stated in our constitution, that is to
do religious training of young men and women for work in their local churches
Part I # 3 (3) d Grants to recipients, these funds are given to Pastors and Church workers so that they cn do the work necessaryin their local churches It helps
subsidize what the local church gives for food, clothing and medicine.
Part II - 1 (1) d - this is the same as Part I # 3 (1) d above. Support for the Center for Biblical Studies
Part III - (1) This is the same as Part I # 3 (3) d, the giving of funs to enable Pastors and Bible women to do the work of the Church It subsidizes what they have to
live on and minister, in the way of food clothing and medicine.
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SCHEDULE O (Form 990 or 990°EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Christian Training and Missionary Fellowship	23-2150107
Part VI line 8b: There were no committee.	
Part VI line 11 This form is sent out by email to its governing body, then their is a telephone call or email if there is	any questions or problems
Destruction of the contract of	
Part VI line 19. The CTMF governing documents and financial statements are available upon request by the public	
	·

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
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