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### EXTENSION GRANTED UNTIL 5/15/2013

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

Form **990** 

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

Open to Public Inspection

OMB No 1545-0047

		JUN 30, 2012
B Check applic	C Name of organization	D Employer identification number
ch	christian fellowship foundation	
	nge Doing Business As	55-0719264
In:	m   Number and street (or P.O. box if mail is not delivered to street address)   Room/s	urte E Telephone number
	PO BOX 6067	304-905-0570
Llret		G Gross receipts \$ 3346686
Ltiò		H(a) Is this a group return
ре	F Name and address of principal officer PETER RADAKOVICH	for affiliates? Yes X No
	same as C above	H(b) Are all affiliates included? Yes No
		527 If "No," attach a list. (see instructions)
	site: ► N/A	H(c) Group exemption number ▶
		<u>ear of formation: 2002 M State of legal domicile: W</u>
Part		
g   1	Briefly describe the organization's mission or most significant activities: CHRISTIA	
ğ	FOUNDATION'S MISSION IS TO IDENTIFY, EVALUAT	
	Check this box  fithe organization discontinued its operations or disposed of r	nore than 25% of its net assets.
§ 3	Number of voting members of the governing body (Part VI, line 1a)	. 3
eg 4	Number of independent voting members of the governing body (Part VI, line 1b)	4
Activities & Governance	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5
	Total number of volunteers (estimate if necessary)	6
¥ ′	a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
+	b Net unrelated business taxable income from Form 990-T, line 34	7ь 0
	Contributions and grants (Deat VIII June 11)	Prior Year Current Year
Revenue	Contributions and grants (Part VIII, line 1h)	1200000. 3000000
9 4	Program service revenue (Part VII) Pine 29 FIVE	0. 0.
	· · · · · · · · · · · · · · · · · · ·	53248. 49568
12	MAY 9 1 2040 100	<u>271595.</u> <u>278503</u>
13		1524843. 3328071 1773236. 2300000
14		
		0. 0 213492. 214033
9 <u>9</u>	a Professional fundraising fees (Part IX, column (A), line 11e)	0. 213492. 214033
절   ``	b Total fundraising expenses (Part IX, column (D), line 25)	0.
ŭ   <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44921. 44534
18		2031649. 2558567
19		-506806. 769504
58	The state of the s	Beginning of Current Year End of Year
등등 20	Total assets (Part X, line 16)	36333675. 36892687
<b>2</b>	Total liabilities (Part X, line 26)	25055. 24183
ธ⊏เ	Net assets or fund balances Subtract line 21 from line 20	36308620. 36868504
Part		
Jnder p	nalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my knowledge and belief. It is
rue, coi	rect, and complete. Declaration of preparer (other than officer,) is based on all information of which prep	
Sign	Signature of officer	5-13-13 Date
Here	PETER RADAKOVICH, PRESIDENT AND CEO Type or print name and title	
<del></del>	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	DIANA KENNON, CPA DIANA KENNON, CPA	05/10/13 self-employed P00951266
repare		Firm's EIN > 55-0763147
Jse Onl		7 1111 0 EM \$ 33 0 7 0 3 1 4 7
	WHEELING, WV 26003	Phone no. 304-233-0141
May th	IRS discuss this return with the preparer shown above? (see instructions)	X Yes No
		<u> </u>

		0719264	Page 2
Par	till Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	CHRISTIAN FELLOWSHIP FOUNDATION'S MISSION IS TO IDENTIFY, E	VALUATE,	
	SELECT AND PROVIDE FINANCIAL SUPPORT TO INDIVIDUALS AND ORG	ANIZATIO	NS
	THAT FULFILL RELIGIOUS, SCIENTIFIC, CHARITABLE AND/OR EDUCA		
	PURPOSES. THE FOUNDATION STRIVES TO IMPROVE THE QUALITY OF		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X 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	X No
•	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.	red by expense	s
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants		
	others, the total expenses, and revenue, if any, for each program service reported		
4a	0.450000	<del></del>	)
74	CHRISTIAN FELLOWSHIP FOUNDATION MADE CHARITABLE CONTRIBUTION	NS TO	
	NONPROFIT ORGANIZATIONS TO HELP THEM ACHIEVE THEIR CHARITAE		ONS.
	THE CHARITABLE CONTRIBUTIONS MADE TO OTHER CHARITABLE NONPE		.0110.
	ORGANIZATIONS HELPED TO IMPROVE THE QUALITY OF LIFE FOR THE		THE
	HOMELESS, THE UNDERPRIVILEGED, THE DISTRESSED, THE NEGLECTE		
	AT-RISK, THE NEEDY, THE ABUSED, THE YOUNG, AND THE ELDERLY.		
	AT-KISK, THE NEEDI, THE ABOSED, THE TOUNG, AND THE EDDERDIT	,	
		<del></del>	<del></del>
			<del></del>
4b	(Code) (Expenses \$		,
			<del></del>
		<u></u>	
4c	(Code) (Expenses \$		)
			<del> </del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 2450723.		
		Form	990 (2011)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  2 Is the organization required to complete Schedule B, Schedule of Contributors?  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  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? If "Yes," complete Schedule C, Part II  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  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 II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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  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				Yes	No
## Yes, "complete Schedule A Contributors"  2 Is the organization required to complete Schedule B, Schedule of Contributors"  3 Old the organization regulared in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section 501(k)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(c)(d), 501(c)(s), 601(c)(s), 6		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	NO
2 is the organization required to complete Schedule <i>B</i> , Schedule of Contribution <sup>9</sup> 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices "if "yes," complete Schedule (-) Part I is during the tax year "if "yes," complete Schedule (-) Part I is the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revisurae Protection of the section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revisurae Proteotic control or the distribution or investment of amounts in such that 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 is but the organization maintain any donor advised funds or any similar funds or accounts? If "yes," complete Schedule D, Part I is but the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part I is 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 courseling, delet management, credit repair, or dobt negotiation services? If "yes," complete Schedule D, Part I is 10 Did the organization report an amount for indeplication services? If "yes," complete Schedule D, Part I is 11 but is 10 Did the organization report an amount for investments; other securities in Part X, line 10? If "yes," complete Schedule D, Part I is 10 Did the organization report an amount for other habities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15? If "yes," complete Schedule D, Part X is 10 Did the organization organization report an amount for other habities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "yes," c		•	1	x	
3 Did the organization reginger in direct or indirect pollutical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II section 501(k)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(k)(4), 501(k)(5), 601(k)(5) organization that receives membership dues, assessments, or smills amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part II is 10. Did the organization review on bolid a conservation assembling assements to preserve opens pasce, the environment, historic land areas, or historic attractives of "Yes," complete Schedule D, Part II is 10. Did the organization increase of bolid accessoration assembling assements to preserve opens pasce, the environment, historic land areas, or historic attractives of "Yes," complete Schedule D, Part II is 10. Did the organization interest of bolid accessoration assembling assements or other similar assets? If "Yes," complete Schedule D, Part II is 10. Did the organization interest or any of the following questions is "Yes," then complete Schedule D, Part V, If II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II is 2 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II is 3 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II bid bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II bid bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II bid bid the organization report an amount for land buildings, and equipment in Part X, line		· · · · · · · · · · · · · · · · · · ·			
public office? If "Yes," complete Schedule C, Part II  Section 50 (I)(S) organization, but the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization section 501(e)(6), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III  Did the organization or in westerned or amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization manification or westerned or amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization manification of works of art, historical treasures, or other smithar assets? If "Yes," complete Schedule D, Part II  Did the organization manification of works of art, historical treasures, or other smithar assets? If "Yes," complete Schedule D, Part II  Did the organization organization of works of art, historical treasures, or other smithar assets? If "Yes," complete Schedule D, Part X, or Detail to the organization of the organization of works of art, historical treasures, or other smithar assets? If "Yes," complete Schedule D, Part X, or Detail to the organization of the organization of works of a the part X, inc 21, some as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services If "Yes," complete Schedule D, Part X, or But the organization organization are provided organization, hold assets in temporarily restricted endowments, or quasies endowments? If "Yes," complete Schedule D, Part X, III  Did the organization report an amount for vivestments or other securities in Part X, line 12 If "Yes," complete Schedule D, Part X, III  Did the organization report an amount for westments or the securities in Part X, line 12 If that is 5% or more of its total assets reported in Part X, line 15 If "Yes," complete Schedule D,				-	
4 Section 501(6)(3) organizations. Dut 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 as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smill armounts as defined in Revenue Procedure 99.19? If "Yes," complete Schedule C, Part III but the organization meant 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 II and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II but the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization report and amount in Part X, including easement to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization report an amount in Part X, including easement in the organization report and amount for a part X, including easement in the organization report and amount for investments of the securities in Part X, including easement easem			3		Х
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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III by the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II by the organization receive hold a conservation easement, including easement to be preserve open space, the environment, historic land areas, or historic estructures? If "Yes," complete Schedule D, Part II By the two granization receives hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic estructures? If "Yes," complete Schedule D, Part IV By the environment, bettoric land areas, or historic estructures? If "Yes," complete Schedule D, Part IV By 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 IV IV It the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-andowments? If "Yes," complete Schedule D, Part VI IV	•	1 11 1 -	4		X
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12b   X   13   15 the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13   15 the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13   X   X   14a   Did the organization maintain an office, employees, or agents outside of the United States?   14a   X   X   15   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   X   X   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   X   X   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   15   X   X   X   X   X   X   X   X   X	h			T	
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Form 990 (2011) CHRISTIAN FELLOWSHIP FOUNDATION

Part IV Checklist of Required Schedules (continued)

7.7				
04	Did the executation report more than \$5,000 of greats and other consistence to any accomment or organization in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	04	х	
~~	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,			v
^^	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	00	v	
	Schedule J	23	X	
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		_X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		· · · ·
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a	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	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		l
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		١٠	
	instructions for applicable filing thresholds, conditions, and exceptions)	,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ł
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		}	
	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	1		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	†	X
b			†	<u></u>
J	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	x
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335	1	+*
36		200		v
^-	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	\ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	1990	(20

Form 990 (2011) CHRISTIAN FELLOWSHIP FOUNDATION

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3	. 45	7.	-3-
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	1b	0	Ť 1	۱۳,	-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	porta	ble gaming	·^`		1.1
	(gambling) winnings to prize winners?			1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			, F	داران الله آن الله	
	filed for the calendar year ending with or within the year covered by this return	2a	1	يونونه الأوكار شد		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			₹. 4 - 4	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
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	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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 A	Accou	nts	કુંકે 🛴	27.75	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			2 . 2 . 1	, , , , , ,	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred		1	
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- 277	200	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file Formation (in the organization of property) and the organization file Formation (in the organization of property) and the organization file Formation (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the organization of property) and the organization of property (in the orga	orm 88	399 as required?	<b>7</b> g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	lle a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	25.	1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		. G.
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		
10	Section 501(c)(7) organizations. Enter				Sec.	3.5
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		35.5	3.3.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1000	100 A	1
11	Section 501(c)(12) organizations. Enter					1.5.2.1 2.7
а	Gross income from members or shareholders	11a		7		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1919	1.5	E.
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			200	13.1
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		
	Note. See the instructions for additional information the organization must report on Schedule O					1
b	Enter the amount of reserves the organization is required to maintain by the states in which the					1
	organization is licensed to issue qualified health plans	13b		3,0	4	
С	Enter the amount of reserves on hand	13c		4.	3	4.
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b	<u> </u>	<u> </u>
				Form	990	(2011)

Part VI 'Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7		_ ~~	
	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.		77.14	+ N <sub>1</sub> -
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6		(100) 100)	7-2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7 <u>b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		122	-
а	• • •	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Did the assessment of head should be sales to see the sales of the sal		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	<del></del>	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	:-"
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		, , , , , , , , , , , , , , , , , , ,	-
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	х	
13	Did the organization have a written whistleblower policy?	12c	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	A.	٠, , د
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			[i.,
э	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15a	X	<del>                                     </del>
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	36	3,7	1-4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	12.
	taxable entity during the year?	16a	25.424	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		7 - ;-	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		4	J. 55 .
	exempt status with respect to such arrangements?	16b	2.2.2	
Sec	tion C. Disclosure	1 100	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶WV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
_	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation 1	<b>&gt;</b>	
	ELIZABETH MODAR - 304-905-0570			
764-	111 19TH STREET, WHEELING, WV 26003			
13200 01-23	-12	Form	990	(2011

## 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 organizat	tion nor any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an officer and a director/trustee)			ıs boti	h an	<ul> <li>compensation</li> </ul>	compensation	amount of
	week	$\vdash$	e an	uau	recit	7/11/05	100)	from	from related	other
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	hours for related	9.0	ᆵ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
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	in Schedule	喜	tona:		를	ž s	_			organizations
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- · <b>.</b> - · · · · · · · · · · · · · · · · · ·
(1) PETER RADAKOVICH										
PRESIDENT & CEO	70.00	X		X	ļ	ļ	<u> </u>	202248.	0.	0.
(2) TIM DELANEY							ļ			
MEMBER	1.00	X				<u></u>		0.	0.	0.
(3) ALMA BERGBIGLER		i						1		
MEMBER	1.00	X						0.	0.	0.
(4) BOB CHIOCCA										
MEMBER	1.00	X	L					0.	0.	0.
(5) STEVE WEIMER	1									
MEMBER	1.00	X						0.	0.	0.
(6) FRED QUINN										
MEMBER	5.00	X	<u> </u>		<u> </u>		<u> </u>	6000.	0.	0.
(7) BRIAN RADAKOVICH										
MEMBER	1.00	X		<u> </u>	<u> </u>	ļ	_	0.	0.	0.
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Par	VII Section A. Officers, Directors, Tr		nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do not check more than one						Reportable	Reportable		Estimated	}
		hours per	box	unle	ss pe	rson	is boti	n an	compensation	compensation	;	amount of	f
		week	<del></del>	er an	dad	recto	or/trus	tee)	from	from related		other	
	-	(describe	딇						the	organizations		mpensati	on
		hours for	5	يو		ļ	ated		organization	(W-2/1099-MISC		from the	
		related organizations	stee	truste			E		(W·2/1099-MISC)			rganizatio	
		in Schedule	la tr	onal		loye	8 8				h	ind relate	
		O)	Individual trustee or director	Institutional frustee	Officer	yem	Highest compensated employee	former			Or	ganizatio	15
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	Sub-total .	#! O! A							0.		0.		0.
	Total from continuation sheets to Part	III, Section A							208248.		0.		0.
	Total (add lines 1b and 1c)					h				000 - 4	انت	-	٠.
2	Total number of individuals (including but	not limited to ti	nose	list	ea a	BOV	/e) w	no r	eceived more than \$100	0,000 of reportable	;		-
	compensation from the organization	<del></del>									-	Yes	<u>1</u> No
										_		res	NO
3	Did the organization list any former office			e, k	ey e	mpl	oyee	, or	highest compensated e	employee on			· <u></u> -
	line 1a? If "Yes," complete Schedule J for										3		<u>X</u>
4	For any individual listed on line 1a, is the									the organization			-
	and related organizations greater than \$1	50,000? If *Yes	, " CC	mp	lete	Sch	nedu	e J	for such individual		4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	fron	n an	ıy un	rela	ted organization or indiv	ridual for services			
	rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	rson					<u> </u>	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of	ompensated in	dep	end	ent	con	tract	ors	that received more than	\$100,000 of com	pensatio	n from	
	the organization Report compensation for												
	(A)								(B)			(C)	
	Name and busines	s address	N	ON	E				Description of	services	Com	pensation	1
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	Takal accombance of conditions of the conditions	Amalanda - Fri			، ب	_ ,.				mara than			
2	Total number of independent contractors		riot l	ımıt	ea t	o th	_	ste	u above) who received i	nore than	-	 	
	\$100,000 of compensation from the orga	nization 🚩					0_		· · · · · · · · · · · · · · · · · · ·		•	<del></del>	

Form 990 (2011)

132009 01-23-12

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not microlate amounts reported on lines 6b, 76, 80, 9b, and 10b of Part VIII  1 Grants and other assistance to governments and organization in the United States. See Part IV, line 21  2 Grants and other assistance to povernments, organizations, and individuals outside the United States. See Part IV, line 21  3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 25  3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 25  4 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 25  5 Compensation of current Oricers, directors, trustees, and key employees  6 Compensation of current Oricers, directors, trustees, and key employees  7 Other salances and wages  8 Pesson pills and carculas and contributions jecture school 90 year section 400 year sec		Check if Schedule O contains a respons	se to any question in this	Part IX		
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g Other  2 Advertising and promotion  3 Office expenses  1 13526.	е	Professional fundraising services. See Part IV, line 17			`	
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13 Office expenses 14 Information technology 15 Royalties Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Ofter 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 0.) 2 MISCELLANEOUS 2 Interest 2 Insurance 3 Insurance 4 Ofter expenses itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3 MISCELLANEOUS 4 Interest	g	Other				
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15 Royalties Cocupancy Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 MISCELLANEOUS 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Cneck here  are first filled in the content of the organization of the content of the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the content of the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) joint costs from a combined educational campaign and fundraising solicitation cneck here  are filled in the column (B) in th	13	Office expenses	13526.		13526.	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount nexceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 MISCELLANEOUS 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational expension and fundraising solicitation Check here  are in following SOP 98-2 (ASC 958-720)	14	Information technology				
17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  1 Insurance  23 Insurance  4 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 0.)  2a MISCELLANEOUS  3 Interest  4 Interest  5 Total functional expenses. Add lines 1 through 24e 2558567. 2450723. 107844. 0  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational expension and fundraising solicitation Check here	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 0.)  2 MISCELLANEOUS  2 All other expenses  3 Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  25 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	16	Occupancy				
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses literalize 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 0.)  a MISCELLIANEOUS  b  c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.)  a MISCELLANEOUS  b		for any federal, state, or local public officials				
Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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 0.)  a MISCELLANEOUS  Insurance  1458.  1458.  1458.  Insurance  I	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization Insurance 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 0.)  MISCELLANEOUS 11181.  MISCELLANEOUS 11181.  All other expenses  Total functional expenses. Add lines 1 through 24e  All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	20	Interest				
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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 0.)  a MISCELLANEOUS  11181.  11181.  All other expenses  Total functional expenses. Add lines 1 through 24e  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	22	Depreciation, depletion, and amortization				
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 0.)  a MISCELLANEOUS  11181.  b  c  d  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  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 in following SOP 98-2 (ASC 958-720)	23	Insurance	1458.		1458.	,
a MISCELLANEOUS  b  c  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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)	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			The second second	
b c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 25 Section 2450723. 107844. 0  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 in if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·	11101	• •	11101	<del>                                     </del>
c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 25 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 in tollowing SOP 98-2 (ASC 958-720)			11181.	<del> </del>	11181	·
d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 2558567 • 2450723 • 107844 • 0  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 in tollowing SOP 98-2 (ASC 958-720)	þ			<del></del>	<del> </del>	<del> </del>
e All other expenses  25 Total functional expenses. Add lines 1 through 24e 2558567. 2450723. 107844. 0  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 in tollowing SOP 98-2 (ASC 958-720)					<del> </del>	<del> </del>
Total functional expenses. Add lines 1 through 24e 2558567. 2450723. 107844. 0  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  ult following SOP 98-2 (ASC 958-720)					<del> </del>	<del> </del>
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)			0550565	0450800	100044	<del> </del>
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here In tollowing SOP 98-2 (ASC 958-720)			2558567.	2450723	107844	. 0
educational campaign and fundraising solicitation  Check here  if following SOP 98-2 (ASC 958-720)	26	-				
Check here if following SOP 98-2 (ASC 958-720)						
132010 01-23-12 Form <b>990</b> (2011				<del></del>	<del> </del>	Form <b>990</b> (2011

CHRISTIAN FELLOWSHIP FOUNDATION

Part )	X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
:	2	Savings and temporary cash investments		[	34218718.	2	35007111.
:		Pledges and grants receivable, net				3	
.		Accounts receivable, net				4	
	5	Receivables from current and former officers, dir	ectors,	trustees, key	و بهي سو .	, , - ,	
		employees, and highest compensated employee				مرد او معاد 5	
		of Schedule L		lday acation		<b>3</b>	The gration
-	6	Receivables from other disqualified persons (as				,	
1,		4958(f)(1)), persons described in section 4958(c)		i	tates year-on his grown or a sec	150 - 150 K	a spirate to the state of the con-
		employers and sponsoring organizations of sect			ب بند	~	
2	_	employees' beneficiary organizations (see instru	ctions)	-		6 7	
2	7	Notes and loans receivable, net		·			
~	8	Inventories for sale or use			3243.	8	2098.
	9	Prepaid expenses and deferred charges	1 1		3243.	9	
יין	va	Land, buildings, and equipment cost or other	امدا	21 5 2 0 0	رُ مِنْ أَيْمُ مِنْ فِي اللَّهِ فِي اللَّهِ مِنْ إِنَّا اللَّهِ مِنْ إِنَّا اللَّهِ مِنْ إِنَّا اللَّهِ مِنْ	* * * * * * * * * * * * * * * * * * *	****
		basis Complete Part VI of Schedule D	10a	315380. 224162.	109834.	40	91218.
	_	Less accumulated depreciation	10b	224102.	180480.	10c	189960.
- 1	1	Investments - publicly traded securities	1.4		1821400.	11	1602300.
- 1	2	Investments other securities See Part IV, line			1021400.	12	1002300.
	3	Investments - program-related See Part IV, line	11			13	
- 1	4	Intangible assets		•		14	
- 1	5	Other assets See Part IV, line 11			26222675	15	26002607
	6_	Total assets. Add lines 1 through 15 (must equ	al line	34)	36333675. 25055.	16	36892687. 24183.
- 1	7	Accounts payable and accrued expenses		25055.	17	24103.	
	8	Grants payable		18			
	19	Deferred revenue		19	<u> </u>		
- 1 -	20	Tax-exempt bond liabilities	<b>~</b>	(0) 11 5		20	
2	21	Escrow or custodial account liability Complete				21	.,
2	22	Payables to current and former officers, directo				,	
		highest compensated employees, and disqualif	ea per	sons Complete Part II		-	
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		•		24	
2	25	Other liabilities (including federal income tax, pa	•			ĺ	
		parties, and other liabilities not included on lines	s 17·24	) Complete Part X of			
		Schedule D			25055	25	24102
-   2	<u> 26</u>	Total liabilities. Add lines 17 through 25		[••]	25055.	26	24183
		Organizations that follow SFAS 117, check h	ere 🕨	· ∟X and complete	から、 (2) 10 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	1	
Sec		lines 27 through 29, and lines 33 and 34.			1		1
	27	Unrestricted net assets			36308620.	27	36868504
	28	Temporarily restricted net assets				28	<del> </del>
<u> 2</u>	29	Permanently restricted net assets		, []		29	<u> </u>
2		Organizations that do not follow SFAS 117, or	heck h	nere 🕨 📖 and	COLL SUBSECTION SE	3 (152° 5 1)	و ي الطب يقي ونهيو . أو الطبق المراد
5		complete lines 30 through 34.			The state of the s	1.33	The control of the co
	30	Capital stock or trust principal, or current funds				30	
Y S	31	Paid-in or capital surplus, or land, building, or e				31	
¥ 1	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	26222655	32	2626254
<b>~</b>   3	33	Total net assets or fund balances			36308620.		36868504
3	34	Total liabilities and net assets/fund balances			36333675.	34	36892687.

Form	990 (2011) CHRISTIAN FELLOWSHIP FOUNDATION	<u> 55-071</u>	<u>9264</u>	Pag	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 882</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		856	
3	Revenue less expenses. Subtract line 2 from line 1	3	76	950	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 3630</u>	<u> 862</u>	<u> 20.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		962	<u> 20.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3686	<u> 850</u>	04.
Pa	rtXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		3.3	17 (A)	7 A 11
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O	PINA	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	] ]	j	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			, ~
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a	274	**************************************	
	separate basis, consolidated basis, or both		3.3	70	
	X Separate basis Consolidated basis Both consolidated and separate basis		2.03	6.45	ء عاداً
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1		i
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			İ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

132012 01-23-12

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2011

Open to Rublic Inspection

Name of the organization

Employer identification number

	<b>.</b>	CHRISTI	AN FELLOWSHI	P FOIT	א דידא מוא	ОИ			55	-0719	264	
Part 1	Reason		ty Status (All organiza				) See insti	ructions				
he organ	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	nly one bo	 ox.)					
1		•	s, or association of churc	=								
2 🔲			<b>0(b)(1)(A)(ii).</b> (Attach Sch			•						
3			al service organization d		n section	170(b)(1)(	A)(iii).					
4	•		perated in conjunction v					(b)(1)(A)(iii)	). Enter the	e hospital'	s name	∍,
	city, and state	_	•	•			`			·		
5	•		penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	described	n t		
	_	(b)(1)(A)(iv). (Comple	=	•	•	•	•					
6			ent or governmental unit	described	I in section	n 170(b)(1	)(A)(v).					
7 X		. •	eives a substantial part o					r from the	general pu	ıblıc descr	лbed in	1
_	section 170(b)(1)(A)(vi). (Complete Part II)											
8 🔲	-		ection 170(b)(1)(A)(vi). (	Complete	Part II)							
9			eives (1) more than 33 1			om contri	outions, m	embership	fees, and	d gross rec	eipts f	rom
	•	-	nctions · subject to certa							_		
			axable income (less secti									
	See section	<b>509(a)(2)</b> . (Complete	Part III)									
10	An organizati	on organized and or	perated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	ł).				
11 🔲	An organizati	on organized and op	perated exclusively for th	e benefit d	of, to perfo	rm the fur	ctions of,	or to carry	out the p	urposes o	f one c	or
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2	) See sec	tion 509(a	)(3). Chec	k the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	1e through	11h						
	a Type I	<b>.</b> b	] Type II	: 🔲 Турі	e III - Funct	tionally int	egrated	•	d 🔲	Type III - C	Other	
e 🔲	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	ualified po	ersons oth	er thar	า
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	it it is a Ty <sub>l</sub>	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									L
g			organization accepted an									
	(i) A perso	n who directly or ind	irectly controls, either ale	one or tog	ether with	persons d	lescribed i	ın (ıı) and (ı	ıî) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)	$\sqcup$	
		·	n described in (i) above?							11g(ii)		
	(in) A 35% o	controlled entity of a	person described in (i) o	or (ii) above	9?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganizationi	(s)							
		· · · · · · · · · · · · · · · · · · ·		т		<del></del>		1				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organization	the	(vii) An	nount of	f
org	anızatıon		(described on lines 1-9		sted in your document?		ion in col.	(i) organizi U.S	ed in the j	sup	port	
		1	above or IRC section					<del></del>				
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<del></del>				_				
			•			ļ						
				-	<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>			
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		<del>                                     </del>	<del>                                     </del>		-	<u> </u>	<del> </del> -	<del>                                     </del>		<del></del>		
			35 5 5 4.1.1	<del></del> ,	V 3		<del></del>	1	15 m			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1		1350 6		30.3			

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

Schedule A (Form 990 or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 CHRISTIAN FELLOWSHIP FOUNDATION 55-0719264 Page 2 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)

Sec	tion A. Public Support		<del></del>			<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	6408195.	2500700.	350750.	1200000.	3000000.	13459645.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						1
	or expended on its behalf				L		
3	The value of services or facilities						
	furnished by a governmental unit to			,			i
	the organization without charge						
4	Total. Add lines 1 through 3	6408195.	2500700.	350750.	1200000.	3000000.	13459645.
5	The portion of total contributions						
	by each person (other than a				·		
	governmental unit or publicly	* ** ** · · · · · · · · · · · · · · · ·	The total of the t	3 (7) : 6-5	まとなって「191		
	supported organization) included	• • • • • • • • • • • • • • • • • • • •				_	
	on line 1 that exceeds 2% of the	, ,	اع د	Tanana Santana Tanana			
	amount shown on line 11,	, ,	'.'				
	column (f)						
6	Public support. Subtract line 5 from line 4			7	,		13459645.
Sec	ction B. Total Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	6408195.	2500700.	350750.	1200000.	3000000.	13459645.
8	Gross income from interest,	•				1	
	dividends, payments received on						
	securities loans, rents, royalties				ļ	1	İ
	and income from similar sources	1311768.	570576.	323945.	334668.	346686.	2887643.
9	Net income from unrelated business						
	activities, whether or not the						ĺ
	business is regularly carried on	ļ <u></u> .					· ·
10	Other income Do not include gain			ĺ			1
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10	<u> </u>	5	, ,	<u></u> .	1	16347288.
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
50	organization, check this box and store		roentage		·		
	ction C. Computation of Publ						00 24 ~
	Public support percentage for 2011 (		•	column (t))		14	82.34 %
	Public support percentage from 2010				14 - 00 1 (00)	15	82.23 %
168	33 1/3% support test - 2011. If the	-			14 IS 33 1/3% OF	more, cneck this b	
	stop here. The organization qualifies						<b>▶</b> [X]
t	33 1/3% support test - 2010. If the	-			ine 15 is 33 1/39	6 or more, check t	nis box
	and stop here. The organization qual	•	•		10.10 10		
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	ıπ IV now the orga	nization
	meets the "facts-and-circumstances"	-	·		-	47 11 15	1004
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets to				•		e
	organization meets the "facts-and-circ		•		•	•	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 100, 1/a, or 17			
					Sch	eaule A (Form 99)	0 or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 Partill 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

Section A. Public Support	elow, please com	piete Part II )		·····		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and	(a) 2007	(8) 2000	(0) 2000	(4) 2010	(0) 20 1.	107 . 5.12.
membership fees received (Do not						
include any "unusual grants ")		ļ			]	ı
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		-				<del></del>
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				j		
or expended on its behalf					ļ	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		ļ				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received			ļ			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				<u>ļ</u> _		
8 Public support (Subtract line 7c from line 6)				, ,	<u>''``</u>	<u> </u>
Section B. Total Support					···	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6				<u> </u>		
10a Gross income from interest,						ļ
dividends, payments received on	Ì					
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	1			1		
acquired after June 30, 1975						
c Add lines 10a and 10b			<u> </u>	+	<del> </del>	
11 Net income from unrelated business	<del></del>	<del> </del>				
activities not included in line 10b,						
whether or not the business is				1		
regularly carried on  12 Other income Do not include gain				<del>-</del>		<del> </del>
or loss from the sale of capital	1					1
assets (Explain in Part IV)	<del></del>			·		<del> </del>
13 Total support (Add lines 9, 10c, 11, and 12)		<u></u>	1	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for	or the organization	i's first, second, th	rd, fourth, or fifth	tax year as a secti	ion 501(c)(3) organi	zation,
check this box and stop here	<u></u>			<del> </del>	<del></del>	
Section C. Computation of Pub				<del></del>	T.= T	
15 Public support percentage for 2011			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve					14-	0/
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2011. If th						1/ is not
more than 33 1/3%, check this box	and <b>stop here.</b> Th	ne organization qua	alifies as a publicly	supported organ	ızatıon	<b>▶</b>
b 33 1/3% support tests - 2010. If th						
line 18 is not more than 33 1/3%, ch						n     ▶∐
20 Private foundation. If the organization	on did not check	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011 2011

Name of the organization

**Employer identification number** 

	CHRISTIAN FELLOWSH	IP FOUNDATION	55-0719264
Pår	t:l- Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	-
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
-	conservation easements	6 Art Historical Transcensor or	Other Similar Assets
Pa	rt III Organizations Maintaining Collections of		Other Sillinar Assets.
	Complete if the organization answered "Yes" to Form		the large should be a fine at the same should
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1	-	<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ciai gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	<b>.</b> .
а	·		<b>S</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche		N FELLOWS					<u> 19264</u>	
Par	t III   Organizations Maintaining C	ollections of A	rt, Historical Tı	easures, or	Other S	<u>imilar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	is, check any of the	following that	are a signifi	cant use of its	collection	items
	(check all that apply)							
а	Public exhibition	d	Loan or exc	change progran	ns			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they further	the organizatioi	n's exempt	purpose in Pai	t XIV	
5	During the year, did the organization solicit or	receive donations	of art, historical trea	asures, or other	r sımılar ass	ets		
	to be sold to raise funds rather than to be ma	intained as part of t	the organization's o	ollection?			Yes_	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the organizati	on answered "\	res" to Forr	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribution	ns or other ass	ets not incli	uded		
	on Form 990, Part X?		•				Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table					
_	, , , , , , , , , , , , , , , , , , , ,		<b>.</b>		[		Amount	
С	Beginning balance				Ţ	1c		
	Additions during the year				-	1d	<del></del>	
e	Distributions during the year					1e		
f	Ending balance				ļ	1f	<del></del>	
2a	Did the organization include an amount on Fo	orm 990. Part X. line	212	•	L		Yes	□ No
	If "Yes," explain the arrangement in Part XIV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, _ ,					
	TV Endowment Funds. Complete if	the organization ar	nswered "Yes" to F	orm 990, Part I	V. line 10			
		(a) Current year	(b) Prior year	<del></del>		Three years back	(e) Four	years back
1a	Beginning of year balance	15/ 55: 55: 55: 55: 55: 55: 55: 55: 55: 5	(0)	1.7	3.27		,,	
b	Contributions							
	Net investment earnings, gains, and losses			<del> </del>			1.	
4	Grants or scholarships						<del>                                     </del>	
u	Other expenditures for facilities			<del> </del>	<del></del>		<del>                                     </del>	
-	. '						1.	
	and programs Administrative expenses			<del>                                     </del>			-	<del> </del>
'-	End of year balance			<del></del>			<del></del>	<del></del>
g	•	root voer and helen	as (line 1a column	(a)) hold as				
2	Provide the estimated percentage of the curr	ent year end balani		(a)) rield as				
a	Board designated or quasi-endowment	0/	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages in lines 2a, 2b, and 2c shou			11				
Зa	Are there endowment funds not in the posse	ssion of the organia	zation that are neid	and administer	rea for the c	organization	٦	
	by							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the					·		
Pa	rt VI Land, Buildings, and Equipm		<del></del>					
	Description of property	(a) Cost or	1 '	st or other	(c) Accu		(d) Book	value
		basis (invest	ment) basi	s (other)	depred	ciation	<del>,</del>	
1a	Land							
þ	Buildings			247059.	1	57401.	8	<u> 39658.</u>
С	Leasehold improvements							
d	Equipment			38375.		38375.		0.
_ <u>e</u>	Other			29946.		28386.		1560.
Taka	I Add lines 1a through 1e (Column (d) must e	aual Form 990 Par	+ V column (B) line	10(0)		<b>▶</b>		91218.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 CHRISTIAN FELLOWSHIP FOUNDATION Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives Closely-held equity interests Other (B) (C) (D) (E) (G) (H) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7) (8) (9)(10)Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (1)(2)(3)(4) (5)(6)(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

2. FIN 48 (ASC 740)

132053 01-23-12

che	dyle D (Form 990) 2011 CHRISTIAN FELLOWSHIP FOUND	ATION				<u>719264</u>	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited</b>	Financial S	tater	nents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1				<u>8071.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2				<u>8567.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		. <del></del> .		<u>9504.</u>
4	Net unrealized gains (losses) on investments		4			-20	9620.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add lines 4 through 8		9				<u>9620.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10			<u>55</u>	<u>9884.</u>
Par	tixili Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue p	er Re	eturn		
1	Total revenue, gains, and other support per audited financial statements			-	1	313	<u>7066.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		i	۲۰°[۲		
а	Net unrealized gains on investments	2a	-2096	20.			
ь	Donated services and use of facilities	2b			1		
С	Recoveries of prior year grants	2c	-		.,		
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d			}	2e		<u>9620.</u>
3	Subtract line 2e from line 1			}	3	334	6686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			*		
b	Other (Describe in Part XIV)	4b	-186	15.	3 <u>2</u> 1~ [		0645
С	Add lines 4a and 4b			-	4c		8615.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		h F		5		8071.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater	nents wit	n Expenses	per			7100
1	Total expenses and losses per audited financial statements				1	25 /	7182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 . 1			7		
а	Donated services and use of facilities	2a			1-		
þ	Prior year adjustments	2b					
С	Other losses	2c	100	4.5			
	Other (Describe in Part XIV)	2d	186	T2.		4	0615
	Add lines 2a through 2d				2e		8615.
3	Subtract line 2e from line 1				3	∠ɔɔ	8567.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			-		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			, i		
b	,	4b					0
С	Add lines 4a and 4b				4c	255	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	255	8567.
۲a	rt: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 Part X, Line 2: Accounting principles generally accepted in the United

States of America require management to evaluate tax positions taken by
the Organization and recognize a tax liability (or asset) if the
Organization has taken an uncertain position that more likely than not
would not be sustained upon examination by the IRS. Management has
analyzed the tax positions taken by the Organization, and has concluded
that as of June 30, 2012 and 2011, there are no uncertain positions taken
or expected to be taken that would require recognition of a liability (or

132054 01-23-12

Part XIV Supplemental Information (continued)
asset) or disclosure in the financial statements. The Organization is
subject to routine audits by taxing jurisdictions; however, there are
currently no audits for any tax periods in progress. The Organization's
Federal Return of Organization Exempt from Income Tax (Form 990) for 2008,
2009, and 2010 are subject to examination by the IRS, generally for three
years after they were filed.
Part XII, Line 4b - Other Adjustments:
Depreciation Expense -18615.
Part XIII, Line 2d - Other Adjustments:
Depreciation Expense 18615.

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Employer identification number

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

PROVIDE FINANCIAL SUPPORT ž SUPPORT FREE SERVICES AND CARE AND MEDICINES TO THE PROTECTION OF VICTIMIZED, SUPPORT FOR FREE MEDICAL 55-0719264 SUPPORT FOOD PANTRY AND INDERSERVED AND WORKING SUPPORT FOR SERVICES TO CARE FOR YOUNG, AT-RISK EOPLE WITH AUTISM AND CHILD FOCUSED ISADVANTAGED FAMILIES ERVICES AND MATERNITY TO SUPPORT RESIDENTIAL IND BEHAVIORAL HEALTH ABUSED CHILDREN IN A ISADVANTAGED AND/OR (h) Purpose of grant THER DISABILITIES or assistance X Yes INDERPRIVILEGED THER NEEDS OF. 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 CONOMICALLY OR MEALS TO EUTRAL POOR 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 and address of organization (b) EIN (c) IRC section or government and address of organization (d) EIN (e) EIN (e) EIN (f) Method of valuation (book, if applicable cash grant assistance other) 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 o 0 Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 7500 10000 20000 10000 20990 47500 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOUNDATION 501(c)3 501(c)3501(c)3 501(c)3 501(c)3 Enter total number of other organizations listed in the line 1 table CHRISTIAN FELLOWSHIP 20-3135260 55-0751892 55-0751563 31-1149085 55-0391262 Parilly General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 200 SOUTH FRONT STREEET HOUSE OF THE CARPENTER WHEELING HEALTH RIGHT CATHOLIC CHARITIES WV CRITTENTON SERVICES Name of the organization WHEELING, WV 26003 2606 NATIONAL ROAD WHEELING WV 26003 WHEELING, WV 26003 1309 NATIONAL ROAD WHEELING WV 26003 WHEELING, WV 26003 WHEELING, WV 26003 2000 EOFF STREET 125 18TH STREET 61 29TH STREET HARMONY HOUSE EASTER SEALS

See Part IV for Column (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

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	ernments and Organizations in the United States (Schedule I (Form 990), Part II)
CHRISTIAN FELLOWSHIP FOUNDATION	ments and Organizat
FELLOWSHIP	Assistance to Governments and
CHRISTIAN	f Grants and Other A
dule I (Form 990)	Til Continuation o
Sche	Par

Partil Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Un	inted States (Sche	dule I (rorm 99U), rai	(  )	
(a) Name and address of organization or government	( <b>b</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
							SUPPORT CHILD ADVOCATES
a V							IN LEGAL SYSTEM TO
258 JEFFERSON AVE		-					PROTECT ABUSED OR
MONINDSVII.I.E WV 26041	27-0906338	501(c)3	3500.	0			NEGLECTED CHILDREN
							SUPPORT CHILD ADVOCATES
ر در در							IN LEGAL SYSTEM TO
720 CHARLES ST.							PROTECT ABUSED OR
WELLSRIEG WV 26070	31-1620703	501(c)3	7000	0			NEGLECTED CHILDREN
1							SUPPORT VARIOUS PROGRAMS,
SALVATION ARMY							INCLUDING FEEDING THE
PO BOX 6637							POOR, OF THIS
MUEDITING WW 26003	22-2406433	501(c)3	1000	0			CHRISTIAN-BASED
							SUPPORT VARIOUS PROGRAMS,
SALVATION ARMY							INCLUDING FEEDING THE
315 37TU CHBERT							POOR, OF THIS
	22-2406433	501(2)3	1000.	0			CHRISTIAN-BASED
ממניד ער מעדעיתיםם							SUPPORT VARIOUS PROGRAMS,
WAGE MOTHER! INC							INCLUDING FEEDING THE
PO BOX 126							POOR, OF THIS
CHELLE OH 43952	22-2406433	501(c)3	1000.	0			CHRISTIAN-BASED
1							SUPPORT VARIOUS PROGRAMS,
WAR NOTHER IS							INCLUDING FEEDING THE
S CONTROLLED							POOR, OF THIS
COURT IN NO CONTRACTOR	22-2406433	501(c)3	1000	0			CHRISTIAN-BASED
1							SUPPORT VARIOUS PROGRAMS,
VARA NOTHER ISS							INCLUDING FEEDING THE
ייייי אינויי אייי אי							POOR, OF THIS
	5573076.66	501(2)3	1000	0			CHRISTIAN-BASED
MOUNDSVILLE, WV 20003	CC50057-77	2/2/42	4				
CITY RESCUE MISSION							PROVIDE EMERGENCY SHELTER
PO BOX 1242							AND FOOD FOR HOMELESS,
STELL OH 43952	34-0936620	501(c)3	57850.	0.			MEN WOMEN, AND FAMILIES
5							SUPPORT A VOLUNTEER
SHAUTSHAND NOTHON NT HERE							CAREGIVER PROGRAM PROVIDE
1350 WANTOWAT DOAD							FREE SERVICES TO HELP
1339 NAILUNAL NOAD	8038608	501(0)3	10000	0.			SENIOR CITIZENS IN THE
WHEELING, WV 20003	2000	6/2(10					Schedule I (Form 990)

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Schedule I (Form 990) CHRISTIAN FELLOWSHIP FOUNDATION  [Parkill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	FELLOWSHIP Assistance to Govern	IIP FOUNDATION wernments and Organiza	ON nizations in the Un	ited States (Sche	dule I (Form 990), Par		55-0719264 Page 1
	(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
	121876-70	) t	2000	0			SUPPORT WHEELING DROP IN CENTER FOR INDIVIDUALS WITH MENTAL ILLNESS
AUGUSTA LEVY 99 NORTH MAIN STREET WHEELING WV 26003	20-2628216	501(c)3	15250.	0			TO PROMOTE DEVELOPMENT AND GROWTH OF STUDENTS WITH SPECIAL NEEDS WITHIN AN INTENSIVE AUTISM
N'S C! 365 ILLE,	34-1567102	501(c)3	22100,	0			SUPPORT FREE PROGRAMS, EDUCATION, AND SUPPLIES FOR WOMEN IN A HIGH POVERTY AREA
	55-0747397	501(c)3	11548,	0			COORDINATE SOLUTIONS TO IMPROVE THE SYSTEM OF SERVICES FOR POOR, NEEDY, CHILDREN AND FAMILIES
BETHLEHEM APOST. TEMPLE PO BOX 6051	868699868	501 (c) 3	22630.	0			TO HELP CARE FOR THE LOST, THE NEEDY AND THE POOR, ESPECIALLY KIDS, IN THEIR COMMUNITY
WHEELING, WV 20003  NORTH WHEELING YOUTH CENTER  330 N, MAIN STREET  WHEELING, WV 26003	55-0777959	501(c)3	17000.	0			SUPPORT THIS CHRIST-CENTERED, YOUTH FOCUSED CENTER TO CARE ABOUT THE LOST, THE
FOLLANSBEE CHRISTIAN CENTER PO BOX 96 FOLLANSBEE, WV 26037	55-6024568	501(c)3	18200.	0			HELP UNDERPRIVILEGED, AT RISK PRETEENS, TEENS AND THEIR FAMILIES
FAMILY OF GOD 4215 WELLS STREET WEIRTON, WV 26062	34-1695470	501(c)3	20000.	0			LOST, THE NEEDY AND THE POOR, ESPECIALLY KIDS, IN THEIR COMMUNITY
MEL BLOUNT YOUTH HOME 6 MEL BLOUNT DR. CLAYSVILLE, PA 15323	25-1585859	501(c)3	15000.	0			ENVIRONMENT FOR YOUNG MALES WHO ARE VICTIMS OF CHILD ABUSE AND NEGLECT Schedule I (Form 990)

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Schedule   (Form 990) CHRISTIAN FELLOWSHIP	FELLOWSH	IP FOUNDATION	NC				55-0719264 Page 1
Partiff Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	inted States (Sche	dule I (Form 990), Pa	#    )	
(a) Name and address of organization or government	( <b>b</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
YOUNG LIFE 953 NATIONAL ROAD, #142				•			SUPPORT ACTIVITIES TO IMPROVE BEHAVIOR OF UNDERPRIVILEGED, AT RISK
WHEELING, WV 26003	84-0385934	501(c)3	21450.	0			TO SUPPORT CHRISTIAN
LAUGHLIN MAMORIAL CHAPEL							YOUTH DEVELOPMENTAL PROGRAMS FOR
PO BOX 6195 WHERLING WV 26003	23-7318589	501(c)3	32000.	0			UNDERPRIVILEGED, AT RISK
1							TO HELP CARE FOR THE
CHRIST THE KING							DOOR, ESPECIALLY KIDS IN
PO BOX 149	55-0782692	501(c)3	149000.	0			THEIR COMMUNITY
2							TO HELP CONNECT PEOPLE
COMPASSION CONNECTION				-11			WITH SERVICES AND
2725 BETHEL CHURCH ROAD							ORGANIZATIONS TO EMPOWER
	20-3322716	501(c)3	20000.	0.			THOSE INDIVIDUALS TO MAKE
							TO HELP CARE FOR THE
MERCY BAPTIST CHURCH							DOOR ESPECTALLY KIDS IN
	2024230	F 01 / 1 / 3	143378	6			COMMUNITY
WEIRTON, WV 25052	0/05000-00	2/2/100	1				HELP UNDERPRIVILEGED, AT
GOMNOS MATHOTORO MOMOTOR				***		-	RISK PRETEENS, TEENS AND
WEIKIUN CHAISIIAN CENIEN 3012 ELM STREET		-	, , , , , , , , , , , , , , , , , , ,	c			THEIR FAMILIES IN HIGH POVERTY AREA
WEIRTON WV 26062	55-0402344	201(0)	• 000101				PROVIDE WOMEN AN
GOING TAKEN MOOR							EFFECTIVE CHRISTIAN
TEEN CHALLENGE							FAITH-BASED SOLUTION TO
FO BOA 24033	23-7298073	501(c)3	4000	0			DRUG AND ALCOHOL PROBLEMS
COLUMBUS, OR 43224	0,000	2/2/					PROVIDE MEN AN EFFECTIVE
BUNBTIAHU NGGE NO				-			CHRISTIAN FAITH-BASED
PO BOX 807							SOLUTION TO DRUG AND
VOINGSTOWN OH 44501	34-1313938	501(c)3	100000.	0.			ALCOHOL PROBLEMS
							PROVIDE MEN AN EFFECTIVE
TEEN CHALLENGE							CHRISTIAN FAITH-BASED
PO BOX 115							SOLUTION TO DRUG AND
PERRY OH 44081	34-1081503	501(c)3	20000.	0			ALCOHOL PROBLEMS
1							Schedule I (Form 990)

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Schedule I (Form 990) CHRISTIAN FELLOWSHIP FOUNDATION	FELLOWSHIP	IIP FOUNDATION	NO	ottos (Scho	hule I (Form 990) Pa		55-0719264 Page 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
IST E.A		, C	00059	0			TO HELP CARE FOR THE LOST, THE NEDY AND THE POOK, WITH A SPECIAL FOCUS ON KIDS, IN THEIR
WASHINGTON FA , OH 15301 TRI-STATE CHRISTIAN ACADEMY 750 STEUBENVILLE PIKE BURGETTSTOWN, PA 15021	55-0564676	501(c)3	172500.	0			SUPPORT K THROUGH 12 CHRISTIAN EDUCATION
WORLD HELP PO BOX 501 FOREST, VA 24551	54-1615454	501(c)3	10000.	0			SUPPORT PHYSICAL AND SPIRITUAL NEEDS OF PEOPLE IN IMPOVERISHED COMMUNITIES
8 9				c			TO HELP SUPPORT THE POOR BY PROVIDING FOOD, CLEAN DRINKING WATER, AND MEDICAL CARE
r CREE S IN G 510	59-21/4510	6/3) 100	*00000				TO SUPPORT CHRISTIAN EDUCATION FOR KIDS AND ADMITS
HEBRON , KY 41048 COVENANT COMMUNITY CHURCH 250 BETHANY PIKE	33-0596423	501(c) 3	124500.				TO HELP CARE FOR THE LOST, THE MEEDY AND THE POOR, ESPECIALLY KIDS, IN THER COMMUNITY
WHEELING, WV 26003 WV PARENT/TRAINING & INFO 348 THURMAN AVE.	55-0766509	501(c) 3	000000000000000000000000000000000000000	0			SUPPORT OUTREACH EVENTS AND PROGRAMS FOR ADULTS AND CHILDREN WITH DISABILITIES AND THEIR
WEIRTON, WV 20002 UNITED WAY 51 11TH STREET WHEELING, WY 26003	55-0479446	501(c)3	20005	0			SUPPORT PROGRAMS BENEFITING DISADVANTAGED, AT-RISK YOUTH, FAMILIES AND OLDER PEOPLE
SILVER RING THING 544 MOON CLINTON RD. MOON TOWNSHIP, PA 15108	25-1376083	501(c)3	15000.	0			PROMOTE THE MESSAGE OF PURITY AND ABSTINENCE FOR TEENAGERS UNTIL MARRIAGE Schedule I (Form 990)

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Page 1

Schedule I (Form 990) CHRISTIAN FELLOWSHIP FOUNDATION

| Paralli | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II )

Partili Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	(  )	
(a) Name and address of organization or government	<b>(b)</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
YOUTH SERVICES SYSTEM PO BOX 6041	55-0583675	501(0)3	109515	0			SUPPORT REHAB AND OTHER PROGRAMS FOR TROUBLED, INCARCERATED TEENS
1 12 12		501(c)3	137500,	0			TO HELP CARE FOR THE LOST, THE NEEDY AND THE POOR, ESPECIALLY KIDS, IN THEIR COMMUNITY
14	34-1808652	501(c)3	64000	0			SUPPORT PROGRAMS HELPING AT-RISK TEENAGE BOYS GROW UP AND BECOME GOOD ROLE MODELS
BAPTI E STRE 26003		501(c)3	16000.	0			TO HELP CARE FOR THE LOST, THE NEEDY AND THE POOR, ESPECIALLY KIDS, IN THIER COMMUNITY
CANC	13-1788491	501(c)3	.0005	0			SUPPORT RELAY FOR LIFE TO HELP CREATE A WORLD WITH LESS CANCER, FIND CURES AND HELP PEOPLE GET WELL
LL C	55-0732887	501(c)3	83300.	0			TO HELP CAR FOR THE LOST, THE NEEDY AND THE POOR, ESPECIALLY KIDS, IN THEIR COMMUNITY
N COL NOOD	34-1260362	501(c)3	172500,	0			SUPPORT K THROUGH 12 CHRISTIAN EDUCATION
ES N AVE	27-3296594	501(c)3	10000.	0			TO ASSIST THE HOMELESS VETERANS AND THEIR FAMILIES AND TO RPOVIDE ASSITANCE TO VETERANS WHO
							Schedule I (Form 990)

55-0719264

(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
				-	
					,
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I,	line 2, and any other	additional information	
Schedule I, Part I, Line 2: DEPENDING	ING UPON	THE NATURE	E OF THE S	SPECIFIC	-
GRANT, THE VARIOUS PROCEDURES THAT	THE	NDATION US	FOUNDATION USES FOR MONITORING	ITORING THE	
USE OF GRANT FUNDS INCLUDES: REQU	REQUIRED REP	REPORTING ON USE	USE OF FUNDS,	DS, MEETINGS,	
CORRESPONDENCE, EMAILS, VOICE COMMUNICATIONS,	UNICATIO	- 1	PERSONAL INTERVIEWS	EWS,	
ATTENDANCE AT ACTIVITIES/EVENTS, I	INSPECTION OF	E	FACILITIES, AND	INTERACTION	
WITH COMMINITY WEMBERS					
WITH COMMONT A CONTRACTOR OF THE CONTRACTOR OF T					

line 1, Column (h): Part II, Name of Organization or Government: HARMONY HOUSE

132102 01-27-12

Schedule I (Form 990) (2011)

Schedule I (Form 990) 2011

Name of Organization or Government: SALVATION ARMY

Name of Organization or Government: AUGUSTA LEVY

(h) Purpose of Grant or Assistance: SUPPORT VARIOUS PROGRAMS, INCLUDING FEEDING THE POOR, OF THIS CHRISTIAN-BASED ORGANIZATION

Name of Organization or Government: FAITH IN ACTION CAREGIVERS

(h) Purpose of Grant or Assistance: SUPPORT A VOLUNTEER CAREGIVER

PROGRAM PROVIDE FREE SERVICES TO HELP SENIOR CITIZENS IN THE OHIO VALLEY

IMPROVE THEIR QUALITY OF LIFE

(h) Purpose of Grant or Assistance: TO PROMOTE DEVELOPMENT AND GROWTH OF
STUDENTS WITH SPECIAL NEEDS WITHIN AN INTENSIVE AUTISM TREATMENT PROGRAM

Name of Organization or Government: NORTH WHEELING YOUTH CENTER

(h) Purpose of Grant or Assistance: SUPPORT THIS CHRIST-CENTERED, YOUTH

FOCUSED CENTER TO CARE ABOUT THE LOST, THE NEEDY, AND THE POOR

Name of Organization or Government: LAUGHLIN MAMORIAL CHAPEL

(h) Purpose of Grant or Assistance: TO SUPPORT CHRISTIAN YOUTH

DEVELOPMENTAL PROGRAMS FOR UNDERPRIVILEGED, AT RISK KIDS IN THE WHEELING

COMMUNITY

Name of Organization or Government: COMPASSION CONNECTION

(h) Purpose of Grant or Assistance: TO HELP CONNECT PEOPLE WITH SERVICES

AND ORGANIZATIONS TO EMPOWER THOSE INDIVIDUALS TO MAKE CHANGES IN THEIR

LIVES

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Name of the organization

**Employer identification number** 

55-0719264

Part I **Questions Regarding Compensation** 

CHRISTIAN FELLOWSHIP FOUNDATION

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Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. X Written employment contract X Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Sch

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
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### SCHEDULE O (Form 990 or 990-EZ)

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

(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.

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2011

Name of the organization

CHRISTIAN FELLOWSHIP FOUNDATION

Employer identification number 55-0719264

CHRIDITIM I DEBONDATI I CONDITION 33 C/132CI
Form 990, Part I, Line 1, Description of Organization Mission:
FINANCIAL SUPPORT TO INDIVIDUALS AND ORGANIZATIONS THAT FULFILL
RELIGIOUS, SCIENTIFIC, CHARITABLE AND/OR EDUCATIONAL PURPOSES. THE
FOUNDATION STRIVES TO IMPROVE THE QUALITY OF LIFE FOR THE MOST
VULNERABLE - THE POOR, THE HOMELESS, THE UNDERPRIVILEGED, THE
DISTRESSED, THE NEGLECTED, THE AT RISK, THE HURTING, THE NEEDY, THE
ABUSED, THE YOUNG AND THE ELDERLY. THE CHRISTIAN FELLOWSHIP FOUNDATION
BELIEVES IN PROMOTING, SUPPORTING AND EXPANDING CHRISTIAN VALUES,
BELIEFS, PRINCIPLES AND ACTIVITIES IN ACCOMPLISHING ITS MISSION.
990 PART 1 LINE 6
THE FOUNDATION HAS ONE VOLUNTEER THAT PERFORMS A VARIETY OF DIFFERENT
TASKS FOR THE FOUNDATION.
Form 990, Part III, Line 1, Description of Organization Mission:
THE MOST VULNERABLE - THE POOR, THE HOMELESS, THE UNDERPRIVILEGED, THE
DISTRESSED, THE NEGLECTED, THE AT RISK, THE HURTING, THE NEEDY, THE
ABUSED, THE YOUNG AND THE ELDERLY. THE CHRISTIAN FELLOWSHIP FOUNDATION
BELIEVES IN PROMOTING, SUPPORTING AND EXPANDING CHRISTIAN VALUES,
BELIEFS, PRINCIPLES AND ACTIVITIES IN ACCOMPLISHING ITS MISSION.
Form 990, Part VI, Section B, line 11: BEFORE THE FORM 990 IS FILED, THE
COMPLETE FORM 990 IS SENT TO ALL BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION'S BOARD OF