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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

| Α | For the | 2014 calendar year, or tax year beginning , 2014, and ending | | , | |
|---|-------------|---|--|----------------|-----------------------------|
| В | Check if a | pplicable C | D Employ | er identi | fication number |
| | Addr | ess change FAITH AND LEARNING INTERNATIONAL, NFP | 20- | 07438 | 364 |
| | Nam | e change 209 EAST LIBERTY DRIVE | E Telepho | | |
| | Initia | WHEATON, IL 60187 | (63 | 0) 58 | 80-5750 |
| | \vdash | return / terminated | 100 | <u> </u> | 00 0700 |
| | H | nded return | G Gross r | eceints \$ | 2,299,634. |
| | H | | Is this a group retur | | ordinates? Yes X No |
| | □ vbb₁ | · · · · · · · · · · · · · · · · · · · | Are all subordinates If 'No,' attach a list | | |
| | Tay ov | empt status X 501(c)(3) 501(c) () 4947(a)(1) or 1527 | If 'No,' attach a list | (see inst | tructions) |
| <u>' </u> | | | 0 | | |
| <u>, </u> | | | Group exemption no | | |
| K | | | 2004 Ms | state of le | egal domicile IL |
| Pa | rt I | Summary | NAMOTAT C | TTA D.T | |
| | | riefly describe the organization's mission or most significant activities PROVIDE FILE | NANCIAL, C | HAKT. | 1887F' |
| မွ | <u> </u> | SPIRITUAL AND HUMAN RESOURCES FOR CHRISTIAN MINISTRY. | | | |
| Activities & Governance | - | | | | |
| /eri | 2 0 | Check this box ► I if the organization discontinued its operations or disposed of more to | than 25% of its | net as | |
| Gol | | lumber of voting members of the governing body (Part VI, line 1a) | | 1 3 | 6 |
| ∘ઇ | | lumber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 6 |
| ies | 5 T | otal number of individuals employed in calendar year 2014 (Part V, line 2a) | | 5 | Ō |
| Ξ | | otal number of volunteers (estimate if necessary) | | 6 | 0 |
| Activ | | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| | bΛ | let unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| 3 | | | Prior Year | | Current Year |
| | | Contributions and grants (Part VIII, line 1h) | 1,809,2 | <u> 275.</u> | <u>2,280,171.</u> |
| ׆֖֟ | | Program service revenue (Part VIII, line 2g) | | | 16,330. |
| - Š | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,6 | 504. | 3,133. |
| ۳, | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| <u> </u> | | otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,810,8 | <u> 379. </u> | 2,299,634. |
| Ź | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | · · ·- ·- · · · | | |
| Expenses CANNIE Revenue | | Benefits paid to or for members (Part IX, column (A), line-4) | | —∔ | |
| 8 | } | Salaries, other compensation, employee benefits (Part IX, Column A) (Mes 5) 10) | 5,0 | 000. | |
| Jse | 16 a F | Professional fundraising fees (Part IX, column (A), fine 11e) | | | |
| be | ьт | otal fundraising expenses (Part IX, column (D), line 25) 8CT 0 5 2026, 403. | | 17.0 | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,562,8 | 349 | 2,062,564. |
| | | otal expenses Add lines 13-17 (must equal Part IX, column (A), line-25) | 1,567,8 | | 2,062,564. |
| | 19 F | Revenue less expenses Subtract line 18 from line 12. OGDEN, HT | 243,0 | | 237,070. |
| 88 | | | Beginning of Curre | | End of Year |
| Assets 1 Baland | 20 7 | otal assets (Part X, line 16). | 661, | | 914,828. |
| A B | | otal liabilities (Part X, line 26) | 29,8 | | 46,108. |
| ξĒ | 22 1 | Net assets or fund balances Subtract line 21 from line 20 | 631, | | 868,720. |
| Da | rt II | Signature Block | 031, | <u> </u> | 000,120. |
| - | | | nest of my knowledge | and beli | ef it is true correct and |
| com | plete Dec | es of perjury, I declare that I have examined the return, including accompanying schedules and statements, and to the becaration of prepayer other than officer) is passed in all information of which preparer has any knowledge | Jest of my knowledge | , and ben | cr, it is the, correct, and |
| | | Mesone Time | 9/2 | 4// | 5 |
| Sig | ın | Signature of officer | Date | 4 | |
| He | re | DUANE FLMER | | | |
| | | Type or print name and little | | | |
| | | Print/Type preparer's name Preparer's syndium Onte | Check | ıf | PTIN |
| D- | : al | JULIE CARLSON, CPA SULIE CARLSON, CPA 9/18/15 | self-employ | _ | P00128496 |
| Pa | ıa epare | | 55., 5,510. | | |
| | e Onl | | Firm's EIN | ► gn | -0090907 |
| - -3 | . J | NAPERVILLE, IL 60563-3539 | Phone no | (630 | |
| Ma | , the IE | RS discuss this return with the preparer shown above? (see instructions) | Tr none no | | X Yes No |
| | | | 13L 05/28/14 | | Form 990 (2014) |
| BA | A FOR | raperwork Reduction Act Notice, See the Separate Instructions. IEEA01 | 13L U3/28/14 | | (2014) |

TEEA0113L 05/28/14

| (Expenses | services. (Describe in Schedule O) including gra service expenses 1,946 | nts of \$ |) (Revenue \$ |) |
|---------------------------------|--|--------------------------------------|--|----------------------|
| 4 d Other program | n services. (Describe in Schedule O) | - | | |
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| 4c (Code |) (Expenses \$ | _ including grants of \$ |) (Revenue \$ | |
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| 4b (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
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| UNITED ST | TATES_AND_INTERNATIONALLY. | | | |
| | AND MAINTAINED PROGRAMS | | <u>VANCE CHRISTIAN VALU</u> | ES_IN_THE_ |
| 4a (Code: | | | 537,717.) (Revenue \$ | |
| | | | | |
| and revenue, | if any, for each program service reported | | to and anocations to others, the | total expelises, |
| 4 Describe the of Section 501/c | organization's program service accomplisions) and 501(c)(4) organizations are requ | hments for each of its three large | est program services, as measures and allocations to others, the | red by expenses. |
| | be these changes on Schedule O | | ب | _ |
| | zation cease conducting, or make signific | cant changes in how it conducts, | any program services? | Yes X No |
| | be these new services on Schedule O | | Ų | |
| Form 990 or 9 | | vices during the year writer were no | it listed on the prior | Yes X No |
| 2 Did the ergenia | ation undertake any significant program serv | upon during the year which were no | t listed on the prior | |
| | | | | |
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| PROVIDE I | INANCIAL, CHARITABLE, SPI | RITUAL AND HUMAN RES | OURCES FOR CHRISTIAN | MINISTRY. |
| | e the organization's mission. | e to any me m that are m | | |
| | f Schedule O contains a response or not | | | Г |
| Ctoto | nent of Program Service Accomp | nlichmente | | |
| | FAITH AND LEARNING INTERNA | | 20-07438 | 64 Page |

Form 990 (2014) FAITH AND LEARNING INTERNATIONAL, NF

20-0743864 Page 3

Yes

No

Partily Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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 I
- 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, for escrow or custodial account liability; 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
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*
 - c Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII
 - **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III
- 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
 - b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

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| | Forr | n 990 | (2014) |

| Par | t/IV Checklist of Required Schedules (continued) | | | |
|------|---|---------|-----|----|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | 23 | | х |
| | 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 25a | 24a | | х |
| ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 | | |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| ı | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II | 26 | | Х |
| 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 | 22 | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 75 Sec. | | |
| ; | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| 1 | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| , | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |

BAA

Form 990 (2014)

Form **990** (2014)

| Par | t V. Statements Regarding Other IRS Filings and Tax Compliance | 20 0713 | | | |
|-----|--|---|----------|-----------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 a | 39 | | . (4,) |
| Ŀ | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b | 0 | | - ₹ |
| | : Did the organization comply with backup withholding rules for reportable payments to vendors and r | eportable gamıng | 14. | | |
| 2 = | (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | 1 c | 11 | X |
| | ments, filed for the calendar year ending with or within the year covered by this return of at least one is reported on line 2a, did the organization file all required federal employments. | 2a | 0 2 b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in | | 20 | 1999 | |
| • | | | 3. | لننا | X |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year | ar: | 3 a | | <u> </u> |
| | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | | 30 | ' - | <u> </u> |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in a foreign country (such as a bank account, securities account, or other to the financial account in the financial account in the financial account in the financial account in the financial accountry (such as a bank account accoun | er authority over, a inancial account)? | 4 a | 1 | X |
| t | If 'Yes,' enter the name of the foreign country | | | 30.223 | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | | <u> </u> | 12 K 30 | 1. 45. |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | - | _ 5 a | + | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shell | ter transaction? | 5 t | - | X |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 50 | - | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions? | | _ 6 a | <u> </u> | х |
| ı | o If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible? | tions or gifts were | 6 8 | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | 7*/ .>74 |
| ć | a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor? | partly for goods and | 7 8 | | X |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | • | 71 |) | |
| • | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282? | was required to file | 70 | ; | х |
| (| d If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | | | il val |
| (| e Did the organization receive any funds, directly or indirectly, to pay premiums on a persona | benefit contract? | 7 € | • | X |
| 1 | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal be | nefit contract? | 71 | | X |
| • | g If the organization received a contribution of qualified intellectual property, did the organization file as required? | Form 8899 | 79 | 3 | |
| 1 | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did th Form 1098-C? | e organization file a | 71 | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by the sponsoring | | 1 | 18.63 |
| | organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | - 6 | u lia vaĝ | |
| i | a Did the sponsoring organization make any taxable distributions under section 4966? | | 9 : | a [| |
| | f b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe | rson? | 91 | b | |
| | Section 501(c)(7) organizations. Enter | | | 1 77 | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | 10 a | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 Ь | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | 8. 8. 2 | Y | |
| | a Gross income from members or shareholders | 11 a | | | 1.00 |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11 Б | | 7.53 | * |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu | of Form 1041? | 12 | а | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | 1 | 17.2 |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | |] | | |
| | a Is the organization licensed to issue qualified health plans in more than one state? | | 13 | a | |
| | Note. See the instructions for additional information the organization must report on Schedu | ule O | | ##. I | 1 |
| | b Enter the amount of reserves the organization is required to maintain by the states in | 1 126 | | #:1 | |
| | which the organization is licensed to issue qualified health plans | 13b | | | Î î |
| | c Enter the amount of reserves on hand | 13c | 14 | 2 7 7 7 7 7 | X |
| | a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in | Schedule O | 14 | | $+$ ^ |
| | u ii res, nas it nieu a fortii /zo to report these payments' ii ivo, provide all'explanation in | JULIEUUIE U | 14 | ושו | 1 |

Form 990 (2014) FAITH AND LEARNING INTERNATIONAL, NFP 20-0743864 Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1a 6 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 b Enter the number of voting members included in line 1a, above, who are independent 6 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Δ Did the organization become aware during the year of a significant diversion of the organization's assets? $\overline{\mathbf{x}}$ 5 Did the organization have members or stockholders? Х 6 7 a 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? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 $\overline{\mathbf{X}}$ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q Schedule O how this was done X X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a **b** Other officers or key employees of the organization SEE SCHEDULE O 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its

| - | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | | | | |
|-----|--|---------|---------|----|--|--|--|
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► AK KY MD MN ND NH TN VA WA | WI W | [☑ | _ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply | s only) | availa | ab | | | |
| | Own website | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year SEE SCHEDULE O | able to | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | | | |
| | CEDARSTONE PARTNERS 209 E. LIBERTY WHEATON IL 60187 (630) 580-5750 | | | | | | |
| | | | - 000 / | 2 | | | |

| ` | | | | | |
|------------------------|-------|-----|----------|----------------|-----|
| Form 990 (2014) | FAITH | AND | LEARNING | INTERNATIONAL. | NFP |

20-0743864

Page **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | | | (C) |) | | | | | |
|-----------------------------|--|-----------------------------------|-----------------------|----------------|------------------|------------------------------|----------|--|--|---|
| (A) Name and Title | (B) Average hours per | 15 | both dire | an o ector/ | fficer truste | | - 1 | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) DUANE ELMER | -4 | v | | | | | | | | |
| EXECUTIVE DIR. | 0 | X | | | | | | 0. | 0. | 0. |
| (2) DON CHURCH | 1_ | Ų. | | | | | I | | 0 | 0 |
| DIRECTOR (3) EVVY CAMPBELL | 0 | X | Н | | | | | 0. | 0. | 0. |
| DIRECTOR | - - | x | | | | | | 0. | 0. | 0. |
| (4) EVAN HUNTER | 1 | | | | _ | | | | | |
| DIRECTOR | 0 | X | | | | | l | 0. | 0. | 0. |
| (5) GARY LAVANCHY | 11 | | | | | | | | | |
| SECRETARY | 0 | X | | | | | | 0. | 0. | 0. |
| | 1 | | | | | | İ | _ | _ | _ |
| TREASURER | 0 | X | - | | | | <u> </u> | 0. | 0. | 0. |
| | | 1 | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | 1 | | | | | | | | | |
| (10) | | | | | | | | | _ | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| | (B) | | | ((| | - | | | | ployees (continued) |
|---|--|-----------------------------------|-----------------------|-------------|-----------------|---------------------------------|---------------|--|--|--|
| (A) Name and title | Average hours per | box | , unle | ess pe | erson direct | than o is both or/trust | ee) | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | week (list any hours for related organiza - tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| 15) | | | | | | | | | | |
| 16) | | | | | | | | | | |
| ומו | | | | | | | | | - | |
| 18) | | | | | | | | - | | |
| 9) | | | | | | | | | | |
| 20) | | | | | | | | | - | |
| 21) | | | | | | | | | | |
| 22) | | | | | | | | | | |
| 23) | | | | | | | | | | |
| 24) | | | | | | | | | | |
| 25) | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Sect | ion A | | | | | | ▶ | 0. | |). 0). 0 |
| d Total (add lines 1b and 1c) | ion A | | | | | | • | 0. | |). (|
| 2 Total number of individuals (including but not limite from the organization ▶ 0 | d to those I | listed | abo | ve) | who | recei | ved | more than \$100,00 | 00 of reportable co | mpensation |
| 3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su 4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual | <i>ch individu</i> of reportab | <i>ual</i> ole co | mp | ensa | atior | and | oth | ner compensation | | Yes No |
| 5 Did any person listed on line 1a receive or accrefor services rendered to the organization? If 'Ye | ue compei es,' comple | nsatio | on fi | rom dule | any J fo | unre | elate ch p | ed organization oi oerson | ndıvıdual | 5 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| Section B. Independent Contractors 1 Complete this table for your five highest compe | nsated ind | leper | nder | nt co | ontra | ctors | tha | at received more | than \$100,000 of | |
| compensation from the organization. Report compe (A) Name and business ad | | tne c | aier | ıaar | yea | endi | ng v | with or within the o (B) Description |) | (C) Compensation |
| | | | | | | | _ | | | |
| | | | | | | | _ | | | |
| | | | | | | <u> </u> | - | <u> </u> | | /// 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Total number of independent contractors (including \$100,000 of compensation from the organization | | nited i | to th | ose | iiste | d abo | ve) | wno received more | e than | |

| | | Check if Schedule O | contains a respo | onse or note to an | y line in this Part V | | | |
|--|--|---|----------------------|---|--|--|--|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e | Federated campaigns. Membership dues Fundraising events Related organizations. Government grants (contributions). All other contributions, gifts, gismilar amounts not included a | rants, and above 1 f | 2,280,171. | | | | |
| ont | _ | Noncash contributions included Total. Add lines 1a-1f | in lines 1a-1f \$_ | | 2 200 171 | | 18 · \$ · \$ · \$ · \$ · \$ · \$ · \$ | A River Section |
| | - 11 | Total. Add lines 1a-11 | | Business Code | 2,280,171. | | | \$ \$ 3 A A A |
| | 2 a | RETREAT & MISS | ION FEES | | 16,230. | 16,230. | <u> </u> | |
| Rev | b | | | | 100. | 100. | | |
| <u>ë</u> | С | | | | | | | |
| \$ | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| 8 | f | All other program service | ce revenue | | | 882 . 87. 8 | | |
| <u>~</u> | | Total. Add lines 2a-2f | | | 16,330. | \$.7 × \$ · · · | * / * | F -774 \W.,34 |
| | 3 | Investment income (incother similar amounts) | luding dividends | , interest and | 3,133. | | | 3,133. |
| | 4 | Income from investmen | t of tax-exempt | bond proceeds. > | 3,133. | | | |
| | 5 | Royalties | | • | | | | |
| | | | (ı) Real | (II) Personal | » | . * . * * . * | | |
| | | Gross rents | | 1 | · '8", · '; | [: | | |
| | 1 | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (lo | (i) Securities | (II) Other | | i i ** (44) (5)(3) | | 4 . 2 1 |
| | 7 a | Gross amount from sales of assets other than inventory | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | |
| | 1 | Gain or (loss) | | | | | | |
| | C | Net gain or (loss) | | • | | | | |
| Other Revenue | 8 a | Gross income from fund (not including \$ of contributions reporte | | | | | | |
| Ě | | See Part IV, line 18 | ā | 9 | 1 * * * * * * * * * * * * * * * * * * * | , , | | |
| 홅 | | Less direct expenses | | ovents • | <u> </u> | | * * * | |
| Ò | | : Net income or (loss) fro | | events | | | 78848668 4, 11 524, 21 | - |
| | 9 8 | Gross income from gan See Part IV, line 19 | ning activities | , | Charles and | e de la companya | | |
| | 1 | Less direct expenses | | | | | Property and a | 11114 V |
| | 1 | : Net income or (loss) fro | om gaming activ | rities | • | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | <u> </u> |
| | 10 a | Gross sales of inventor and allowances | y, less returns | a | | | | |
| | 1 | Less: cost of goods sol | | b | <u> } </u> | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | c Net income or (loss) from sales of inventory | | | • · · · · · · · · · · · · · · · · · · · | | | | |
| | | Miscellaneous Rever | ue | Business Code | | 1 , <u>2</u> , , , , , , , , | | |
| | 11 a | \ _ | | | | - | | + |
| | ' | | | | | | | |
| | `` | All other revenue | | | | | | |
| | 1 1 | Total. Add lines 11a-11 | d | | <u> </u> | <u> </u> | | |
| | 12 | Total revenue. See ins | tructions | | 2,299,634. | 16,330. | 0. | 3,133. |
| | | | | | | | | |

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re | plete all columns. All oth | ner organizations must co | mplete column (A) | TVI |
|---------------|---|----------------------------|--|-------------------------------------|--|
| | Check if Schedule O contains a r | | | (0) | X |
| Do r 6b, 7 | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | a ki di di a | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| | b Legal | | | <u> </u> | |
| | Accounting | 29,016. | | 29,016. | |
| | Lobbying | | | 29,010. | |
| | Professional fundraising services See Part IV, line 17 | | | ~ 1 | - |
| | , | | · | | |
| | Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column | | • | | |
| | (A) amount, list line 11g expenses on Schedule 0). Advertising and promotion | 81,265. | 6,099. | 51,056. | 24,110. |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| | <u></u> | | | | |
| 15 | Royalties | 01 010 | 01 010 | | |
| 16 | Occupancy | 21,318. | 21,318. | | |
| 17 | Travel | 196,145. | 196,145. | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | 63,483. | 62,463. | | 1,020. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | <u> </u> |
| 23 | Insurance | _ | | | |
| 24 | covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e | | | | |
| | expenses on Schedule O.) | * {* # # # # # # # # | <u>: </u> | 40 18 4: 4 v 3 · A · 4 · 6 · 6 | iller trafe Saint Co. |
| | EUROPEAN_PROJECTS | 610,533. | 610,533. | | |
| l | AFRICAN PROJECTS | <u>348,565.</u> | <u>348,565.</u> | | |
| | ASIAN_PROJECTS | 231,502. | 231,502. | | |
| (| NORTH AMERICAN PROJECTS | 204,292. | 204,292. | | |
| | All other expenses SEE SCH. O | 276,445. | 265,544. | 9,598. | 1,303. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,062,564. | 1,946,461. | 89,670. | 26,433. |
| 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) | | | | |

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 656,411 911,541. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 5,088 3,287 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10 c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 661,499 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 914,828 Accounts payable and accrued expenses 17 17 23,849 46,108 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 6,000 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 29,849 46,108 Organizations that follow SFAS 117 (ASC 958), check here > X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 54,623. 134,357. Temporarily restricted net assets 28 28 577,027. 734,363. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 33 Total net assets or fund balances 631,650 868,720. Total liabilities and net assets/fund balances 34 34 661,499 914,828. BAA

Form 990 (2014)

| Forr | 1990 (2014) FAITH AND LEARNING INTERNATIONAL, NFP | 20-0743864 | Page | 12 |
|------|---|-------------|---------------------|--|
| Pa | Reconciliation of Net Assets | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | |] |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,299,634 | _ |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,062,564 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 237,070 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 631,650 | <u>. </u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | _ |
| 7 | Investment expenses | 7 | | _ |
| 8 | Prior period adjustments | 8 | | _ |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9_ | 0 | <u>.</u> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | _868,720 |) <u>.</u> |
| Pa | TXIII Financial Statements and Reporting | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | \Box |
| | <u> </u> | | Yes No | <u> </u> |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | 6.00 (4.0 | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | 4 |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a X | , L |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | viewed on a | | |
| | b Were the organization's financial statements audited by an independent accountant? | | 2b X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | eparate | | |
| | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2c 2 | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | 3a 2 | Κ_ |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require | d audit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| BA | A | | Form 990 (20 | 14) |

TEEA0112L 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Openito Public Inspection

Employer identification number

| <u>F</u> AI | TH | AND LEARNING INTER | NATIONAL, NFP | | | | 20-0743864 | <u> </u> | | |
|-------------|--|--|---|--|--|---|---|---|--|--|
| Par | : I 🍇 | Reason for Public Cha | rity Status (All or | ganızations must c | omple | te this | part.) See instruct | ions. | | |
| The c | rgar | nization is not a private found | lation because it is: (F | or lines 1 through 11, | check or | nly one | box.) | | | |
| 1 | П | A church, convention of church | es, or association of ch | urches described in sect | ion 170(l |)(1)(A)(i |) | | | |
| 2 | П | A school described in section | n 170(b)(1)(A)(ii). (Atta | ach Schedule E) | | | | | | |
| 3 | - | A hospital or a cooperative h | | • | tion 170 | (bY1YA | Yiii). | | | |
| 4 | | A medical research organization | , , | | | * | /\···/· | nter the hospital's | | |
| • | \Box | name, city, and state: | non operated in conju | Total Tital a Troopital C | | 555 | | nor the hospital s | | |
| 5 | | An organization operated for the 170(b)(1)(A)(iv). (Complete F | e benefit of a college o | r university owned or ope | erated by | a gover | nmental unit described in | section | | |
| 6 | | A federal, state, or local gove | | ntal unit described in s | ection 1 | 70(b)(1) | (A)(v). | | | |
| 7 | X | An organization that normally r in section 170(b)(1)(A)(vi). | eceives a substantial pa Complete Part II) | art of its support from a (| governme | ental uni | t or from the general pub | lic described | | |
| 8 | \sqcup | A community trust described | in section 170(b)(1)(A | A)(vi). (Complete Part I | l.) | | | | | |
| 9 | | An organization that normally r from activities related to its exemples investment income and unrelating 30, 1975. See section 5 | empt functions – subject lated business taxable 509(a)(2). (Complete F | et to certain exceptions, a e income (less section l Part III) | and (2) na 511 tax) | o more ti from bu | han 33-1/3% of its suppo usinesses acquired by t | rt from aross | | |
| 10 | Ш | An organization organized ar | nd operated exclusive | ly to test for public safe | ety. See | section | 509(a)(4). | | | |
| 11 | | An organization organized ar or more publicly supported o lines 11a through 11d that de | rganizations described | d in section 509(a)(1) o | r sectio | n 509(a) | (2). See section 509(a) | t the purposes of one (3). Check the box in | | |
| а | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. | | | | | | | | | |
| b | b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. | | | | | | | | | |
| C | | Type III functionally integrated. | A supporting organizations) You must comp | on operated in connection | n with, an | nd function | onally integrated with, its s | supported | | |
| d | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. | | | | | | | | | |
| e | | Check this box if the organiz integrated, or Type III non-fu | ation received a writte | en determination from t | the IRS to | that is a | Type I, Type II, Type I | II functionally | | |
| f | En | ter the number of supported | | | | | | | | |
| | | ovide the following informatio | - | l organization(s) | | | | <u> </u> | | |
| | | (i) Name of supported organization | (u) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (IV) la organizat in your g docum | on listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | Yes | No | | | | |
| (A) | | | | | | | | | | |
| | | | - | | | | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | <u> </u> | | | | |
| (D) | | | | | | _ | | | | |
| (E) | | | | | | | | | | |
| Tota | | | | | | , <u> </u> | | | | |
| BAA | For | Paperwork Reduction Act N | otice, see the Instruc | tions for Form 990 or 9 | 990-EZ. | | Schedule A (Form | 990 or 990-EZ) 2014 | | |

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.)

| Sect | ion A. Public Support | | | | | | | | | |
|----------------|--|--|---|--|---|--|---------------------|--|--|--|
| Caler begir | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') | 789,413. | 976,748. | 1,287,345. | 1,810,627. | 2,296,501 | 7,160,634. | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | _ | | | 0. | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | |
| 4 | Total. Add lines 1 through 3 | 789,413. | 976,748. | 1,287,345. | 1,810,627. | 2,296,501 | 7,160,634. | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 356,708. | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 6,803,926. | | | |
| Sec | tion B. Total Support | | | | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | |
| 7 | Amounts from line 4 | 789,413. | 976,748. | 1,287,345. | 1,810,627. | 2,296,50 | 1. 7,160,634. | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 181. | 320. | 271. | 252. | 3,13 | 3. 4,157. | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0 | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7,164,791. | | | |
| 12 | Gross receipts from related activ | vities, etc (see ins | structions) | | | 1 | 2 0. | | | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization for the o | on's first, second, th | nird, fourth, or fifth | tax year as a secti | on 501(c)(3) | ▶ [| | | |
| | tion C. Computation of Pu | | | | | | | | | |
| | Public support percentage for 2 | | | ne 11, column (f) |) | <u> </u> | 94.96% | | | |
| 15 | Public support percentage from | 2013 Schedule A | , Part II, line 14 | | | 1 | 99.98% | | | |
| 16 a | 16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| I | 33-1/3% support test — 2013. If and stop here. The organization | the organization on qualifies as a pi | did not check a be ublicly supported | ox on line 13 or 1 organization | 6a, and line 15 is | 33-1/3% or mo | ore, check this box | | | |
| 17 a | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact | n meets the 'facts- | and-circumstance | es' test, check this | s box and stop he | ere. Explain in l | Part Ⅵ how | | | |
| | or more, and if the organization organization meets the 'facts-an | n meets the 'facts nd-circumstances' | -and-circumstance test The organiz | es' test, check this ation qualifies as | s box and stop he a publicly suppor | e re. Explain in l rted organization | Part VI how the □ | | | |
| 18 | Private foundation. If the organ | iization did not ch | | 13, 10a, 10D, 1/8 | a, or 17b, check to | | = IIISUUCIOIIS | | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| <u>C</u> | to quality under the tests in | | | | | | |
|----------|---|---------------------------|-------------------------|----------------------|------------------------------|--------------------|---------------------|
| | tion A. Public Support | (-) 2010 | (F) 2011 | (c) 2012 | (-I) 0012 | (-) 001 <i>4</i> | (n) Total |
| | lar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants') | (a) 2010 | (b) 2011 | (6) 2012 | (d) 2013 | (e) 2014 | (t) Total |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | , | | | |
| | Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | : Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | 25111 | | |
| | tion B. Total Support | | / | 4 > 0010 | 4 15 00 10 | 4 > 0014 | 1 40 = 1 - |
| | dar year (or fiscal yr beginning in) | (a) 2010 | / (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| - | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 | | | | | | |
| | taxes) from businesses acquired after June 30, 1975 and 10b | | | | | <u> </u> | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 | First five years. If the Form 990 organization, check, this box and | is for the organiz | ation's first, seco | nd, third, fourth, o | or fifth tax year as —_ — | s a section 501(c) |)(3) ► ∏ |
| | tion C. Computation of Pu | | | | | | |
| 15 | Public support percentage for 2 | | | ne 13, column (f) |) | 15 | % |
| 16 | Public support percentage from | | | | _ | 16 | % |
| | tion D. Computation of Inv | | | | | | |
| 17 | , , | - | * * | - | ımn (f)). | 17 | % |
| 18 | Investment income percentage | | | | | 18 | 8 |
| | a 33-1/3% support tests – 2014. Is not more than 33-1/3%, chec | k this box and sto | p here. The orga | nization qualifies | as a publicly supp | oorted organizati | on 🕨 📗 |
| | b 33-1/3% support tests 2013. I line 18 ₇ is not more than 33-1/39 | | | | | | |
| 20 | Privaté foundation. If the organ | | | | | | |
| BAA | | | TEEAMOSI | | | | 200 or 990 EZ) 2014 |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below
 - **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
 - **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
 - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer (b) below
 - **b** Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | | Yes | No |
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| Pa | Fit IV Supporting Organizations (continued) | | | |
|----|--|----------------|--|-------------|
| | III II | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | 1 × × | | |
| | governing body of a supported organization? | 11a | | |
| | b A family member of a person described in (a) above? | 11b | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | L |
| Se | ction B. Type I Supporting Organizations | | | |
| _ | | ~ . | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | * · · · · · · · · · · · · · · · · · · · | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| Se | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | <u> </u> | |
| Se | ction D. All Type III Supporting Organizations | | | |
| | | (%%-,6%) | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| Se | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| | a The organization satisfied the Activities Test Complete line 2 below | | | |
| | | | | |
| | | | | |
| | c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction | ons) | | |
| 2 | 2 Activities Test Answer (a) and (b) below. | (7 | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| ; | 3 Parent of Supported Organizations Answer (a) and (b) below. | / | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | <u> </u> | 44343 |

Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013

BAA

a | ******
b | ** ** *

8 Breakdown of line 7

e Excess from 2014

from line 1 (if amount greater than zero, see instructions)

Excess distributions carryover to 2015. Add lines 3₁ and 4c

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

·Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| | FAITH AND LEARNING INTERNAT | CIONAL, NFP | 20-0743864 |
|-----|--|--|---|
| Pai | Organizations Maintaining Dono | r Advised Funds or Other Simila | ar Funds or Accounts. |
| | Complete if the organization answ | vered 'Yes' to Form 990, Part IV | , line 6. |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and dor are the organization's property, subject to the | nor advisors in writing that the assets he organization's exclusive legal control? | Id in donor advised funds |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing that gra of the donor or donor advisor, or for an | ant funds can be used only y other purpose conferring Yes No |
| Pai | till. Conservation Easements. | | |
| | Complete if the organization ans | wered 'Yes' to Form 990, Part IV | , line 7. |
| 1 | Purpose(s) of conservation easements held by | the organization (check all that apply) | - |
| | Preservation of land for public use (e g , r | ecreation or education) Preser | vation of a historically important land area |
| | Protection of natural habitat | Preser | vation of a certified historic structure |
| | Preservation of open space | · · · · · · · · · · · · · · · · · · · | |
| 2 | Complete lines 2a through 2d if the organization hast day of the tax year | neld a qualified conservation contribution in | the form of a conservation easement on the |
| | | | Held at the End of the Tax Year |
| | Total number of conservation easements | | 2 a |
| | Total acreage restricted by conservation ease | | 2 b |
| • | Number of conservation easements on a certi- | fied historic structure included in (a). | 2c |
| • | Number of conservation easements included in structure listed in the National Register | n (c) acquired after 8/17/06, and not on | a historic 2d |
| 3 | Number of conservation easements modified, trantax year ► | nsferred, released, extinguished, or termina | ted by the organization during the |
| 4 | Number of states where property subject to conse | ervation easement is located > | |
| 5 | Does the organization have a written policy re | garding the periodic monitoring, inspect | |
| | and enforcement of the conservation easeme | | ∐Yes ∐ No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, and enforcing conservation eas | ements during the year |
| 7 | Amount of expenses incurred in monitoring, insper ▶\$ | ecting, and enforcing conservation easemen | nts during the year |
| 8 | Does each conservation easement reported o and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requiremen | ts of section 170(h)(4)(B)(i) Yes No |
| 9 | | s conservation easements in its revenue ar to the organization's financial statement | d expense statement, and balance sheet, and is that describes the organization's accounting for |
| Pā | conservation easements Organizations Maintaining Colle Complete if the organization ans | ections of Art, Historical Treasur wered 'Yes' to Form 990, Part IV | res, or Other Similar Assets. 7. line 8. |
| 1 | a If the organization elected, as permitted unde art, historical treasures, or other similar assets his in Part XIII, the text of the footnote to its fina | eld for public exhibition, education, or resea | |
| | b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items: | r SFAS 116 (ASC 958), to report in its r or public exhibition, education, or research | evenue statement and balance sheet works of art, in furtherance of public service, provide the |
| | (i) Revenue included in Form 990, Part VIII, | line 1 | ► \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, amounts required to be reported under SFAS | | for financial gain, provide the following |
| | a Revenue included in Form 990, Part VIII, line | | ▶ \$ |
| | b Assets included in Form 990, Part X | | ▶ \$ |

| Part III Organizations Maintai | ning Collec | TIONS OF ART, HISTO | orical Treasures, or | Other Similar Asse | ₹IS (CONT | inued | <u>"</u> |
|--|-------------------------------------|---|---|------------------------------|--------------------|----------|------------|
| 3 Using the organization's acquisition items (check all that apply): | , accession, an | d other records, check a | ny of the following that ar | e a significant use of its o | ollection | | |
| a Public exhibition | | d Loan | or exchange programs | | | | |
| b Scholarly research | | e Other | 3 . 3 | | | | |
| c Preservation for future gener | ations | لــا | | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collection | ons and explain how they | further the organization's | s exempt purpose in | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | tion solicit or i nan to be mair | receive donations of ar ntained as part of the o | t, historical treasures, o organization's collection | or other similar assets [| Yes | <u>ا</u> | No |
| Part IV. Escrow and Custodia line 9, or reported an | Arrangem | ents. Complete if t | he organization an | | m 990, P | 'art I\ | √ , |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodiar | n, or other intermediary | for contributions or oth | ner assets not included | Yes | | No |
| b If 'Yes,' explain the arrangement | ın Part XIII ar | nd complete the follow | ng table. | L | | | |
| ,, | | • | | | Amount | | |
| c Beginning balance | | | | 1 c | | - | |
| d Additions during the year | | | | 1 d | | | |
| e Distributions during the year | | | | 1 e | | | |
| f Ending balance | | | | 1 f | | | |
| 2 a Did the organization include an a | mount on For | m 990, Part X, line 21, | for escrow or custodial | account liability? | Yes | П | No |
| b If 'Yes,' explain the arrangement | | | | - L | _ | H | |
| , , | | · | · | | | ш | |
| Part V Endowment Funds. C | omplete if t | he organization ar | swered 'Yes' to Fo | rm 990, Part IV, Iın | e 10. | | |
| | (a) Current | | | | (e) Four | years b | ack |
| 1 a Beginning of year balance | | | | | | | |
| b Contributions | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | |
| d Grants or scholarships | | | | | | | |
| Other expenditures for facilities and programs | - | | | | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | | | | | † | | |
| 2 Provide the estimated percentag | e of the curre | nt year end balance (lii | ne 1g, column (a)) held | as | | | |
| a Board designated or guasi-endowm | | 8 | | | | | |
| b Permanent endowment ▶ | | _ | | | | | |
| c Temporarily restricted endowmen | nt ► | 8 | | | | | |
| The percentages in lines 2a, 2b, | | d equal 100% | | | | | |
| 3a Are there endowment funds not in | | · | are held and administere | d for the | | es | No |
| organization by. (i) unrelated organizations | | | | | 3a(i) | - | |
| (ii) related organizations | | | | | 3a(ii) | -+ | |
| b If 'Yes' to 3a(ii), are the related | organizatione | listed as required on S | chadula P2 | | 3b | \dashv | |
| 4 Describe in Part XIII the intende | • | • | | | 30 | | |
| | | | ent iunus | | | | |
| Part VI Land, Buildings, and Complete if the organ | | | m 990, Part IV, line | 11a. See Form 990 | ງ, Part X | , line | : 10. |
| Description of property | 7 | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Boo | ok valu | 16 |
| 1 a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | | | | | | |
| e Other | | | | | | | |
| Total. Add lines 1a through 1e. (Colum | nn (d) must ed | qual Form 990, Part X, | column (B), line 10c.) | • | | _ | 0. |
| BAA | | | <u> </u> | Sched | ule D (Form | 1 990) | |

NFP

Schedule D (Form 990) 2014 FAITH AND LEARNING INTERNATIONAL,

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| Part VII ³ Investments — Other Securities. | | N/A | 000 Dort V June 10 |
|---|-------------------------------|--|--------------------------------|
| Complete if the organization answered | (b) Book value | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-or-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) (D) | | | |
| (B) | | | |
| (C) (D) | | | |
| (E) | | | |
| (F) | | | |
| <u>``.</u> (G) | | | |
| (H) | | | |
| (l) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| Part VIII Investments - Program Related. | | N/A | .000 Bort V line 12 |
| Complete if the organization answered | (b) Book value | (c) Method of valuation. Cost or e | and of year market value |
| (a) Description of investment type | (b) Book value | (c) Method of Valuation Cost of e | nu-or-year market value |
| (1) | · <u> </u> | | |
| (2) | | | |
| (3) (4) | - - | | |
| (5) | - | | |
| (6) | | | |
| (7) | | | |
| (8) | - | | |
| (9) | | | |
| (10) | | <u> </u> | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | | |
| Part IX Other Assets. Complete if the organization answered | N/A I 'Yes' to Form 990 | \) Part IV line 11d See Form | 1 990. Part X. line 15. |
| | scription | <u>, , , a, , , , , , , , , , , , , , , , </u> | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | - | | |
| (4) | <u> </u> | | |
| | | | - |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (| B), line 15.) | <u></u> | <u> </u> |
| Part X Other Liabilities. | orm 000 Bort IV Juno 1 | 10 or 11f Coo Form 990 Part V June | 25 |
| Complete if the organization answered 'Yes' to F (a) Description of liability | (b) Book value | Te of TH. See Form 550, Fait A, file | ZJ |
| (1) Federal income taxes | (3,500 | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | • | J. Mar. 1816 | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the f | ootnote to the organization's | financial statements that reports the organization | tion's liability for uncertain |
| tax positions under FIN 48 (ASC 740). Check here if the text of the footnote | has been provided in Part X | III | SEE PART XIII X |

| Schedule D (Form 990) 2014 FAITH AND LEARNING INTERNATION | NAL, NFP | 20-0743864 | Page 4 |
|--|-------------------------|---|---------------|
| Part XI Reconciliation of Revenue per Audited Financial State | tements With Revenue p | per Return. N/A | |
| Complete if the organization answered 'Yes' to Form 9 | 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | 2 7 | |
| a Net unrealized gains (losses) on investments | 2a | | |
| b Donated services and use of facilities | 2 b | | |
| c Recoveries of prior year grants. | 2c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | 1 | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | * · · · · · · · · · · · · · · · · · · · | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | [| |
| b Other (Describe in Part XIII) | 4 b | 71 / | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, III | ne 12.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Sta | atements With Expense | s per Return. N/A | 7 |
| Complete if the organization answered 'Yes' to Form 9 | 990, Part IV, line 12a. | • | |
| Total expenses and losses per audited financial statements. | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 3-4x | |
| a Donated services and use of facilities | 2 a | | |
| b Prior year adjustments | 2 b | | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b | | 4 c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I. I | line 18) | 5 | |

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

FLI FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION, AS WELL AS VARIOUS STATES. WITH FEW EXCEPTIONS, FLI IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012.

FLI DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS OR LIABILITIES IN THE NEXT TWELVE MONTHS.

BAA

Schedule F (Form 990)

(6)

(7)

(12)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 15. or 16. Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule F (Form 990) and its instructions is

at www.irs.gov/form990. Employer identification number

Name of the organization FAITH AND LEARNING INTERNATIONAL, NFP 20-0743864 Part General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (f) Total (a) Region (e) If activity listed in employees, expenditures for offices in the region (by type) (e.g., (d) is a program agents, and fundraising, program and investments region service, describe independent services, investments, specific type of in region contractors grants to recipients service(s) in region in region located in the region) (1) (2) (3) (4) (5)

(8) (9) (10)(11)

(13)(14)(15)

(16)(17) 3 a Sub-total

b Total from_continuation sheets to Part I 0 c Totals (add lines 3a and 3b) 0 ∩ | ∴ **3**

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

Schedule F (Form 990) 2014

| Lorum Tours | | (i) Method of valuation (book, valuation (book, epw. appraisal, | other) | | | | | | | | | | | P (Porm 990) 2014 | Schedule r v |
|-------------|--|---|---|--------|--|--|-----|------------|-----|--|--|--|------------------------------|---|---|
| 20-0743864 | Janization answered 'Yes onal space is needed. | (g) Amount of h) Description non-cash | assistance assistance | | | | | | | | | | mot by the IRS, or for which | | |
| | FAITH AND LEARNING INTERNATIONAL, NFP Complete if the organization answered 'Yes of I can be duplicated if additional space is needed. | d more than \$5,000. Fart in care in the more of the mo | (c) Region (d) Purpose (e) Amount of cash of grant disbursement | | | | | | | | | | as tax-exemp | are recognized as charities by the foreign country, recognized as | Enter total number of recipient organizations listed above upon letter. Enter total number of recipient organization 501(c)(3) equivalency letter. |
| | FAITH AND LEARNING INTER | Schedule F (Form 539) Other Assistance to Organizations of Part II Grants and Other Assistance to Organizations of Part IV, line 15, for any recipient who received | (b) IRS code (c) Name of organization section and EIN (c) | 300 E) | | | (9) | (b) | (8) | | | | (GD) | tell aware by | 2 Enter total number of recipient organizations listed above und |

the grantee or counsel has provided a section

3 Enter total number of other organizations or entities

Page 3

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FAITH AND LEARNING INTERNATIONAL, NFP

Schedule F (Form 990) 2014 FAITH AND LEARNING INTERNATIONAL, NFP

[Parill] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| 20 111 2 112 112 112 112 112 112 112 112 | عدد مصلحات مصديح | | | | | | |
|--|------------------|--------------------------|--------------------------|---------------------------------|---------------------------------------|--|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non- cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| Christian more (N | # C. T. C. B. | | 3000 | CK & WIRE | | | |
| (1) PROJECT EXPENSES | AFRICA | | 231.502. | CHECK & WIRE | | | |
| (2) PROJECT EXTENSES | ADIAN AMEDICA | | 68 029 | CK & WIRE | | | |
| (A) DRO TECT EXPENSES | ETIROPE/RALKANS | | 610,533. | CK & WIRE | | | |
| (5) PROJECT EXPENSES | SOUTH AMERICA | | 73, 546. TRFRS | CK & WIRE TRFRS | | | |
| (9) | | | | | | | |
| 6 | | | | | | | |
| 6 | | | | | | | |
| 6 | | | | | | | |
| | | | | | | | |
| (11) | | | | | | _ | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (1) | | | | | | | |
| (6) | | | | | | | |
| (1) | : | : | | | | | |
| (18) | | | | | | | |
| BAA | | | | | 1 | Schedule F | Schedule F (Form 990) 2014 |
| | | | TEEA3503L 06/13/14 | | | | |

| Sche | dule F (Form 990) 2014 FAITH AND LEARNING INTERNATIONAL, NFP 2 | 0-0743864 | Page 4 |
|------|---|----------------------|---------------|
| Par | Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cert Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) | ain Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cert Foreign Corporations (see Instructions for Form 5471) | ain Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualification fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ed Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) | Yes | X No |
| BAA | TEEA3505L 06/16/13 | Schedule F (F | orm 990) 2014 |

Rank V Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAITH AND LEARNING INTERNATIONAL, NFP

Employer identification number 20-0743864

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS CIRCULATED AMONG THE GOVERNING BODY PRIOR TO SIGNATURE AND SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUAL REVIEW OF CONFLICTS AT BOARD MEETINGS

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MEETING MINUTES. THE BOARD HAS GENERAL KNOWLEDGE OF APPROPRIATE SALARY RANGES FOR ITS OTHER MANAGEMENT PEOPLE.

FORM 990, PART VI. LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MEETING MINUTES. THE BOARD HAS GENERAL KNOWLEDGE OF APPROPRIATE SALARY RANGES FOR ITS OTHER MANAGEMENT PEOPLE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

OTHER DOCUMENTS AS APPLICABLE ARE MADE AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 24E OTHER EXPENSES

| | (A) | (B) | (C) | (D) |
|---|-------------------------------|------------------------|-------------------------|--------------------|
| | TOTAL | PROGRAM SERVICES | MANAGEMENT & GENERAL | <u>FUNDRAISING</u> |
| CENTRAL AMERICAN PROJECTS COMMUNICATIONS | 68,029. 5,843. 1,250. | 5,626. | 217. | |
| MIDDLE EAST MISCELLANEOUS POSTAGE AND SHIPPING | 28,386. 11,001. | 27,411. 6,938. | 975. 4,063. | |
| PRINTING AND PUBLICATIONS REPAIRS & MAINTENANCE SOUTH AMERICAN PROJECTS | 17,810. 36,892. 73,546. | 36,892. | 3,712. | 1,303. |
| SUPPLIES | 33,688. TOTAL \$ 276,445. | 33,057. \$ 265,544. | \$ 9,598. | \$ 1,303. |