

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



SCANNED JUN 2 4 2015

Form

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

2014 Open to Public Inspection

OMB No 1545-0047

<u> </u>	For the	2014 calendar year, or tax year beginning , and ending			
В	Check if ap	olicable C Name of organization CHRISTIAN WORKERS FELLOWSHIP		D Employer	identification number
\square	Address ch	ange FUND INC			
П	Name char	Doing business as		42-60	73219
\equiv		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	number
_	Initial return				
	Final return terminated	City or town, state or province, country, and ZIP or foreign postal code			
		KANSAS CITY KS 66112		G Gross recei	pts\$ 1,756,629
	Amended r	F Name and address of principal officer			
Ш	Application	pending	H(a) Is this a gr	oup return for sui	oordinates? Yes X No
			H(b) Are all sul	oordinates inclu	ded? Yes No
			If "No	" attach a list (see instructions)
_	T	pt status	┪		
'	Tax-exem		┥		_
	Website			emption number	
*****	Form of or		ear of formation		M State of legal domicile
	art I	Summary	·		
	1 B	riefly describe the organization's mission or most significant activities			
ø	1	ADMINISTER FUNDS TO CHRISTIAN WORKERS			
ũ					
Ë					
& Governance	ے د	heck this box ▶ if the organization discontinued its operations or disposed of more than 25	5% of its not as	cate	
ŏ	1		o or its net as	1 1	5
ග්		lumber of voting members of the governing body (Part VI, line 1a)		3	
Activilies	1	umber of independent voting members of the governing body (Part VI, line 1b)		4	5
	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
	6 T	otal number of volunteers (estimate if necessary)		6	0
	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	bN	let unrelated business taxable income from Form 990-T, line 34		7b	0
Revenue			Prior Ye		Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	1,94	8,302	1,756,629
	9 F	rogram service revenue (Part VIII, line 2g)			0
	i .	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		21	0
8					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 04	0 222	1 756 620
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,323	1,756,629
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,93	7,506	1,712,553
	14 E	enefits paid to or for members (Part IX, column (A), line 4)			0
S	15 9	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)			0
be	ьт	otal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ũ		• , , , , , , , , , , , , , , , , , , ,	3	3,755	23,938
	18 7	other expenses (Part IX, column (A), lines 11a–11d 11f–24e)		1,261	1,736,491
		Revenue less expenses Subtract line 18 from line 12		2,938	20,138
- 5	1 3 F		Beginning of Co		End of Year
Sign	20 7	fotal assets (Part X, line 16)		0,774	60,912
Net Assets or	20 1	1 7 1		0,,,1	00,512
팔	21 1			0 774	60 010
		let assets or fund balances Subtract line 21 from line 20 OGDEN UT	4	0,774	60,912
	art II	Signature Block		-	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statem			owledge and belief, it is
tr	ue, corre	ct, and complete Degaration of preparer (other than officer) is based on all information of which preparer	has any knowled	lge	
	1	X Caralal Sousce Spensone	٠	k	5-4-15
Sig	qn	Signature of officer		Date	
He	_	RONALD E. SPRAGG TREAS	URER		
		Type or print name and title	<u> </u>	-	
		Print/Type preparer's name Preparer's signature	Date		rf PTIN
Pai	id			Check	∟ _"
_		David Bowser	JC 04/2	3/15 self-em	
	parer	Firm's name DAVID L. BOWSER, PC CPA		Firm's EIN	<u> 27-4444671</u>
Us	e Only	124 NORTH 9TH STREET			
		Firm's address FORT DODGE, IA 50501-3911		Phone no	515-955-8300
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No
Fo	Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2014)
DA		*			(ma - 21

Penely describe the organization with program services during the year which were not listed on the prior Form 900 or 90-0E2? If "Yes," describe these new services on Schedule O Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 90-0E2? If "Yes," describe these new services on Schedule O Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Did the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported Ves			ORKERS FELLC		42-60/3219		Page
ADMINISTER FUNDS TO CHRISTIAN WORKERS 2					in this Part III		
ADMINISTER FUNDS TO CHRISTIAN WORKERS 2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 990-627 on Schedule O 3. Did the organization class conducting, or make significant changes in how it conducts, any program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported 4a (Code) (Expenses \$ 1,712,553 including grants of \$ 1,712,553) (Revenue \$ CHRISTIAN WORKERS 4b (Code) (Expenses \$ including grants of \$ i				se of flote to any line	III (IIIS FAIL III		
Yes X				WORKERS			
prior Form 990 or 990-£2? If 'Yes, 'Secrible these new services on Schedule O Dot the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes, 'describle these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,712,553 including grants of \$ 1,712,553) (Revenue \$ CHRISTIAN WORKERS 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)							
prior Form 990 or 990-£2? If Yes, 'Secrible these new services on Schedule O Dot the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, 'describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 901(c(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,712,553 including grants of \$ 1,712,553) (Revenue \$ CHRISTIAN WORKERS 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)							
If "Yes," describe these new services on Schedule O 3	-		significant program ser	vices during the year whic	h were not listed on the		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. If "Yes," describe these changes on Schedule O Describe the disjantization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,712,553 including grants of \$ 1,712,553) (Revenue \$ CHRISTIAN WORKERS 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	•		s on Schodulo O				Yes X No
# "Ves. # "Ves. # "Ves. # "Ves. # "Ves. # "Gescribe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code				changes in how it conduct	ts, any program		
4 Code) (Expenses \$ including grants of \$) (Revenue \$ 4 (Code) (Expenses \$ including grants of \$) (Revenue \$ 4 (Code) (Expenses \$ including grants of \$) (Revenue \$ 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$)	services?			•			Yes X No
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,712,553 including grants of \$ 1,712,553) (Revenue \$ CHRISTIAN WORKERS 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)		-		unto for anch of its three Is	vraest program sepuses	as measured by	
the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,712,553 including grants of \$ 1,712,553) (Revenue \$ 4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$)							
4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4a Total program service expenses ▶ 1,712,553	· ·		· -		-		
4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4. (0.4.		1 710 552	un alterdam annual of C	1 712 552) (Bayanya \$	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) } 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$)			1,/12,555	including grants of \$	1,712,555) (Revenue \$	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553					•• ••		
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553	4b (Code) (Expenses \$		including grants of \$) (Revenue \$	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553	-						
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553	4c (Code) (Expenses \$		including grants of \$) (Revenue \$	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553							
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,712,553						_	
4e Total program service expenses ► 1,712,553				of C) (Baucaus 6		`
) (Revenue \$		
	DAA						Form 990 (20

Part IV Checklist of Required Schedules

ra	Tell Officerist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	3		X
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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		Ì	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		i	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	۱.,		
	complete Schedule D, Part VI	11a	ļ	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	 	1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		 -
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			İ
	Schedule D, Parts XI and XII	12a		X
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	15	├	X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	٦,
• ~	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	x
20-	If "Yes," complete Schedule G, Part III	19 20a	+	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		+^
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1 200	00	

Part IV **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 employees? If "Yes." complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No." go to line 25a b 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 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X If "Yes." complete Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI

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

38

DAA

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check it Schedule O contains a response of flote to any line in this i art v		res	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	7	ı	
•	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	- 1	
	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		X
	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	"		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	[x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter		,	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	┥ ╽		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	43-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	⊣		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		† -
DAA	The state of the s	For	n 99	0 (2014)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' Part VI 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 X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 5 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1<u>1a</u> X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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? 16b Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > RONALD E. SPRAGG P.O. BOX 12347 KS 66112 KANSAS CITY

DAA

O 000 \=0	, , , , ,				
Part VII	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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (D) (E) (F) (A) (R) Average Position Reportable Reportable Estimated Name and Title hours per (do not check more than one compensation compensation from amount of box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) from the hours for organization (W-2/1099-MISC) related organization ployee and related organizations vidual itutional trustee employee organizations below dotted trustee (1) ROBERT L. ROCKHOLD 2.00 0 0 X CHAIRMAN 0.00 (2) ROSA LEA WILLIAMS 2.00 X 0 0 0 0.00 VICE-CHAIRMAN (3) JOHN R. SCOLLON 2.00 0 SECRETARY 0.00 X 0 (4) RONALD E. SPRAGG 2.00 0 0 0 0.00 X TREASURER (5) KENNETH J. KEANE 2.00 0.00 X 0 0 0 TRUSTEE (6) (7) (8) (9) (10)(11)

Par	t VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than c s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimate amount other ompens from the	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**2703341136)		organiza and rela rganiza	tion ted	
(12)													- -	
(13)									***					
(14)				-										
(15)	5)													
(16)			_											
(17)					ļ									
(18)						ļ		i						
(19)														
1b c	Sub-total Total from continuation she	eets to Part VII,	Sect	ion .	Α	<u> </u>	1	>						·,
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from				tho	se lis	sted	abo	ve) who received more that	n \$100,000 of	.		Yes	No
3	Did the organization list any temployee on line 1a? If "Yes For any individual listed on lii	," complete Sche	dule	J fo	rsuc	ch in	divid	ual				3		x
5	organization and related organization and related organization and related organizational listed on line	anizations greate	r tha	n \$1	50,0	00?	If "Ye	es,"	complete Schedule J for s	uch		4		x
Saat	for services rendered to the o	organization? If "										5		X
1	tion B. Independent Contract Complete this table for your to compensation from the organ	five highest comp	oens comp	ated ens	ınde atıor	pen for	dent the c	con	ndar year ending with or wi	thin the organization's tax y	year		(6)	
	Name ar	(A) nd business address						+-	Descr	(B) iption of services		α	(C) empensat	bon
						_					, -			
														_
								+				_		
2	Total number of independent received more than \$100,000	t contractors (inc 0 of compensation	ludin on fro	g bu	it no	t lımı ganı	ted t zatio	o th	ose listed above) who	0			004	1,004

		* Check if Schedule			1	(A)		(C)	(D)
	•					Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a		<u></u>				
وق		Membership dues	1b						
S, E		Fundraising events	1c						
ä		Related organizations	1d						
S, mii		Government grants (contributions)	1e						
<u> </u>	f	All other contributions, gifts, grants,							
語		and similar amounts not included above	1f	1,	756,629				
들이	g	Noncash contributions included in lines 1a	-1f \$	5					
မှု	h	Total. Add lines 1a-1f			.	1,756,629			
e l					Busn Code				
Program Service Revenue Contributions, Gifts, Grants	2a						·		
	b								
	C								
Ser	d								
am	е								-
g	f	All other program service reve	enue						
٦	<u>g</u>				<u> </u>				
	3	Investment income (including	dividen	ds, intere	est,				ll
		and other similar amounts)			▶				
	4	Income from investment of ta	x-exem	bt poug b	roceeds 🕨 🔔				
	5	Royalties			<u> </u>				
		(ı) Real		(II) F	Personal				
		Gross rents							
		Less rental exps							
		Rental inc or (loss)							
		Net rental income or (loss) Gross amount from			•				
		sales of assets (i) Securitie	s	(11)) Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps		-					
		Gain or (loss)		L					
		Net gain or (loss)	1		•				
ne	ва	Gross income from fundraising ev	ents		1				
Ven		(not including \$	٠,						
Other Revenue		of contributions reported on line 10 See Part IV, line 18							
her	_		a b						
Otl		Less direct expenses Net income or (loss) from fun	(. auanta					ĺ
		Gross income from gaming activiti	1	events		······································			
	Ja	See Part IV, line 19							
	h	Less direct expenses	a b						
		Net income or (loss) from gar	- 1	tivities	<u> </u>			1	ĺ
		Gross sales of inventory, less				- -			
	. 54	returns and allowances	a						
	ь	Less cost of goods sold	b		\neg				
		Net income or (loss) from sal	- 1	ventory	▶				
		Miscellaneous Revenue			Busn Code				
	11a]
	b								
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d			•				
	12	Total revenue. See instruction	ons		▶	1,756,629	C	0	(

Form 990 (2014) CHRISTIAN WORKERS FELLOWSHIP

Part IX	Statement of Functional	Expenses	

Section	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			plete column (A)	
	ot include amounts reported on lines 6b,	(A)	(8)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	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	1,712,553	1,712,553		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				- -
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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)				
а	Management			1	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	-			
15	Royalties				
16	Occupancy	1,200		1,200	
17	Travel				
18	Payments of travel or entertainment expenses			ĺ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e lf				
	line 24e amount exceeds 10% of line 25, column	<u> </u>			
	(A) amount, list line 24e expenses on Schedule O)				
а	ADMINISTRATIVE EXPENSE	18,737		18,737	
þ	SUPPLIES	2,686		2,686	
С	POSTAGE	1,315		1,315	
d					
е	All other expenses				
25		1,736,491	1,712,553	23,938	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1			
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if			ļ	
DAA	following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2014)
D/4					rom 33U (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 40,774 Cash--non-interest bearing 1 60,912 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or 10a other basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 40,774 60,912 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 40,774 27 Unrestricted net assets 60,912 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 40,774 60,912 33 Total net assets or fund balances 40,774 60,912 Total liabilities and net assets/fund balances

orm	990 (2014) CHRISTIAN WORKERS FELLOWSHIP 42-6073219			Pa	ge 12
Pa	rt XI 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	1,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7	<u>36,</u>	<u>491</u>
3	Revenue less expenses Subtract line 2 from line 1	3		20,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,	774
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		60,	912
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	and describe an end to a could be supply in School to O and describe any stone taken to undergo such audits		35	I	1

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

CHRISTIAN WORKERS FELLOWSHIP

Employer identifications is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2014

Open to Public Inspection

42-6073219 FUND INC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 |X| An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (1) Name of supported listed in your governing (described on lines 1-9 organization support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B)

(C)

(D)

(E)

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

tion A. Public Support						
dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,714,060	1,857,654	1,738,693	1,948,302	1,756,629	9,015,338
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	1,714,060	1,857,654	1,738,693	1,948,302	1,756,629	9,015,338
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						
* *						1,886,200
					<u> </u>	7,129,138
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	· · · · · · · · · · · · · · · · · · ·		` '			9,015,338
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	219	1,857,654	93	21	1,750,629	446
Net income from unrelated business activities, 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)						
Total support. Add lines 7 through 10						9,015,784
Gross receipts from related activities, etc	(see instructions)				12	
First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
				<u> </u>		•
tion C. Computation of Public Su	ipport Percent	tage			· - · · · · · · · · · · · · · · · · · ·	
Public support percentage for 2014 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	79.07%
Public support percentage from 2013 School	edule A, Part II, lin	e 14			15	77.51%
33 1/3% support test-2014. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this	
· · · · · · · · · · · · · · · · · · ·		•				▶ [X
				15 is 33 1/3% or m	ore,	▶ [
10% or more, and if the organization meet	ts the "facts-and-cr	rcumstances" test	, check this box ar	nd stop here . Expl	ain in	
						▶ [
Explain in Part VI how the organization me						▶ □
•	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	∋e	▶ [
	membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public St. Public support percentage from 2013 Sch. 33 1/3% support test—2014. If the organization qual 31 1/3% support test—2014. If the organization qual 31 1/3% support test—2014. If the organization meets this box and stop here. The organization qual 31 1/3% support test—2014. If the organization meets this box and stop here. The organization meets the "fa organization in Part VI how the organization meets the "fa organization Part VI how the organization meets the "fa organization Part VI how the organization meets the "fa organization Part VI how the organization meets the "fa organization Part VI how the organization meets the "fa organization Part VI how the organization meets the "fa organization Part VI how the organization meets the "fa organization Part VI ho	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first organization, check this box and stop here tion C. Computation of Public Support Percent Public support percentage for 2014 (line 6, column (f) divided Public support percentage from 2013 Schedule A, Part III, lin 33 1/3% support test—2014. If the organization did not chee box and stop here. The organization qualifies as a publicly service of the properties of the organization meets the "facts-and-circumstances test—2014. If the organization organization organization more, and if the organization meets the "facts-and-circumstances test—2013. If the organization organization 10%-facts-and-circumstances test—2013. If the organization organization in Part VI how the organization meets the "facts-and-circumstances organization meets the "facts-and-circumstances organization meets the "facts-and-circumstances organization meets the "facts-and-circumstances organization meets the "facts-a	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, for organization, check this box and stop here: tion C. Computation of Public Support Percentage Public support percentage from 2013 Schedule A, Part II, line 14 33 1/3% support test—2014. If the organization did not check the box on line 13 check this box and stop here. The organization qualifies as a publicly supported organization of or more, and if the organization meets the "facts-and-circumstances" test The organization 10% or more, and if the organization meets the "facts-and-circumstances" test The organization 10% facts-and-circumstances test—2013. If the organization did not check a box on line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test supported organization 10% or more, and if the organization meets the "facts-and-circumstances" test supported organization 10% for more, and if the organization meets the "fa	Grifs, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 6 from line 4 tion B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources In the form 90 is for the organization of loads or loss from the sale of capital assets (Explain in Part VI) Gross receipts from related activities, etc. (see instructions) First five years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax ye organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2013 Schedule A, Part II, line 14 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 11 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and art of the organization meets the "facts-and-circumstances" test, check this box and Part VI how the organization meets the "facts-and-circumstances" test, check this box and Part VI how the organization meets the "facts-and-circumstances" test, check this box and part VI how the organization meets the "facts-and-circumstances" test, check this box and part VI how the organization meets the "facts-and-circumstances" test, check this Explain in	Gris, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 Amounts from line 4 (b) 1,714,060 1,857,654 1,738,693 1,948,302 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) Public support. Subtract line 5 from line 4 (ca) 2010 (b) 2011 (c) 2012 (d) 2013 Amounts from line 4 (a) 2010 (b) 2011 (c) 2012 (d) 2013 Amounts from line 4 (b) 1,714,060 1,857,654 1,738,693 1,948,302 The provided properties from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources (cs) 1,714,060 1,857,654 1,738,693 1,948,302 The provided properties from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources (cs) 1,714,060 1,857,654 1,738,693 1,948,302 (d) 2013 1,714,060 1,857,654 1,738,693 1,948,302 (d) 2014 (l) 2015 1,714,060 1,857,654 1,738,693 1,948,302 (d) 2015 1,714,060 1,	Gris, grants, contributions, and membership fees received (Do not nucled any "unusual grants") Tax revenues levised for the organization benefit and either paid to or expended on its behalf The value of services or facilities (missed by a governmental unit to the organization without charge Total. Add lines of through 3 The portion of total contributions by each person (total contributions by supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Griscal year beginning in) > (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 The portion of total contributions by each person (total contributions) each person (to

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

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

Sec	tion A. Public Support	judiny under th	10 10010 11010 12	, p			
Calen	ndar year (or fiscal year beginning 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")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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						
6	Total. Add lines 1 through 5						
7a	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						
Ĉ	Add lines 7a and 7b		ļ		ļ		· · · · · · · · · · · · · · · · · · ·
8	Public support (Subtract line 7c from line 6)				<u></u>		
	tion B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		ļ			<u> </u>	· · · · · ·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	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)	<u> </u>			J	1	
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, to	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	▶ [
Sec	ction C. Computation of Public Su		ntage				
15	Public support percentage for 2014 (line 8			ກn (f))		15	%
16	Public support percentage from 2013 Sch					16	%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2014 (i	17	%				
18	Investment income percentage from 2013	Schedule A, Par	t III, line 17			18	%
19a	· · ·						_
	17 is not more than 33 1/3%, check this b						▶ [
b	• • • • • • • • • • • • • • • • • • • •						
	line 18 is not more than 33 1/3%, check the						>
20	Private foundation, If the organization di	d not check a box	k on line 14, 19a, o	r 19b. check this b	ox and see instruc	ctions	▶

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)

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	- 1		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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	- 1		
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	- 1		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
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	3c		
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	4a_		<u></u>
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	4b		
С	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	4c		ļ
5a	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).	5a		
þ	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?	5b		ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	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		1	1
_	Part VI.	6		1
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	7	1	1
•	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?	8		
0-	If "Yes," complete Part I of Schedule L (Form 990) Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u>-</u>		-
9a	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.	9a	1	1
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	<u> </u>		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	1	1
^	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	 		1
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	1
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	<u> </u>		1
·va	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	1	i
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)	10b	<u>L</u>	

За

trustees of each of the supported organizations? Provide details in Part VI.

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

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

<u>4</u> 5

Schedule A	(Form	990 or	990-EZ	2014

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	Type III Non-Functionally Integrated 509(a)(3) S		ions (continued)	Tage 1
	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014		••••	
a				
b			***************************************	
<u> </u>			······	
d	AL AL ALLA			
<u> </u>	From 2013 .			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f		·	
4	Distributions for 2014 from Section			
	D, line 7 \$		-	
	Applied to underdistributions of prior years		-	
	Applied to 2014 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			j
	instructions)	<u> </u>		
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CHRISTIAN WORKERS FELLOWSHIP

42-6073219

ane 8

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)

-
Φ.
m
മ
_
S
_
0
Ð
જ
Ŋ
₹
Ò
:=
5
_
CA

SCHEDULEI (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2014

▶ Attach to Form 990.

Open to Public: Inspection

X Yes

Employer identification number 42-6073219 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. CHRISTIAN WORKERS FELLOWSHIP General Information on Grants and Assistance FUND INC Department of the Treasury Internal Revenue Service Name of the organization Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

the selection criteria used to award the grants or assistance?

Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	mestic Organi	zations a	and Domestic Go	vernments. Com	plete if the orga	anization answe	red "Yes" to Form 990,
		eceived more t	han \$5,0(than \$5,000. Part II can be duplicated if additional space is needed.	duplicated if addit	onal space is n	eeded.	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ē								
(2)								
(3)								
<u>4</u>								
(5)								
(9)								
3								
(8)			:					
(6)								
2 2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listec	In the line	1 table				A A

3 Enter total number of other organ

Schedule I (Form 990) (2014)

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

2	
9	
ä	
۰	

Page 2,	IV, line 22.	(f) Description of non-cash assistance						
	d "Yes" to Form 990, Part	(e) Method of valuation (book, FMV, appraisal, other)						
42-6073219	organization answere	(d) Amount of non-cash assistance						
HIP	als. Complete if the org	(c) Amount of cash grant	1,712,553					
RKERS FELLOWS	Domestic Individu	(b) Number of recipients						
CHRISTIAN WORKERS FELLOWS	Part II Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	1 MISSIONARY CONTRIBUTIONS	2		4 W	D 44	

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV

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.

2014

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

CHRISTIAN WORKERS FELLOWSHIP FUND INC

Employer identification number 42 - 6073219

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of Form 990 will be provided to all board members and the Board Treasurer will review before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Currently the organization has no policies in place.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available from the organization upon request.