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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

୭⋒**4 4**

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service 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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

$\overline{\mathbf{A}}$	For the	2014 calenda	ar year, or tax year beginning Janyary 1 , 2014, and ending	Dec	ember :	31 , 20 14
В	Check if a	pplicable	C Name of organization	Emplo	yer ide	ntification number
	Address o	change	CHRISTIANS FOR WORLD PEACE		43	1756899
Ц	Name cha	- 1	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telepi	hone nur	nber
H	Initial retu		POB 3300		417	825 2374
H	Amended	rn/terminated I return	City or town, state or province, country, and ZIP or foreign postal code F	Grou	p Exem	ption
		on pending	JOPLIN, MISSOURI 64803	Num	ber 🕨	N/A
G	Account	ting Method:	☐ Cash	eck 🕨	• 🔲 if:	the organization is not
1 7	Website	e: ► Christ				ch Schedule B
JI	Гах-ехеп	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Fo	rm 99	90, 990-	EZ, or 990-PF).
ĸ	Form of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets		
(Pa	art II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 1	▶ \$	132,031
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struc	tions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .			🗹
	1	Contribution	ons, gifts, grants, and similar amounts received	$\overline{\cdot}$	1	131,526
	2	Program se	ervice revenue including government fees and contracts	. [2	
	3	Membersh	ip dues and assessments	. [3	O
	4	Investment	tincome	. [4	505
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	b	Less: cost	or other basis and sales expenses			
	6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	0
	а	_	ome from gaming (attach Schedule G if greater than			
Revenue	"	\$15,000) .	6a			
3Ve	b		me from fundraising events (not including \$ of contributions	ļ		
ď			aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b			
	C		t expenses from gaming and fundraising events 6c			
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		_
		•		.	6d	0
	7a		s of inventory, less returns and allowances			
	b	Cross prof	of goods sold	{	70	_
,	C	Other reve	nt de (loss) from sales of inventore isubtract line 70 from line 7aj	.	7c	<u> </u>
,	8		nue (describe in Schedule O) . \O\		<u>8</u> 9	0
	10	Grante and	I similar amounts paid (list in Schedule O)	-	10	132,031
111	111	Renefite no	aid to or for members	.	11	120,585
່ຜ	12	Salaries of	and to or for members	·	12	
Expenses	13	Profession	al fees and other payments to independent contractors	.	13	0 1,720
Dec.	14	Occupancy	/, rent, utilities, and maintenance	:	14	1,720
X	15		ublications, postage, and shipping		15	<u> </u>
	16		enses (describe in Schedule O)		16	
	17		enses. Add lines 10 through 16		17	122,305
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	- 	18	9,726
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w			3,720
158			r figure reported on pnor year's return)		19	321,739
Net Assets	20		iges in net assets or fund balances (explain in Schedule 0)	_ L	20	<u> </u>
ž	21		or fund balances at end of year. Combine lines 18 through 20	-	21	331,465
Fo			ion Act Notice see the senarate instructions. Cat No. 106421			Form 990-EZ (2014)

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25

Pa	t II Balance Sheets (see the instructions	•				_
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	
	_		L L	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			321,739		331,465
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25 26	Total assets			321,739		331,465
20	Net assets or fund balances (line 27 of column			204 700	26	
Par				321,739 Part III)	21	331,465
L Cal	Check if the organization used Schedule	•		•		Expenses
Wha	is the organization's primary exempt purpose?					uired for section
						c)(3) and 501(c)(4) nizations; optional for
	ribe the organization's program service accompli easured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		o doi video provideo	a, the named of		
28				·		
						1
	(Grants \$) If this amount				28a	see Schedule O
29						
						ĺ
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗀	29a	see Schedule O
30						
						1
		includes foreign gra			30a	see Schedule O
31	Other program services (describe in Schedule O)					
		ıncludes foreign gra			31a	see Schedule O
	Total program service expenses (add lines 28a				32	120,585
Par						
	Check if the organization used Schedule	O to respond to a	y question in this	Part IV		<u></u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	e (e)	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MiSC (If not paid, enter -0-)			ther compensation
			(ii not paid, enter -0-)	doioned compondation	-	····
	r D Gladden President and Director	2011	,	,	ام	
	n, MO C Gladden Treasure and Director	30 Hours		,,	0	0
		dor 1 hour	,	,		0
	n, MO Baker Director	under 1 hour	<u> </u>		" 	<u>u</u>
	n, MO	under 1 hour	(,	٥	0
	en C Gladden Director	under i nour	`		1	
	n, MO	under 1 hour			0	0
<u> </u>	<u> </u>				1	<u>_</u>

Roge	r and Kreta are husband and wife					
Kolle	en is daughter of Roger and Kreta					
NOT	ON EXPENSES:				<u> </u>	
CM	P has no paid officers or employees					
all	vork is performed by volunteers					····
					\perp	·
					\bot	
			<u> </u>	ļ		
-						
		i e	i	i	- 1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Missouri has a separate return for filing and does not require.	uire tl	ne 990	EZ
42a	The organization's books are in care of ▶ Roger D Gladden Telephone no. ▶	417 82	5 2374	4
	Located at ► 1212 Carrington Terrace Joplin, Missouri ZiP + 4 ►	648	304	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ►	1	, !	l
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40-		١,
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	!	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	ا .	▶ ∐
440	Did the experientian maintain any dense advised funds during the year? If "Ves " Form 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<u> </u>	<u></u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
þ	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	456		

									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c							3	1
Part \	/1	Section 501(c)(3) organizations	only							
	_	All section 501(c)(3) organizations	s must answer que	stions 47-49b an	nd 52	2, and comp	olete th	e tables	for lin	nes
		50 and 51.	·			•				
		Check if the organization used Sch	nedule O to respond	to any question in	n this	s Part VI .				. 🗆
			•						Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion	ın effect dur	ing the	tax		†
		If "Yes," complete Schedule C, Part						. 47	,	1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes." complet	te Sc	hedule F		. 48		17
		ne organization make any transfers to								1/
		es," was the related organization a se	•	_				. 49		
		olete this table for the organization's								nd key
		oyees) who each received more than								
		The sacrification of the sacri		1	J	(d) Health ber				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ontributions to e	mployee	(e) Estima		
	(4)	realite and title of each employee	devoted to position	(Forms W-2/1099-MIS	ic) b	enefit plans, and		other co	ompens	ation
			•			compensat	IUII			
NONE										
				NO.	NE _		NONE			NONE
					- [
										_
							[
					}					
										·
					ĺ					
f	Total	number of other employees paid over	er \$100,000	, >						
		olete this table for the organization's			nt co	ontractors w	ho each	receive	d mor	e than
		,000 of compensation from the organ								
				# N T						
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service	'	(c)	Compens	ation	
NONE										
110116						ļ				NONE
										HOIL
						1				
				-						
						[
						-				
				A105 555						
		number of other independent contra	_		. ▶					
		the organization complete Schedu	le A? Note . All se	ction 501(c)(3) or	ganız	zations mus	t attach		_	
	comp	oleted Schedule A		<u> </u>	• •	<u> </u>	<u> </u>	. ▶	es 📙	No
		of perjury, I declare that I have examined this re						nowledge a	nd belie	f, it is
true, corr	ect, an	d complete. Declaration of preparer (other than	oπicer) is based on all info	rmayon of which prepar	er nas	any knowledge	<u> </u>			
			Month	Ella Vin 1			MAY	14,20	2/5	
Sign	1	Signature of officer	The same of the sa			Date		.,		
Here		Roger D Gladden Presi	dent and Founder of C	WP						
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	1	Check	if PTIN		
		-,					self-emplo			
Prepa		Firm's name ▶	_ 			Firm's E	iN►			
Use C	niy	Firm's address >				Phone i				
May the	e IRS	discuss this return with the preparer	shown above? See i	nstructions				► □ Ye	s 🗆	No

Form 990-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

Hante	or the organization					Employer Identification	i number
		HRISTIANS FOR				43 17	
Par							ns.
_	rganization is not a private founda		•		•	•	
1	A church, convention of churc			ibed in se	ection 17	O(b){1)(A)(i).	
2	A school described in section		•		470/51/4	11/41/:::	
3	☐ A hospital or a cooperative ho☐ A medical research organization						(iii) Entor the
4	hospital's name, city, and stat	•	onjunction with a nosp	Jilai uesu	nbeu in s	section 170(b)(1)(A)	uny. Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
	☐ A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
	☐ A community trust described i						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	l operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I . A supporting organiz	ation operated,	supervised, or contro	lled by its	supporte	ed organization(s), ty	pically by giving
	the supported organization(s organization. You must con	plete Part IV, S	ections A and B.				
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	e supporting org	ganization vested in th				
С	☐ Type III functionally integrates its supported organization(s)	ated. A supportir	ng organization opera				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported	•					
g	Provide the following informatio	-	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
(A)							
			<u> </u>				
(B)	<u> </u>						
(C)							
(D)							
(E)							
Total							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 97.875 83,610 **2Q535** 109.563 131.526 443,109 revenues levied 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. . . . 83,610 97,875 20,535 109,563 131,526 443,109 The portion of total contributions by person each (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 259,274 Public support. Subtract line 5 from line 4. 183,835 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 7 83,610 20,535 109,563 131,526 97,875 443,109 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1,779 550 362 528 505 3724 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 446,833 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 41.14 % Public support percentage from 2013 Schedule A, Part II, line 14 15 15 51.75 % 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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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.)

	in the organization rails to quality	under the te	SIS IISIEU DEI	ow, please co	Jinpiele Fait	11.)	
	on A. Public Support			1	1 42 22 2		T
	dar 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		1		1		1
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	ļ <u> </u>					
~	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		 				
3	Gross receipts from activities that are not an		ł		ļ		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid]	ļ			
_	to or expended on its behalf		<u> </u>				
5	The value of services or facilities		į	1			
	furnished by a governmental unit to the		1				
	organization without charge	···		ļ			
6	Total. Add lines 1 through 5		 			· · · · · · · · · · · · · · · · · · ·	
Ιđ	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	,		 	 	 		
b	Amounts included on lines 2 and 3				1		
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	l.	1	ľ	1		
С	Add lines 7a and 7b		 	 	 		
8	Public support (Subtract line 7c from		 	 	 		
•	line 6.)		1	1			
Secti	on B. Total Support	L	.L	1	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(0) 2010	1 (2) 23	(0, 20.2	(0) 20.0	(0) 20 11	(1) 1014.
10a	Gross income from interest, dividends,		<u> </u>				
	payments received on securities loans, rents,		1	}	İ		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975		J	ļ	ļ		ļ
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1	1	<u> </u>	
	(Explain in Part VI.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1	<u> </u>	<u></u>		l
14	First five years. If the Form 990 is for the	•	n's first, secon	id, third, fourth	n, or fifth tax yo	ear as a section	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>		· · · > [
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch			<u></u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (%
18	Investment income percentage from 2013					18	<u>%</u>
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		_				
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this l	_					
20	Private foundation, if the organization de	а пот спеск а	DOX ON LINE 14	. 19a. or 19b. (CHECK THIS DOX	and see instru	CUONS 🟲)

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.)

			nizations

	on an outporting organizations			
1	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.		Yes	No
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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		
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		
5a		5a		
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9c		
10a	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.	10a		
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		

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		,
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? 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	-	
	on B. Type I Supporting Organizations	110		
OCC LI	on b. Type roupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	710
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			2
	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	·		1
	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		
Secti	on 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	ļ 	
Secti	on D. All Type III Supporting Organizations		124	
			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		
_			ļ	
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	<u> </u>	<u> </u>	
•	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	İ	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e).
-		10010	00	٠,,.
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	structi	ons)
·		00 ///0		,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ľ		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			ł
	·	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		
^	-	<u> </u>	 	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<u> </u>
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		1
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	"	-	 -
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the prop			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	U	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III support	ing organization (see
instructions).	y-1111	regrated Type III support	mg organization (566

Part		3) Supporting Organi	izations (continued)		
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations		
4	Amounts paid to acquire exempt-use assets				
5_	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6			<u></u>	
10	Line 8 amount divided by Line 9 amount	I	(::)	/:::\	
Se	ection 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	į į		ļ	
	(reasonable cause required-see instructions)				
3_	Excess distributions carryover, if any, to 2014:		·		
<u>a</u>					
b					
C					
<u>d</u>	From 2012				
e	From 2013	[
f	Total of lines 3a through e Applied to underdistributions of prior years			·	
<u>g</u> h	Applied to underdistributions of prior years Applied to 2014 distributable amount		·	: 	
<u>''</u>	Carryover from 2009 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
	Distributions for 2014 from Section				
4	D, line 7: \$				
a	Applied to underdistributions of prior years		<u></u>	<u></u>	
b	Applied to 2014 distributable amount				
c	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				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a					
b					
С					
d	Excess from 2013				
е	Excess from 2014				

	Form 990 or 990-EZ) 2014 Page 0
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 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.

OMB No 1545-0047

Employer Identification number

Open to Public Inspection

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

43 1756899 **CHRISTIANS FOR WORLD PEACE** CHRISTIANS FOR WORLD PEACE [CWP]: PRIMARY PURPOSE IS MISSIONS AND EVANGELISM OF THE GOSPEL OF JESUS. CWP SUPPORTS MISSIONS IN THE HOLY LAND [ISRAEL & PALESTINE] THAT WITNESS AND MINISTER THE GOSPEL OF JESUS. CWP HAS NO PAID OFFICERS OR EMPLOYEEES AND ALL WORK IS PERFORMED BY VOLUNTEERS. CWP PRESIDENT MEETS WITH AND MAINTIAINS CONTACT WITH MIISTRY PARTNERS TO REVIEW THEIR ACTIVITY AND MISSION WORK. CWP MAKES NO PAYMENTS TO INDIVIDUALS. ALL SUPPORT IS GIVEN DIRECTLY TO ESTABLISHED MINISTRY ORGANIZATIONS. CWP PREPARES REGULAR NEWS LETTERS FOR SUPPORTERS AND INTERESTED PERSONS, FREE OF CHARGE. CWP REPORTS [ANNUALY] "FINANCIAL GIFTS AND MISSION SUPPORT" TO OUR MISSION PARTNERS IN THE FREE NEWS LETTER. **** Annual Finance Report of Mission giving for 2014 is attached per 990EZ page 1 line 10 ****

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number

