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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 and its instructions is at www.irs.gov/form990.

Open to Public

11101		2015	• • • • • • • • • • • • • • • • • • •		2045				20 15	
<u>-</u>			ndar year, or tax year beginning			nd ending	Decemb		20 15	
В	Check if a		C Name of organization_Christian 1					D Employer identification number		
\sqcup	Address c	hange	Doing business as The Christia						3-2150107	
	Name cha	ınge	Number and street (or P O box if n	nail is not delivered to stree	et address)	Room/suite	 •	Telephone r	number	
	Initial retui	m	442 Sugg St					(2	07)2457811	
	Fınal return	/terminated	City or town, state or province, cou	ntry, and ZIP or foreign po	stal code					
	Amended	return	Madisonville KY 42431-2430					Gross recei	pts\$	180,788
	Applicatio	n pendina	F Name and address of principal office	er			H(a) Is this a grou	p return for subo	rdinates? Yes	✓ No
			William Ebert (same as above)					•	cluded? Tyes	No
$\overline{}$	Tax-exem	int status	☑ 501(c)(3) ☐ 501(c)		4947(a)(1) or	527		No," attach a list. (see instructions)		
<u>:</u>	Website:	·		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 10 11 (0)(1) 01		H(c) Group e	ip exemption number ▶		
K			Corporation Trust Associ	ation ☐ Other ▶	I Yes	ar of formation			egal domicile	NJ
	art I	Summ				2. 0. 101111	. 1700	i iii diata a	oga, comiono	143
1 Briefly describe the organization's mission or most significant activities: The mission of CTMF is to work along										fthe
ø	1	-	rches in the Philippines and to	_					-	
Governance	!						misuy. mis	is done by	y being involv	ea in
Ë			Conferences, Teaching at the S					050/ 56.45		
š	2 (nis box > _ if the organization			sposed of	more than .		net assets.	
ĕ	3 1		of voting members of the gov	• • •	•			3	·	4
ಡ್ಡ	1		of independent voting member	• •	• •	•		4		4
			mber of individuals employed		5 (Part V, line	e 2a) .		5		1
1			mber of volunteers (estimate if					6		5
45	7a '	Total uni	related business revenue from	Part VIII, column (C)	, line 12 .			7a		0
_	b	Net unre	lated business taxable income	e from Form 990-T, I	ne 34		<u> </u>	7b		0
	T						Prior Yea	ır	Current Ye	ar
ಽೄ	8	Contribu	itions and grants (Part VIII, line	e 1h)				154,675		\$180,562
٦į	9 Program service revenue (Part VIII, line 2g)							0	-	0
T §	10	Investme	ent income (Part VIII, column (🔽		432		\$225		
3	11	Other re	venue (Part VIII, column (A), Iir	0			0			
₹	12	Total rev	enue-add lines 8 through 11	(must equal Part VIII,	column (A), lı	ne 12)		155,107		\$180,788
ڰۣ			and similar amounts paid (Part					96,974		\$92,373
J)	i		paid to or for members (Part					0		0
_s	45		other compensation, employee			5–10)		43,559		\$48,455
Expenses	16a		onal fundraising fees (Part IX,	· ·		· · · /		0		0
Der.	. b		ndraising expenses (Part IX, co		,	6 9 0				10 may 10 mg
Š	17		penses (Part IX, column (A), li	1	(e)	3507.4		58152	TOWN CHANGE TO	\$42,696
			penses. Add lines 13-17 (mus			₂ , .		198685		
			e less expenses. Subtract line		دين آنگي الله جد	" · -				\$183,524
_		nevenue	e less expenses. Subtract line	to diolitime 12		Re	ginning of Cur	-43,578)	End of Ye	(-\$2 <u>,</u> 736)
ts ar	20	Total as	acts (Part V. line 16)	(1)		,				
SSE	E 20		sets (Part X, line 16)		·	-··		604,074		1,587,642
Net Asset	21		bilities (Part X, line 26)			· · ⊢		0		0
_			ets or fund balances. Subtract	line 21 from line 20	· · · · · ·	<u> </u>	1,	604,074	\$	1,587,642
	art II		ture Block							
			ury, I declare that I have examined this plete. Declaration of preparer (other that						knowledge and	belief, it is
	—	L v	One of Decident Control of Decident Control of the			- Preparer	as any knowle	- / - /		
٠.		_4	Ethel a. Bradley		<u> </u>			5/1//	6	
	gn	1.	nature of officer Ethel A. Bradl				Dat	ө		
Н	ere	I —	Ethel A. Bradl	ey						
_		17 7	pe or print name and title							
P	aid	Print/T	ype preparer's name	Preparer's signature		Date	е	Check	If PTIN	
	repare	r		<u> </u>				self-emplo	yed	
	se Onl		name ►				Fırm	's EIN ▶		
_			address ▶				Pho	ne no.		
M	ay the IF	RS discu	ss this return with the prepare	r shown above? (see	instructions))			🗌 Ye:	s 🔲 No
	0									200 (2015)

art	00 (2015) State i	ment of Program Son	vice Accomplishments		Page 2
ait				nis Part III	
1		ribe the organization's n			· · · · · ·
	The mission	of CTMF is to work along	side of the local Churches in the Philip	pines and to help to train young men and	women for the
	ministry. Th		ved in Seminars, Conferences, Teaching	at the Seminary and holding Pastor's retr	
2			significant program services during the		Yes ☑ No
3	Did the org	scribe these new service ganization cease condu	es on Schedule O. ucting, or make significant changes	in how it conducts, any program	
		scribe these changes or			Yes ☑ No
4	Describe the expenses. S	e organization's prograi Section 501(c)(3) and 50	n service accomplishments for each	of its three largest program services, as report the amount of grants and allocat d.	s measured by ions to others
4a	(Code:) (Expenses \$	ıncluding grants of \$	\$54,586 11) (Revenue \$)
			I Studies - Institute and Seminary for the	e training of young men and women for th	e mınistry in
	the local chu	arches in the Philippines.			
4b	(Code.) (Expenses \$	including grants of \$	\$23,277 91) (Revenue \$	
4b				• •) neir local
4b				\$23,277 91) (Revenue \$ ppines to help them n their ministries in th) neir local
4b	Monies give			• •) neir local
4b	Monies give			• •) neir local
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4b	Monies give			• •) neir local
4b	Monies give			• •) neir local
4b	Monies give			• •) neir local
	Monies give Churches	n to Pastors in the Assoc	iation of Christian Churches of the Phili	ppines to help them n their ministries in the) neir local
	Monies give Churches	n to Pastors in the Assoc	iation of Christian Churches of the Phili \$14,508 59 including grants of \$	ppines to help them n their ministries in the) neir local
	Monies give Churches	n to Pastors in the Assoc	iation of Christian Churches of the Phili \$14,508 59 including grants of \$	ppines to help them n their ministries in the) neir local
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	Monies give Churches	n to Pastors in the Assoc	iation of Christian Churches of the Phili \$14,508 59 including grants of \$	ppines to help them n their ministries in the) neir local
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	Monies give Churches	n to Pastors in the Assoc	iation of Christian Churches of the Phili \$14,508 59 including grants of \$	ppines to help them n their ministries in the) neir local

4d	Other program servic	es (Describe in Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program conside	\$02.272.6	.1		

Form 9	90 (2015) Checklist of Required Schedules		!	Page 3
T CIT	Oncokiiot of required constants		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, 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		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI	11a	<i>✓</i>	No.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L	Schedule D, Parts XI and XII	12a		~
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1	1	i

"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 12b

13

14a

14b

16

17

Part	Checklist of Required Schedules (continued)			Page 4
· arc	One of the dance of the dance (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		V
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		~
25a		24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		Ast.	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	1

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2... Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O.

37

36

Form 99	0./2015)			- E				
Part				Page 5				
	Check if Schedule O contains a response or note to any line in this Part V			П				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
0-	reportable gaming (gambling) winnings to prize winners?	1c						
2 a	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] [1]			<u> </u>				
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	~					
3a	. · · · · · · · · · · · · · · · · · · ·							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	-					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
	account)?	4a	~					
b	If "Yes," enter the name of the foreign country: ▶ Philippines	2.	1. L 1. By 2.					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts							
_	(FBAR).	- <u>-</u> -						
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	1				
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		~				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	 	 				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~				
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	ļ						
_	and services provided to the payor?	7a	ļ	~				
b D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-				
·	required to file Form 8282?	7c		,				
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>				
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>				
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		ļ	ļ				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	1	 				
10	Section 501(c)(7) organizations. Enter:	30	14.5	-				
а	Initiation fees and capital contributions included on Part VIII, line 12		1-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 ; , '		٦				
11	Section 501(c)(12) organizations. Enter:	***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ',				
а	Gross income from members or shareholders							
Ь	Gross income from other sources (Do not net amounts due or paid to other sources							
10-	against amounts due or received from them.)	 		<u> </u>				
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	┼	├				
~	120	1 ^	ı	1				

Section 501(c)(29) qualified nonprofit health insurance issuers.

c Enter the amount of reserves on hand

the organization is licensed to issue qualified health plans

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year? .

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13a

14a

13b

13c

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_				
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>					
Section	on 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 4		162	140				
Id	If there are material differences in voting rights among members of the governing body, or	ł	-					
	if the governing body delegated broad authority to an executive committee or similar			!				
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4		,	l i				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		· -	, ,				
	any other officer, director, trustee, or key employee?	2		~				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~				
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	<u> </u>	~				
6 7a	Did the organization have members or stockholders?	6	 	~				
10	one or more members of the governing body?	7a		,				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members,							
_	stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		, .	1 7				
	the year by the following:	- '						
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b		~				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	~				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oae.) Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	V				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva						
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~				
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c	<u> </u>	<u> </u>				
13	Did the organization have a written whistleblower policy?	13	<u> </u>	~				
14 15	Did the organization have a written document retention and destruction policy?	14	 	~				
10	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?	.	'	<u> </u>				
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b	<u> </u>	V				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.53	1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			-				
	with a taxable entity during the year?	16a		~				
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, , , ,	3.	1				
	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	<u> </u>					
	Let the states with which a copy of this Form 990 is required to be filed							
17 18	List the states with which a copy of this Form 990 is required to be filed ► NA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n E01	(0)(3)4					
10	available for public inspection. Indicate how you made these available. Check all that apply.	11 50 1	(0)(3)5	s only,				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19								
	financial statements available to the public during the tax year.			٠, ٣٠٠٠				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	s: ▶					
	Ethel Bradley, 442 Sugg St Madisonville KY 42431 Tel # 270-245-7811							

Form 990 (2015

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average		ot ch		tion more	than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individua or directo				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Rev William A Ebert, President				~				o	0	
(2) Rev. Daniel Ebert IV, Vice President				١				o	0	
(3) Mrs. Ethel Bradley, Secretary / Treasurer				~				0	0	
(4) Rev. Lawrence Richardson, Board Member		~						0		
(5)										
(6)										
(7)										
(8)										
(9)					-					
(10)							<u> </u>			
(11)						_				
(12)										
(13)										
(14)					<u> </u>					

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees		_	lighes	t C	ompensated E	mployees (c	ontinu	ued)	
	(A) Name and title	(B) Average hours per week (list any	box, t	ınles	Pos eck s pe d a d	rson	than one of the orest	an ee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimat amount other	of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compensa from the organizate and relate organizate	ation ne tion ted
(15)													
(16)												· <u> </u>	
(17)					-				-		1		
(18)					_								
(19)		<u> </u>						-					
(20)													
(21)		-									\dashv		
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total			•	•	•		> > >	0 0		0		
2	Total number of individuals (including bureportable compensation from the organ	t not limited			e lis	ted	abov	e) w				0 of	
3	Did the organization list any former o employee on line 1a? If "Yes," complete								oloyee, or high	•			es No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive for services rendered to the organization									zation or ind			
Section	on B. Independent Contractors		<u>·</u>									1 0 1	
1	Complete this table for your five highest compensation from the organization. Re year.												s tax
	(A) Name and business ad	dress							(B) Description of s	services		(C) Compensation	on n
NA								-					
2	Total number of independent contract	ors (ıncludı	ng b	ut r	not	lımi	ted to	D 1	hose listed ab	ove) who			
	received more than \$100,000 of compen								0	· -, ····-			

Form **990** (2015)

Form 9	90 (201	5)						Page 9
Part	VIII	Statement of Reve		·		.		
		Check if Schedule O	contains a resp	oonse or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a	0				
Gra 10 ur	b	•	1b	0				
Gifts, Grants ilar Amounts	С	Fundraising events .		0				
ig ig	d	Related organizations		0				
Sir.	e f	Government grants (con All other contributions, gi		0				
ž Ž	i '	and similar amounts not inc		\$180,562 30				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	L 1	\$100,502 50				
Contributions, and Other Sim	h	Total. Add lines 1a-1	·	🕨	\$180,562 30			
		<u> </u>		Business Code				
Program Service Revenue	2a							
e Ž	b							
Σįς	C			•				
Š	d							
gran	e f	All other program ser	vice revenue					
P	g	Total. Add lines 2a-2		•				
	3	Investment income	(including divide	ends, interest,				
		and other similar amo	•		\$225 33	0	0	\$225.33
	4	Income from investmen	t of tax-exempt bo	ond proceeds ►	0	0	0	0
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0
	6a	Gross rents	() (162)	(ii) r ersonal	i			
	b	Less: rental expenses	0	0				-
	С	Rental income or (loss)	0	0				
	d	Net rental income or	(loss)	▶	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis and sales expenses .		_				
	C	Gain or (loss)	0	0				
	ď	Net gain or (loss)		•	0	0	0	
_								
Other Revenue	8a	Gross income from fu events (not including \$	undraising					ŕ
ner Re		of contributions report See Part IV, line 18 .		0				
ᅙ	b	Less: direct expenses						
	C	Net income or (loss) to Gross income from grown	•	events . ►	0		0	o
	""		· · · · a	,				_
	Ь	Less: direct expense	_	0	1			,
		Net income or (loss)			0	0	0	0
	10a	Gross sales of in						
		returns and allowanc	_	o	1			
	b	Less: cost of goods			<u> </u>			
	С.	Net income or (loss) i		entory ▶ Business Code	0	0	0	c
	11a	iviscellaneous i	16 V CITUE	Business Code	 			ļ
	b				0	0		
	C				0	0		
	d	All other revenue .			0			
	е	Total. Add lines 11a-			0			
	12	Total revenue. See	nstructions		\$180 787 63			\$225.22

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	\$92,372.61	\$92,372.61		
4 5	Benefits paid to or for members	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			9	
7	Other salaries and wages	\$40,339.86	0	\$40,339.86	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	\$6,995 36	0
9	Other employee benefits	\$6,995 36	0	\$6,995 36	0
10	Payroll taxes	\$1,120 24	0	\$1,120 24	0
11	Fees for services (non-employees):				-
a	Management	0	0	0	
b	Legal	0	0	0	0
c d	Accounting	\$1,503.12	0	\$1,503 12	0
e	Professional fundraising services. See Part IV, line 17	0	0	0	
f	Investment management fees	0	0	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	\$3,206.93	0	\$3,206 93	
14	Information technology	\$80.76	0	\$80.76	0
15	Royalties		0	0	0
16	Occupancy	\$8,017 84	0	\$8,017 84	
17	Travel	\$6,572 90	0	\$6,572 90	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings Interest	0	0	0	
20 21	Interest	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	\$15,813 00	0	0 \$15,813.00	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	\$10,010 00		\$13,013.00	
а	Office Equipment	\$416.35		\$416.35	
b	Books & ebooks	\$525 44		\$525.44	
C	Guards	\$5,385.42		\$5,385 42	0
d					
е	All other expenses	\$1,174.30		\$1,174 30	
25	Total functional expenses. Add lines 1 through 24e	183,524 11	92,372 61	91,151.50	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
	- - .		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	27,308	1	180,835.79
	2	Savings and temporary cash investments	474,900	2	311,415.58
- 1	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
-	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		,	
		Complete Part II of Schedule L	0	5	0
1	6	Loans and other receivables from other disqualified persons (as defined under section		1 ~	
l		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	'	-	Y.
l		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			.,
ध		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	. 0
تخ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or		,	
		other basis. Complete Part VI of Schedule D 1,279,348			
	b	Less: accumulated depreciation 10b \$183,958	1101866	10c	1,095,390 16
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1604074	16	1,587,641.53
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
es	22	Loans and other payables to current and former officers, directors,		٠.	
≝		trustees, key employees, highest compensated employees, and		, -	
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	. 0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	•		
an	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0		0
힏	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			· :·
ţş	30	Capital stock or trust principal, or current funds	502,208	30	492,251 37
šše	31	Paid-in or capital surplus, or land, building, or equipment fund	1,101,866	1	1,095,390.16
¥	32	Retained earnings, endowment, accumulated income, or other funds .	0		
Net Assets	33	Total net assets or fund balances	1,604,074	33	1,587,641 53
_	34	Total liabilities and net assets/fund balances	1,604,074		1,587,641.53
					Form 990 (2015)

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-01111	330	120131	

Page **12**

Part	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			787 63
2	Total expenses (must equal Part IX, column (A), line 25)	2			524 11
3	Revenue less expenses. Subtract line 2 from line 1	3		-\$2,7	736.48
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$1	,604,0	74.00
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7		_	0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-\$13,6	95 99
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	. \$1	<u>,</u> 587,6	<u>541 53</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other		· ·		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			l. 1
_	Schedule O.				:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	~
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled or		ļ: · ,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				Ì
ь	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audito separate basis, consolidated basis, or both:	ed on a			
	☐ 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 o	versiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	-	,	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		~
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		Ja		-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
				ր 990	(2015)
			, 511		(20.0)

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

Open to Public Inspection

Name	of the organization					Employer identification	number		
	tian Training and Missionary Fellows					23-215			
Par							ns		
	organization is not a private founda		•		•	•			
1	A church, convention of church								
2	A school described in section		·			• •			
3	A hospital or a cooperative hos								
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	itai descr	ibea in s	ection 170(b)(1)(A)(iii). Enter the		
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned or	operate	d by a government	al unit described in		
				4:-	470/h\	(4)/A)/ ₅ .)			
6 7	A federal, state, or local govern						the general nuble		
•	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.)								
8	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9									
9	Li An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)								
10									
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.								
а	☐ Type I. A supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving		
	the supported organization(s			ct a majo	rity of the	directors or trustee	s of the supporting		
	organization. You must complete Part IV, Sections A and B.								
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
	control or management of the supporting organization vested in the same persons that control or manage the supported								
	organization(s). You must complete Part IV, Sections A and C.								
C	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.								
d	_ ,, ,								
	that is not functionally integr						an attentiveness		
	requirement (see instructions	·	•		-				
е	Check this box if the organiz functionally integrated, or Ty						ı, rype iii		
f					garnzano	11.			
9	Enter the number of supported of Provide the following information		orted organization(s)				• •		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		roanization	(v) Amount of monetary	(vi) Amount of		
	(, the state of support of suppor	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	(described on lines 1–9	listed in you	r governing	support (see	other support (see		
			above (see instructions))	docur	nentr	instructions)	instructions)		
				Yes	No				
(A)									
									
(B)									
(C)									
					<u></u>				
(D)									
		 			ļ				
(E)									
		 	 						
Tota	.		1		1				

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (c) 2013 Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (d) 2014 (e) 2015 (f) Total grants. contributions. Gifts. membership fees received. (Do not include any "unusual grants.") . . . 237.964 207,106 231,440 154,675 180562 1,011,747 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge O Total. Add lines 1 through 3. . . . 237,964 231,440 207.106 154,675 180562 1,011,747 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 24,000 Public support. Subtract line 5 from line 4. 987,747 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 237.964 231,440 207,106 154,675 180,562 1,011,747 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from sımılar 855 433 573 2,518 225 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 1,014,265 12 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 14 14 97 % 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 98 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2014. 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 - 2015. 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 10%-facts-and-circumstances test-2014. 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 supported organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No. 1545-0047

	an Training and Missionary Fellowship	<u>,</u>	23-2150107
Par			
	Complete if the organization answered		
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		· · · · · · · · · · · · · · · · · · ·
		<u> </u>	· · · · · · Yes . No
Par	Conservation Easements.	(1)/11 F 000 D-4 D/ II . 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	·	- · ·
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
•	Preservation of open space	-1-1	and the All of the area.
2	Complete lines 2a through 2d if the organization has a segment on the last day of the tay year	eid a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register		
_	Number of conservation easements modified, tran		1 1
3	tax year ►	isterred, released, extinguished, or ter	minated by the organization during the
	Number of states where property subject to conse	prestion easement is located	
4 5	Does the organization have a written policy re		spection handling of
Ū	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
Ū	L	or violations, and emoroting	conscivation casements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing	conservation easements during the year
•	► \$	ng, nanamig of violations, and omoroting	consolvation casements daming the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents.	
Par	t III Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements the	at describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	· ·	ducation, or research in furtherance of
	public service, provide the following amounts rela	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>

Part								
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and c	ther reco	rds, chec	k any of the	e follow	ring that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams	
b	☐ Scholarly research		е	☐ Other	r	_		
c	Preservation for future generations	3						
4	Provide a description of the organizat XIII.	tion's collections	and expla	ain how t	hey further	the org	anızatıon's exe	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easures	s, or other simil	lar
	assets to be sold to raise funds rather	than to be maint	ained as i	part of the	e organizati	on's co	llection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	.						oot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	llowing t	able:			
							<i></i>	Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2 a	Did the organization include an amour							-
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the e	xplanatio	n has been	provide	ed on Part XIII .	<u></u> . U
Par			-" -	000 1	David N.A. Bura	40		
	Complete if the organization	(a) Current year		m 990, i	C) Two year		(d) Three years bac	to Comment of
4-	Danisais a star a balance	(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance		 					
b	Contributions				-			
С	Net investment earnings, gains, and losses					:		
_	1		+		 			
a	Grants or scholarships	,	<u> </u>		 			
е	Other expenditures for facilities and programs							
_	· · ·		+		 			
† 	Administrative expenses							
g	End of year balance	L		(1: d -		<u> </u>		
2	Provide the estimated percentage of t Board designated or quasi-endowmer	-		se (iine 1ç	g, column (a)) neia i	as:	
a	Permanent endowment	m ► %	%					
b								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and		1000/					
За	Are there endowment funds not in the			ization th	at are held	and ad	ministered for t	ho
Ou	organization by:	c possession or	and organ	ization th	at are ricia	and ad	illilistered for t	Yes No
	(i) unrelated organizations							3a(i) 3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses						<i>.</i>	
	t VI Land, Buildings, and Equip							
	Complete if the organization		s" on Fo	rm 990.	Part IV line	e 11a	See Form 990	Part X line 10
	Description of property	(a) Cost or		$\overline{}$	or other basis		Accumulated	(d) Book value
	becomplient of property	(invest		1 ' '	other)		epreciation	(d) Dook value
1a	Land	.		 				
b	Buildings			†	1,208,564		113,175	1,095,389
c	Leasehold improvements				1,200,304		113,173	1,075,389
d	Equipment			 	70,784	•	70,783	1
e	Other			+	70,704		10,763	0 190036306
Total	. Add lines 1a through 1e. (Column (d) r	nust equal Form	990 Part	X colum	n (R) line 1(1c 1		1 095 39 0

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

	ian Training and Missionary Fel	iowsnip				3-2150107
Pari	General Information Form 990, Part IV, line		es Outside (the United States. Comp	olete if the organization ans	swered "Yes" on
1	For grantmakers. Does the					
	assistance, the grantees' eli-	gibility for the	e grants or as	sistance, and the selection	criteria used to award the	e
	grants or assistance? .					☐ Yes ☑ No
2	For grantmakers. Describe	ın Part V f	the organizati	on's procedures for monit	toring the use of its gree	to and other
_	assistance outside the Unite		ine organizati	on's procedures for month	toring the use of its gran	is and other
3	Activities per Region. (The fo	illowing Part	Lime 3 table o	can be duplicated if addition	nal space is needed \	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,	a program service, describe specific type of	expenditures for
		region	ındependent	investments,	service(s) in region	and investments in region
			contractors in region	grants to recipients located in the region)		
(1)	East Asia and the Pacific	o	3	Grants: Institute		56,770.47
(2)	East Asia and the Pacific	0	3	Grants: Pastors	<u> </u>	32,586.96
(3)	East Asia and the Pacific	0	3	Services	upkeep of buildings	7,616.48
(4)						
(4)						
(5)						
(6)						
(7)						
(8)				_		
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(10)						
(16)						
(17)						
3a	Sub-total	0	3			96,973.91
b	Total from continuation					23,0.0.01
	sheets to Part I	0	0			o
с	Totals (add lines 3a and 3b)	0	3	•		96,973.91

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Inspection Employer identification number

	tian Training and Missionary Fell	lowship				2	3-2150107	
Par	General Information Form 990, Part IV, line		es Outside t	the United States. Comp	olete if the organiz	zation ans	wered "Ye	s" on
1	For grantmakers. Does the	organization	maintain reco	rds to substantiate the am	ount of its grants	and other	r	
	assistance, the grantees' elig			sistance, and the selectior	criteria used to	award the)	
	grants or assistance?						☐Yes	☑No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for mont	toring the use of	its gran	ts and oth	ner
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	an be duplicated if addition	nal space is need	ed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in re	vice, ' type of	(f) To expenditu and inves in reg	res for tments
(1)	East Asia and the Pacific	0	3	Grants Institute			5-	4,586 11
(2)	East Asia and the Pacific	o	3	Grants Pastors				2.27.01
			<u> </u>	Grants Tastors		-		3,277 91
(3)	East Asia and the Pacific	0	3	Services	upkeep of buildin	gs	1.	4,508 59
(4)		:						
(5)							,	
(6)								
(7)								
(8)								
(9)								
(10)					,			
(11)								
(12)				-				
							 	 ·
(13)								
(14)					<u> </u>			
(15)								<u>.</u>
(16)								
(17)								
3a		0	3				\$9	2,372 61
b		0	0					
c	Totals (add lines 3a and 3b)	0	3				\$9	<u>0</u> 2,372 61

Page 2

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Schedule F (Form 990) 2015

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

ო

Schedule F (Form 990) 2015

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

Part III can be duplic	Part III can be duplicated if additional space is needed.	e is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, appraisal, other)
(1) Food & Clothing, education	East Asia Pacific	70	23,277 91	23,277 91 check/cash	0	0 NA	NA
(2)							
(6)							
(4)							
(2)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)						:	
(18)							
						S	Schedule F (Form 990) 2015

S	ched	lule	F	(Form	qqn)	2015

Page 4

Part	V Foreign Forms		·
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2015

Part V

Supplemental Information

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

Part 1 & 2 All of the funds are given only to institutions and Pastors and Bible Women who we personally know, "'friends of" We have taught them in class and ministered with them and are familiar with their work. We know that they are only involved in Church ministries

Part I - # 3 (1) c We have three individuals that work in the Philippines with CTMF enabling the mission to carry out its religious non-profit purpose

Part I # 3 (1) d Grants given to the Center for Biblical Studies, an Institute and Seminary (non-profit corporation in the Philippines) used for the training of young men and women for the work of the local churches.

Part I # 3 (2) d Grants to recipients, these funds are given to Pastors and Church workers so that they can do the work necessary in their local churches. It helps subsidize what the local church gives for food, clothing, education, and medicine

Part I # 3 (3) d Program Services, this is the upkeep of the buildings and property so that they can be used for the non-profit stated in our constitution, that is to do religious training of young men and women for work in their local churches

Part II 1 (1) d - this is the same as Part 1 # 3 (1) d above. Support for the Center for Biblical Studies,

Part III - (1) this is the same as Part I # 3 (2) d, the giving of funds to enable Pastors and Bible women to do the work of the Church It subsidizes what they have to live on and minister with, in the way of food, clothing, and medicine

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
2015

Open to Public Inspection

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.

Name of the organization

Christian Training and Missionary Fellowship

23-2150107

Part VI line 8b. There were no committees

Part VI line 11: This form is sent out by email to its governing body, then there is a telephone call or email if there is any questions or problems

Part VI line 19. The CTMF governing documents and financial statements are available upon request by the public.

Part XI # 9. There was a lost on paper, both of cash held in pesos and for the value of the buildings. The peso went from 44 775 to 46 836 to the dollar