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## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AN	FW		RISTIAN COUN						20		271437			
Pa	rt.I.	Reason	for Public Ch	arity Status (All organical	ganızatıc	ns must	comple	ete this p	oart ) (se	e instru	ctions)			
The	ora	anization is no	ot a private foun	dation because it is.	(Please c	heck only	one ord	anization	1)					
1		anization is not a private foundation because it is. (Please check only <b>one</b> organization)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2										. , ,				
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)												
_				tion operated in conf								the		
4	ш	A medical re	esearch organiza	ate.	unction v	vitii a iiot	spital des	SCHIDEU II	Section	i Malo i i	Maritania Eliteri	.110		
_											Lunit donob.c.	 -ر، لہ		
5		section 170	<b>(b)(1)(A)(iv).</b> (Cor								um describe	ווג		
6		<ul> <li>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>☐ An organization that normally receives a substantial part of its support from a governmental unit or fit</li> </ul>									the general pul	hlic		
7	Ц			y receives a substantial part of its support from a governmental unit or from the general public [1 <b>)(A)(vi).</b> (Complete Part II )										
8		A community	y trust described	in section 170(b)(1)	n section 170(b)(1)(A)(vi). (Complete Part II.)									
9	$\mathbf{Z}$	An organizat	ion that normally	receives. (1) more tha	an 33½ %	of its su	oport fror	n contrib	utions, m	embersh	ip fees, and gro	oss		
				ed to its exempt funct										
				ent income and unre						511 tax)	from busines	ses		
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)												
10		An organizat	tion organized a	nd operated exclusive	elv to test	t for publ	c safetv	See sec	tion 509	(a)(4). (se	e instructions)			
11	$\overline{\sqcap}$			and operated exclusive										
••														
		purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h												
		a ☐ Type I b ☐ Type III c ☐ Type III—Functionally integrated d ☐ Type III—Other												
_											one or more disqualified			
е														
	persons other than foundation managers and other than one or more publicly supported organizations 509(a)(1) or section 509(a)(2)									ations ac	adribed in sec	.101		
					,			<del></del> :	u	-				
f		_		a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or type	III supporting	-		
		_	, check this box				•	•				_		
g		•		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	;				
		following pe									TV I			
			•	r indirectly controls, e		_		h person	ıs descril	ped in (ii)		No		
		and (III) b	pelow, the gover	ning body of the sup	ported or	ganizatio	n?				11g(i)			
	(ii) A family member of a person described in (i) above?						11g(ii)							
(iii) A 35% controlled entity of a person described in (i) or (ii) above?						11g(iii)								
h		Provide the	following inform	ation about the organ	izations t	the organ	ization si	upports	,					
(ı)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount o	f		
	or	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of vour		ion in col zed in the	support			
				(see instructions))				oort?		5 7				
					Yes	No	Yes	No	Yes	No				
											" "			
											L			
				<u> </u>			<u> </u>							
			1	2000	1	1	}	1	1	1	}			

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1	()(A)(vi)
	tion A. Public Support					·	<u> </u>
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
i	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	<b></b>	<u> </u>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.	- ,					
6	tion B. Total Support	<u> </u>	<u> </u>	<u> </u>	L.,,	<u> </u>	L
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	(4) 255 /	(2) 235	(0, 2000	(0, 200.	(6) 2000	(i) Folds
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	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 IV)						
11	Total support. Add lines 7 through 10 .	Ĺ	<u>l</u>		l	ļ	
12	Gross receipts from related activities, etc.	: (see instructi	ons) .			12	<del></del>
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	ere	<u> </u>	nd, third, fourth			on 501(c)(3) ► □
				4			0/
14	Public support percentage for 2008 (line			r, column (I))		15	<u>%</u> %
15	Public support percentage from 2007 Sc					<u> </u>	
104	33% % support test—2008. If the organiand stop here. The organization qualifies				ime 14 is 33/2	% or more, one	ECK LINE DOX
b	33%% support test—2007. If the organic box and stop here. The organization qua	zation did not	check a box on	line 13 or 16a,	and line 15 is	33½ % or more	. check this
17a							
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance" Private foundation. If the organization did	acts-and-circur	nstances" test, e organization qu	check this box a alifies as a public	and <b>stop here</b> cly supported o	Explain in Part ganization .	IV how the ▶ □

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.)

Ses	tion A. Public Support						
	ilendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					\$10,330.00	\$10,330.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513					0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge					0 \$10,330.00	0 \$10,330.00
6	Total. Add lines 1-5					\$10,330.00	\$10,330.00
	Amounts included on lines 1, 2, and 3 received from disqualified persons .					<b>\$10.330.00</b>	\$10,330.00
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the					0	O
_	year or \$5,000					0	<del></del>
8	Public support (Subtract line 7c from line 6.)						\$10,330.00
Sec	tion B. Total Support		<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						\$10,330.00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	0
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	0
С	Add lines 10a and 10b					0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					0	0
13	Total support. (Add lines 9 10c. 11 and 12)						\$10,330.00
14	First five years. If the Form 990 is for toganization, check this box and stop		on's first, seco	nd, third, fourti	n, or fifth tax	year as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Sup	pport Perce	ntage				
15	Public support percentage for 2008 (lin	e 8, column (l	) divided by hi	ne 13, column	(f))	15	%
16	Public support percentage from 2007 5			7 <u>g</u>	····	16	%
Sec	tion D. Computation of Investmen						
17 18	Investment income percentage for <b>2008</b> (line 10c, column (l) divided by line 13, column (f)). Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h					17	<u>%</u> %
19a							
b	17 is not more than 33% %, check this b 33% % support tests – 2007. If the organ	ox and <b>stop h</b>	<b>ere.</b> The organ	ization qualifies	s as a publicly	supported orga	anization ► 🗌
20	line 18 is not more than 33%%, check this	s box and <b>stop</b>	here. The orga	ınızatıon qualifie	s as a publicly	supported orga	anization 🕨 🗌

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Part IV.	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see in	art II, line 10, structions)			
		*****			
	•••••••••••••••••••••••••••••••••••••••				