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Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	roi ui	e 2009 Calendar year, or tax year beginning							
В	Check if applicab	Please C Name of organization	D Employer identific	cation number					
_	appiicab —∏Addre	use IRS							
Ļ	lchang	print or Falth and Learning International, NFP							
Ļ	Name chang	Doing Business As		743864					
Ļ	Initial	Number and street (of P.O. DOX II filall is not delivered to street address) Hobilivs	<u> </u>						
느	Terma	Instruct 209 East Liberty 204	630-	580-5750					
Ļ	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	691360.					
L.	Applia tion pendi		H(a) Is this a group re						
	pond	F Name and address of principal officer Duane Elmer	for affiliates?	Yes X No					
		Same as above	H(b) Are all affiliates inc						
		empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		list (see instructions)					
		te: www.FaithandLearning.org	H(c) Group exemption						
			ear of formation: 2004 N	State of legal domicile: 11					
٢	art I	Summary	financial cha	witable					
e S	1	Briefly describe the organization's mission or most significant activities: Provide		ritable,					
ıan		spiritual and human resources for Christian							
Ħ	2	Check this box I if the organization discontinued its operations or disposed of m	l i						
₩ W	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>5</u>					
1.00	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5 5 1					
œ <u>ë</u>	5	Total number of employees (Part V, line 2a)	5	0					
ڇَي	6	Total number of volunteers (estimate if necessary) Total gross unrelated business evenue from Part VIII, column (C), line 12	. 6	0.					
Activities & 30 mance	7a	N [*]	7a 7b	0.					
	- 0	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year					
SEAMINED		NOV I (1) 2010 (5) Contributions and grants (Part VIII, III)	636699.	691350.					
鬓	8	Programservice:revenue:(Part=VIII;=1166)[29)	030027.	071330.					
S	10	Investment income Partyllicolumn (A), lines 3, 4, and 7d)	1013.	10.					
SE SE		Other revenue (Part VIII, column (A), lines 5, 4, and 70)	1013.	10.					
ريو		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	637712.	691360.					
_	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0377121	0,1001					
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
v	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6459.	12918.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	31313.						
ē,	Ь	Total fundraising expenses (Part IX, column (D), line 25) 5152.							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	741403.	603140.					
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	779175.	616058.					
	19	Revenue less expenses. Subtract line 18 from line 12	-141463.	75302.					
50			Beginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)	86867.	161737.					
A	21	Total liabilities (Part X, line 26)	974.	542.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	85893.	161195.					
P	art II	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and completely Declaration of preparer (other that efficier) is based on all information of which preparer has any knowle	its, and to the best of my knowledg	e and belief, it is true, correct,					
		The same	7.						
Sig	n	Mione (M)	1 VION	11,2010					
Hei	re	Signature of officer	Date	,					
		Duane Elmer, Exec Dir							
_		Type or print name and title	Chook if Towns	d- d-16					
Paid Preparer's Identifying number (see instructions)									
	parer's	Signature	employed X						
	Only	yours! hauser rinanchar Group	EIN ►						
	•	self-embloyed), address, and Clark Plants CO127	D	00 000 0010					
		ZIP+4 Glen Ellyn, Illinois 60137	Phone no. ► 6.	30-858-3712					
		RS discuss this return with the preparer shown above? (see instructions)		Yes No Form 990 (2009)					
0327	NO 1 NO - N	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	DSTRUCTIONS.	Form 330 (2009)					

	rt III Statement of Program		<u>ing international,</u> plishments	NFP 20-074	13864 Page 2							
1	Briefly describe the organization's mission:											
•	To provide financ	ial, charit	able, spiritual and	human resource	es for							
	Christian ministr											
												
2	Did the organization undertake an	y significant program s	ervices during the year which were no	t listed on								
	the prior Form 990 or 990-EZ?	•			Yes X No							
	If "Yes," describe these new service				Yes X No							
3	Did the organization cease conduct If "Yes," describe these changes of		nt changes in how it conducts, any pro	ogram services?	Yes LAINO							
4	Describe the exempt purpose ach	evements for each of	the organization's three largest prograi									
		Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.										
	allocations to others, the total exp	enses, and revenue, if	any, for each program service reported	d .								
4a			10 . including grants of \$) (Revenue \$)							
			grams and projects		nristian							
	values in the Uni	ted States	and internationally	•								
				_								
												
					······································							
4b	(Code:) (Expen	ses \$	including grants of \$) (Revenue \$)							
												
												
												
												
4c	(Code:) (Expen	ses \$	including grants of \$) (Revenue \$								
		·										
					 							
			 									
		· · · · · · · · · · · · · · · · · · ·	•									
					· · · · · · · · · · · · · · · · · · ·							
												
	-											
4d	Other program services. (Describe											
4	(Expenses \$	including grants of \$	\$ (Revenue \$ 46010 •)								
40	Total program service expenses	* 3	#OOTO.		Form 990 (2009)							

			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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	_		.
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		х
	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		^
11		11	х	
•	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	 ''-		
•	Part VI			
•	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.			
•	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	ŀ		
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-1	
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	<u> </u>		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ا ا		v
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.		v
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		_==
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization 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 related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

X

Х

X

X

Х

33

34

35

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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		163	140
ıa	U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	1		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ĭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		Ī	
	any contributions that were not tax deductible?	6a		X
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 and services			
	provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	İ		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
_	at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a	-	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
1_	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources against	1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	
U	in 100, onto the amount of tax exempt interest received of accided during the John 1120		·	

Form 990 (2009) Faith and Learning International, NFP 20-0743864 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management							
		_1		Yes	No			
1a	Enter the number of voting members of the governing body	5	1					
b	* · · · · · · · · · · · · · · · · · · ·	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	:her						
	officer, director, trustee, or key employee?		2_		<u> X</u>			
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		<u>_X</u>			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4		<u>X</u>			
5	Did the organization become aware during the year of a material diversion of the organization's assets?		_5_		<u>X</u>			
6	Does the organization have members or stockholders?		6		<u> </u>			
7a								
	governing body?		7a		X			
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	əar						
	by the following:			l				
a			8a	X				
b	· · · · · · · · · · · · · · · · · · ·	}	8b_	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v			
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>			
sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	3.)		Yes	No			
40-	Does the organization have local chapters, branches, or affiliates?	ſ	10a	162	X			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, aff	filiatee	IVa					
D	and branches to ensure their operations are consistent with those of the organization?	mates,	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	,	11	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•						
	Does the organization have a written conflict of interest policy? If "No," go to line 13							
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	ļ	12a	Х				
U	to conflicts?		12b	х				
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri	be l						
Ĭ	in Schedule O how this is done		12c		Х			
13	Does the organization have a written whistleblower policy?		13	Х				
14	Does the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by indeper	ndent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The second state of OFO Francisco Postato and a second state of the other state of the ot		15a		X			
b	Other officers or key employees of the organization	[15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		.	_				
	taxable entity during the year?		16a		<u> </u>			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its part	cipation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		- 1					
	exempt status with respect to such arrangements?	<u></u>	16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►AK, AZ, MD, MN, TN, WA, W							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	only) available t	for					
	public inspection. Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest policy, an	d fina	ncıal				
	statements available to the public.	•	_					
20	State the name, physical address, and telephone number of the person who possesses the books and records or	the organizati	ion: 🕨	· —				
	Cedarstone Partners - 630-580-5750							
	209 E Liberty, Wheaton, IL 60187							

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. Use Schedule J-2 if additional space is needed

- 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. 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 the organization did no (A)	(B)	1		((C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	ndividual trustee or director	Institutional trustee			nsated		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
		Individ	Institut	Micer Key em Highes employ		Former			organizations	
Don Church								0		
Director	2.00	X		├	┾	├	-	0.	0.	0.
Evvy Campbell	2 00	J.						0.	0.	0.
Director	2.00	^		┢		┢	-		0.	<u> </u>
Mary Lederleitner	2.00	v					ŀ	0.	0.	0.
Treasurer Gary Lavanchy	2.00	<u> </u>		\vdash	\vdash	-	-	0.		0.
Secretary	2.00	x						0.	0.	0.
Duane Elmer		**		\vdash	 	╁				
Chairman/Exec Dir	20.00	X						12000.	0.	0.
					_					
					-					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

1b Total

3

Form 990 (2009)

				rning in	<u>cernationa</u>	I, NFP	20-0/43	864 Page 9
Pa	rt VI	II Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
its ts	1 a	Federated campaigns	1a					
Far	b	Membership dues	1b					
S,g	С	: Fundraising events	1c					
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d					
	е	Government grants (contribut	ions) 1e					
r S	f	All other contributions, gifts, gran	ts, and					
Ē		similar amounts not included abo	ve 1f	691350.				
받	g	Noncash contributions included in lines	1a-1f \$					
ပိုင်္ခ	h	Total. Add lines 1a-1f		>	691350.			
				Business Code				
စ္ပ	2 a	·					·	
ه ڲٙ	b							
Տ	С							
e au	d	I			····		·	
Program Service Revenue	е	•						
مة إ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	10.			10.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties .						
			(i) Real	(ii) Personal				
	6 a	Gross Rents .						
	b	Less: rental expenses						
1	C	: Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ŀ		assets other than inventory						
ľ	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)	L				•	
		Net gain or (loss)		<u> </u>				
e e	8 a	Gross income from fundraising	_					
e l		including \$						
Other Revenue		contributions reported on line	1c). See					
호		Part IV, line 18	a	<u> </u>				
₹		Less: direct expenses	. b	L				
		Net income or (loss) from fund			· · · · · · · · · · · · · · · · · · ·			
İ	9 a	Gross income from gaming ac						
		Part IV, line 19	a .					
		Less. direct expenses	b					-
l		, ,		·				
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold	b					
ł	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
-	11 0			Business Code				
	11 a b			 		-		
	C			· · · ·				
	ب بہ	All other revenue						
	م	Total. Add lines 11a-11d		—		-		
}	12	Total revenue. See instructions.	•	• 1	691360.	0.	0.	10.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl		not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, ànd 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 governments and			_	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	12000.		12000.	
6	trustees, and key employees Compensation not included above, to disqualified	12000.		12000.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits	918.		918.	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	18663.		18663.	
b	Legal				
С	Accounting	13685.		13685.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	5889.		5889.	
12	Advertising and promotion	6744	6465	016	24
13	Office expenses	6714.	6467.	216.	31.
14	Information technology				
15	Royalties	700		700	
16	Occupancy	723. 58411.	50907.	723. 5185.	2319.
17	Travel	30411.	50307.	3103.	2319.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12389.	12350.	39.	
20	Interest	12303.	12330.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		,		
а	European Projects	199351.	199351.		
b	North American Projects	158693.	158693.		
С	African Projects	64307.	64307.		
d	Middle Eastern Projects	24050.	24050.		
е	Asian Projects	16700.	16700.		
f	All other expenses	23565.	13185.	7578.	2802.
25	Total functional expenses. Add lines 1 through 24f	616058.	546010.	64896.	5152.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization			•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u></u>	Form 990 (2009)

Pa	rt X	Balance Sheet	-				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			86867.	1	149751.
	2	Savings and temporary cash investments			2	11986.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, d	, trustees, key				
	-	employees, and highest compensated employe					
		of Schedule L		•		5	
	6	Receivables from other disqualified persons (as	define	d under section			
	-	4958(f)(1)) and persons described in section 49					
		Part II of Schedule L	i	6			
Assets	7	Notes and loans receivable, net	<u> </u>		7		
	8	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·	8		
As	9	Prepaid expenses and deferred charges				9	
	1 -	Land, buildings, and equipment cost or other	1		-·- <u> </u>		
	'0"	basis Complete Part VI of Schedule D	10a	1409.			
	١,	Less: accumulated depreciation	10b	1409.	0.	10c	0.
	11	Investments - publicly traded securities	100	1107.		11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	-	13			
	1			14			
	14	Intangible assets	-		15		
	15	Other assets See Part IV, line 11	86867.	16	161737.		
	16	Total assets. Add lines 1 through 15 (must equ	974.	17	542.		
	17	Accounts payable and accrued expenses	-	314.	18	<u> </u>	
	18	Grants payable	<u> </u>				
	19	Deferred revenue	-		19		
	20	Tax-exempt bond liabilities	D4 N/	-4 O a b a abula D		20	
Liabilities	21	Escrow or custodial account liability. Complete				21	
ij	22	Payables to current and former officers, directo					
įį		highest compensated employees, and disqualif	iea per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	· ·· ··· · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelate	a thira	parties		24	
	25	Other liabilities Complete Part X of Schedule D		-	074	25	E 4 2
	26	Total liabilities. Add lines 17 through 25		TT	974.	26	542.
		Organizations that follow SFAS 117, check h	ere >	LA and complete			
Ses	١.	lines 27 through 29, and lines 33 and 34.			22005		. 4070
anc	27	Unrestricted net assets		<u> </u>	-22095.	27	4278.
Fund Balances	28	Temporarily restricted net assets		-	107988.	28	156917.
nd	29	Permanently restricted net assets	, <u> </u>		29		
Ī		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and			
Net Assets or		complete lines 30 through 34.			_		
Sets	30	Capital stock or trust principal, or current funds	 		30		
As	31	Paid-in or capital surplus, or land, building, or ed		(31	
et	32	Retained earnings, endowment, accumulated in	come,	or other funds	0.000	32	4 (4 4 4 5 =
~	33	Total net assets or fund balances			85893.	33	161195.
	34	Total liabilities and net assets/fund balances			86867.	34	161737.

-orm	990 (2009) Faith and Learning International, NFP 20-074	3004	ra	30 2
Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis	_	~	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

			Faith a	and Learning	Inter	natio	nal,	NFP		_2	0-07 4 3	864
Pa	rt I	Reason		rity Status (All organiz				t.) See ins	tructions			
he	organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).			
2				70(b)(1)(A)(ii). (Attach Sc								
3				ital service organization			170(b)(1)	(A)(iii).				
4	\Box	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital	l's name,
•		city, and stat	-	,		•				·		
5				benefit of a college or ui	niversity o	wned or or	perated by	a govern	mental un	t describ	ed in	
•		_	(b)(1)(A)(iv). (Compl		•	•	-	-				
6				nent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).				
	$\overline{\mathbf{x}}$			ceives a substantial part					or from the	general	public desc	ribed in
•		-	(b)(1)(A)(vi). (Comple				Ū				•	
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	一			ceives: (1) more than 33			rom contr	ibutions, n	nembershi	p fees, ar	nd gross re	ceipts from
•				nctions - subject to certa								
				axable income (less sect								
			509(a)(2). (Complete	•				•	, ,			
0				perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).			
1	同			perated exclusively for th						v out the	purposes o	of one or
•		-		ations described in secti								
				organization and compl				,		/(/-		
		а П Туре		¬		e III · Fund		tegrated		d 🗔	Type III - 0	Other
e		• •		at the organization is not		directly o	r indirectly	by one o	r more dis	qualified i	persons oth	ner than
_				than one or more publicly								
f			=	tten determination from t								
-		-	rganization, check ti						_			
g			•	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		
٠		_		firectly controls, either al								Yes No
		• •	•	upported organization?	J		•		• • • • • • • • • • • • • • • • • • • •		11g(i)	
		•		n described in (i) above?	ı						11g(ii)	
		• •	•	person described in (i) o		в?					11g(iii)	
h		• •	•	about the supported or								
			· ·		_							
m	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) An	nount of
1"		nization	(1.7 = 1.1	organization (described on lines 1-9		sted in your		ion in col.	organizatı (i) organiz	ed in the	• •	port
	6			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
					-					1		
										1		
]		
							· · · · · -					
-+-	1		ı	1	I	I	i	I	I			

20-0743864 Page 2 Schedule A (Form 990 or 990-EZ) 2009 Faith and Learning International, NFPSupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 636699. 691350. 2535497. 149661. 396757. 661030. 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 149661. 636699. 691350. 2535497. 396757. 661030. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 219522. column (f) 2315975. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (e) 2009 (f) Total (a) 2005 (c) 2007 Calendar year (or fiscal year beginning in) (b) 2006 691350. 2535497. 149661. 396757. 661030. 636699. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1013 10 3947. 356 2568 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 24 assets (Explain in Part IV.) 2539468 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 91.20 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 70.29 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright |X|$ b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. 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 IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule	A (Earm	aga ar	000 E71	ാവവ
3CI 16CIUI6	AIFOILL	220 01	33U*EZ1	2003

Page 3

Part III Support Schedule for (rganizations	Described in	000011011000(0	//~/ (Complete only	ii you checked the bo	ix on line 9 of Part
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and			İ			
membership fees received. (Do not						
include any "unusual grants ")		<u> </u>		ļ		
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		l				
5 The value of services or facilities						
furnished by a governmental unit to		}		1		
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		 			 	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<u> </u>		<u> </u>		
	/-\ 2005	(h) 2006	(=) 2007	(4) 2000	(-) 2000	(A) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
check this box and stop here					(-/\-/ >-g	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2009 (li			olumn (fl)		15	9/
16 Public support percentage from 2008			Ciarini (i))		16	
Section D. Computation of Inves			•		110 1	
			- 10 -ak-ma (6)		47	
17 Investment income percentage for 20			e 13, column (i))		17	9
18 Investment income percentage from 2		· ·		. 45 .a	18]	7.0.004
19a 33 1/3% support tests - 2009. If the						r is not
more than 33 1/3%, check this box ar	•	-		_		. ▶∟
b 33 1/3% support tests - 2008. If the	-					nd
line 18 is not more than 33 1/3%, che	ck this box and st	on here. The organ	nization qualifies a	s a publicly suppo	orted organization	
20 Private foundation. If the organization		-			_	· · · · · ·

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	<u>Faith and Learning</u>	International, NFP	20-0743864
Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or .	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor		l only
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	, , ,	Yes No
Pai		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space	T TOSOIVALION OF A SOLUTION	motorio di dotaro
•	Complete lines 2a through 2d if the organization held a qual-	ified conseniation contribution in the form of a	conservation easement on the last
2	-	med conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
а			
b	Total acreage restricted by conservation easements	rusture included in (a)	2b 2c
C	Number of conservation easements on a certified historic st		2d
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year >	turkering	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the o	rganization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections o	of Art Historical Transuras or Other	Similar Assats
rai	Complete if the organization answered "Yes" to Form		Sillilai Assets.
	Complete it the organization answered Tes to Form	1 990, Fait IV, IIII 6 0.	
	If the consciention planted as parenthed under CEAC 446, no	at the remark in the residence atota mont and balance	a sheet works of ort biotorical
та	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e		ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service, pro	vide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	-	ı, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		. 🕨 \$

		nd Learnin					- C:			<u>1</u> Page ∠
Pai	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	is, chec	k any of the	following that	at are a s	ignificar	nt use of its	collection	n items
	(check all that apply):									
а	Public exhibition	C	· 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	•	, [Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how tl	hey further t	he organizat	ion's exe	mpt pur	pose in Pa	rt XIV.	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	untained as part of	the orga	inization's co	ollection?				Yes	No_
Pai	rt IV Escrow and Custodial Arrang	gements. Compl	ete if org	ganization ar	nswered "Ye	s" to For	m 990,	Part IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other a	ssets not	include	d		
	on Form 990, Part X?		•						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table						
~	Too, oxplain the arrangement in tartific								Amount	
_	Beginning balance						1c			
C	Additions during the year						1d			
	Distributions during the year						1e			
•	f Ending balance									
7-								No		
								NO		
	If "Yes," explain the arrangement in Part XIV T V. Endowment Funds. Complete if	Aba areas as as		"Vaa" ta Ca	rm 000 Dod	N/ line 1	10			
Fai	Lite Lindowine it Fullus. Complete ii				T				4-3 Faur	venza book
		(a) Current year	(b) F	Prior year	(c) Two yea	ITS DACK	(a) Tille	e years back	(e) roui	years back
1a	Beginning of year balance			<u></u>				<u>-</u>	 	
b	Contributions								 	
C	Net investment earnings, gains, and losses				<u> </u>				ļ	
d	Grants or scholarships						<u> </u>		 	
е	Other expenditures for facilities									
	and programs								ļ	
f	Administrative expenses								ļ	
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the year	end balance held a	as.							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment ▶ 9	6								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he orga	nization		
	by.	•							[Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Sche	dule R?					3b	1
4	Describe in Part XIV the intended uses of the	· · · · · · · · · · · · · · · · · · ·						•		·
	t VI Investments - Land, Building				. Part X. line	10.				
<u> </u>	Description of investment	(a) Cost or o			or other		ccumula	nted	(d) Book	value
	boomphon of anyouthoric	basis (investr			(other)		preciation		(4) 2001	
1a	Land		· . ,		• •				· · · · · · · · · · · · · · · · · · · 	
_		· · · · · · · · · · · · · · · · · · ·								
b	Buildings							-		
C	Leasehold improvements				1409.	 	1	409.		0.
ď	Equipment				エセリフ・	ļ		2071	-	
	Other (7)		V - 1	(0) ! 1	10(-1)	L .				
<u>i otal</u>	. Add lines 1a through 1e. (Column (d) must ed	juai romi 990, Part	x, colur	nn (७), IINe 1	U(C).)					0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Faith and 3 Part VII Investments - Other Securities. S	Learning Interest Int	ternational, ne 12.	NFP 20	-0743864 Page	<u>, 3</u>
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year man		
Financial derivatives					
Closely-held equity interests					_
Other					_
	-				
	-				_
					_
	-				
	 		· · · · · · · · · · · · · · · · · · ·		_
					—
	<u> </u>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13			
(a) Description of investment type	(b) Book value		(c) Method of valua		
(a) coccipient of investment type	(5) 2001. Taido	Co	ost or end-of-year mai	ket value	
					_
					_
				•	_
					_
					
					_
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					_
Part IX Other Assets. See Form 990, Part X, line	 e 15	<u> </u>			_
) Description			(b) Book value	—
	,			(-,	—
		 			
					
	 				—
					—
		······································			—
	 	 		-	
					
Total. (Column (b) must equal Form 990, Part X, col (B) lin				··········	—
Part X Other Liabilities. See Form 990, Part X	, line 25.	(1) A	1		
1 (a) Description of liability		(b) Amount	-		
Federal income taxes			4		
			1		
			4		
					
]		
]		
]		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)				

	dule D (Form 990) 2009 Faith and Learning Internation	<u>tional</u>	, NF	?	<u> 20-07</u>	43864 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financ	ial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		į	1		<u>691360.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		. [2		616058.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<u>75302.</u>
4	Net unrealized gains (losses) on investments		1	4		
5	Donated services and use of facilities		-	5		
6	Investment expenses		ļ	6	_	
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)		Į.	8		
9	Total adjustments (net) Add lines 4 through 8			9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		Povon	10	Doturn	75302.
	t XII Reconciliation of Revenue per Audited Financial Stateme	HILS AAITH	neven	ue per		642431.
1	Total revenue, gains, and other support per audited financial statements				1	042431.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1				
a	Net unrealized gains on investments	2a			-	
b	Donated services and use of facilities	2b			-	
C	Recoveries of prior year grants	2c			-	
d	Other (Describe in Part XIV)	2d			ا ۵۰	n
е	Add lines 2a through 2d				2e	642431.
3	Subtract line 2e from line 1				3	042431.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 4- 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		18929	-	
b	Other (Describe in Part XIV.)	4D		10323	¬ ` `	48929.
C	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				4c 5	691360.
5 Pai	rt XIII Reconciliation of Expenses per Audited Financial Statement	ents With	Exper	ises pe		071300.
	Total expenses and losses per audited financial statements	01110 11111	. шжро.	ро	1	616058.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				-	010030.
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b			7	
C	Other losses	2c		•	7	
d	Other (Describe in Part XIV.)	2d			7	
e	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	616058.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			•		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
h	Other (Describe in Part XIV.)	4b			7	
	Add lines 4a and 4b	_ - 10			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	616058.
	rt XIV Supplemental Information				. .	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp					
	et XII, Line 4b - Other Adjustments:	48929	•			
			-			

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Fai	ith and Learn	ing Inte	rnationa	1, NFP	20-074386	4
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organization answered "	Yes"
	to Form 990, Par					
1				is to substantiate the amount of the gi		
	grantees' eligibility for the	ne grants or assi	stance, and the s	selection criteria used to award the gra	ants or assistance?	Yes X No
2	For grantmakers. Desc	cribe in Part IV th	e organization's	procedures for monitoring the use of g	grant funds outside the United Sta	ites.
_			(F 000) of a d	d		
3				ditional space is needed.)	(a) If not with listed in (d)	(f) Total
	(a) Region	(b) Number of offices	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising,	(e) If activity listed in (d) is a program service,	expenditures
		in the region	agents in	program services, grants to	describe specific type	for region
			region	recipients located in the region)	of service(s) in region	
			· · -			
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		<u> </u>				
						· · · · · · · · · · · · · · · · · · ·
		1				
otai	ls •	0	0			0.

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 20-0743864 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Faith and Learning International, NFP the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization PartII

N

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Page 3

Faith and Learning International, NFP

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. 20-0743864

Social of the second of the se	יו מישוניסוומו אסמכם וא וופ						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Project expenses	Europe, including the Balkans	10000	202351,	Check and wire transfers	0,		
Project expenses	Middle East	1000	24050,	Check and wire transfers	0		
Project expenses	East Asia	1000	16700,	Check and wire transfers	0		
Project expenses	Africa	5000	64307.	64307, Check and wire transfers	0		
						Schedu	Schedule F (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Department of the Treasury Attach to Form 990. Inspection Internal Revenue Service **Employer identification number** Name of the organization Faith and Learning International, NFP 20-0743864 Form 990, Part VI, Section B, line 11: Form 990 is cirularized among the governing body prior to signature and submission. Form 990, Part VI, Section C, Line 18: Forms 1023, 990 and 990T, if applicable, are made available upon request. Form 990, Part VI, Section C, Line 19: Governing documents, conflict of interest policy and financial statements are made available upon request.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internat Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	(on page 2 of this form). previously filed Form 8868
A corporati	on required to file Form 990-T and requesting an automatic 6-month extension—chec	•
All other co	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to request an extension o
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howey if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www irs.gov/efile and click on e-file	ver, you cannot file Form 8868 s 990-BL, 6069, or 8870, group nd signed page 2 (Part II) of Form
Type or	Employer identification number	
print File by the	Faith and Learning International, NFP Number, street, and room or suite no. If a P O. box, see instructions.	20 0743864
due date for filing your	209 E Liberty, Suite 204	
return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Wheaton, IL 60187	
Check type	of return to be filed (file a separate application for each return):	
Form 99		☐ Form 4720
☐ Form 99	= 10 000 : (000. 70.(0) : 100(0)	☐ Form 5227
☐ Form 99	_ : · · · · · · · · · · · · · · · · · ·	☐ Form 6069
☐ Form 99	0-PF	☐ Form 8870
Telephone If the orga If this is for	No. ► (630) 221-0648 FAX No. ► () nization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). group, check this box ►	box ▶ □
untif for the ► ☑	est an automatic 3-month (6 months for a corporation required to file For August 15 , 20.10 , to file the exempt organization return for the organization organization's return for: calendar year 20.09 or tax year beginning , 20 , and ending	named above. The extension is
2 If this t	ax year is for less than 12 months, check reason. Initial return Final return	Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	, 3a \$ 0
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta ts made. Include any prior year overpayment allowed as a credit.	3b \$ 0
deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	d 3c \$ 0
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845 instructions.	

Form	8868 (Rev	4-2009)				Page 2
• If y	ou are	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on page 1)	sion on a pre			<u>▶ </u>
Par		Additional (Not Automatic) 3-Month Extension of Time. Only file		I (no copie	s needed).	
Type	or	Name of Exempt Organization	N. W. S. S. S.	Employer i	dentification	number
print		Faith and Learning International, NFP		20	0743864	1
File by		Number, street, and room or suite no. If a PO box, see instructions	THE PROPERTY.	For IRS use	only	
extend due da						
filing ti		City, town or post office, state, and ZIP code For a foreign address, see instructions				The same of the sa
instruc		Wheaton, IL 60187				1955 T.
Chec	k type	of return to be filed (File a separate application for each return):				
=	orm 990	= · · · · · · = · · · · · · · · · · · ·	rm 1041-A		Form 6069	
	orm 990		rm 4720		Form 8870	
	orm 990		rm 5227			
		t complete Part II if you were not already granted an automatic 3-month	extension o	n a previou	sly filed Forn	n 8868.
	books ephone	are in the care of ► Cedarstone Partners No. ► (630) 221-0648 FAX No. ► ()				
• If th	ne organ	ization does not have an office or place of business in the United States	s, check this	box		▶ □
	-	a Group Return, enter the organization's four digit Group Exemption Nu			If this	IS
		group, check this box If it is for part of the group, che				
		names and EINs of all members the extension is for				
4	I reques	t an additional 3-month extension of time until November 15	,	20.10.		
5	For cale	ndar year 2009, or other tax year beginning, 20	., and ending)		20
6	If this ta	x year is for less than 12 months, check reason: 🗌 Initial return 🔲 F	inal return [Change	n accounting	period
7	State in	detail why you need the extension Additional time is needed to gather	r all informat	ion necess	ary to prepa	ire a
	comple	te and accurate return.				
		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax	1 _	•	0
		nonrefundable credits. See instructions.		8a	\$	
		oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable		C582040		
		ed tax payments made. Include any prior year overpayment allowed as a conditional and a conditional state of the second area and a conditional state of th	credit and an		•	0
		paid previously with Form 8868.		8b	D	
		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if recovers or if required by using EETPS (Electronic Federal Tax Payment System).			\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature >

Date \$5/11/10 Form **8868** (Rev 4-2009)