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Form **990**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.

OMB No 1545-0047

**2009****Open to Public Inspection****A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions

**C Name of organization****THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT, INC****Doing Business As**

Number and street (or P O box if mail is not delivered to street address) Room/suite

**4518 NORTH 32ND ST.**

City or town, state or country, and ZIP + 4

**PHOENIX, AZ 85018****F Name and address of principal officer: BENSON S. SCHAUB****4518 NORTH 32ND ST., PHOENIX, AZ 85018****D Employer identification number****86-0857725****E Telephone number****602-955-4770****G Gross receipts \$ 6,748,873.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c) Group exemption number ▶****I Tax-exempt status:** ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ WWW.AMERICANFOUNDATION.ORG****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation 1997** **M State of legal domicile AZ****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION IS TO PROMOTE AND FACILITATE THE PRIVATIZATION OF PHILANTHROPY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>&lt;2,071,579.&gt;</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>&lt;470,500.&gt;</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,291,638.</b>	<b>8,050,840.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,794,492.</b>	<b>&lt;141,529.&gt;</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;180,160.&gt;</b>	<b>&lt;2,705,792.&gt;</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,905,970.</b>	<b>5,203,519.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,125,723.</b>	<b>102,321.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>20,000.</b>	<b>5,000.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11e-11f-24f)	<b>2,554,571.</b>	<b>2,220,697.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,700,294.</b>	<b>2,328,018.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,205,676.</b>	<b>2,875,501.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>29,740,420.</b>	<b>20,420,943.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,522,794.</b>	<b>8,374,583.</b>
		<b>21,217,626.</b>	<b>12,046,360.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ *Benson L. Schaub* **Signature of officer** **11/15/10** **Date**

**BENSON L. SCHAUB, PRESIDENT**

Type or print name and title

**Paid Preparer's Use Only**

**Preparer's signature** ▶ *Roger J. Bolan* **Date** **11-15-10** **Check if self-employed** ☐ **Preparer's identifying number (see instructions)** **368-28-6545**

**Firm's name (or yours if self-employed), address, and ZIP + 4** **ROGER J. BOLAN P.C** **EIN** **86-0609725**

**17235 N. 75TH AVE, SUITE C160** **Phone no** **623-776-8122**

**GLENDALE, AZ 85308**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

922 22

SCANNED DEC 09 2010

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**MISSION STATEMENT**  
**AS REFINED ON NOVEMBER 7, 2004**

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 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.

**SEE SCHEDULE O FOR CONTINUATION(S)**

- 4a (Code: ) (Expenses \$ 102,321. including grants of \$ 102,321. ) (Revenue \$ )  
**PROVIDING FUNDS TO CHARITABLE ORGNIZATIONS IN THE AMOUNT OF \$102321**

- 4b (Code: ) (Expenses \$ 401,574. including grants of \$ 0. ) (Revenue \$ )  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**  
**2009**

**ALLOCATED COSTS INCURRED IN ADMINISTRATION OF CHARITABLE REMAINDER TRUSTS, PROGRAM PRESENTATION COSTS TO GROUPS, AND OTHERS, AND DISTRIBUTION OF GRANTS AND OTHER COSTS RELATING TO CHARITABLE PROGRAMS.**

**ALLOCATED COSTS INCLUDE ALL COSTS THAT PERTAIN TO SUPPORTING AND EFFECTUATING, EITHER DIRECTLY OR INDIRECTLY, THE CHARITABLE MISSION OF THE AFCS. THIS MISSION IS TO PROMOTE AND FACILITATE THE PRIVATIZATION OF PHILANTHROPY, THEREBY CREATING VAST AMOUNTS OF NEW AND MORE**

- 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

- 4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 503,895.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b> X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b> X	

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

Form **990** (2009)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	12	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**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.**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>b</b> Enter the number of voting members that are independent		
<b>2</b> 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?	X	
<b>3</b> 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?	X	
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AZ**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **AMERICAN FOUNDATION FOR CHARITABLE - 602-955-4770**  
**4518 N. 32ND STREET, PHOENIX, AZ 85018**

**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 not compensate any current officer, director, or trustee.

[illegible]



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SUPPORT, INC**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								<b>5,000.</b>	<b>107,250.</b>	<b>317,689.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
FOUNDATION SERVICES OF AMERICA, LLC, 1525 EAST VILLA THERESA DRIVE, PHOENIX, AZ	MANAGEMENT SERVICES	689,716.
INVESTMENT ADVISORS LLC, 1525 EAST VILLA THERESA DRIVE, PHOENIX, AZ 85022	INVESTMENT ADVICE	145,862.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 2

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SUPPORT, INC**

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,050,840.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		7,765,427.				
	<b>h Total.</b> Add lines 1a-1f		8,050,840.				
<b>Program Service Revenue</b>	<b>2</b>						
	<b>a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			45,226.		7,966.	37,260.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		137,824.					
	<b>b</b> Less: rental expenses						
		101,766.					
	<b>c</b> Rental income or (loss)						
		36,058.					
	<b>d</b> Net rental income or (loss)			36,058.	<3,392.>		39,450.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1256833.					
	<b>b</b> Less: cost or other basis and sales expenses						
		1443588.					
	<b>c</b> Gain or (loss)						
		<186755.>					
	<b>d</b> Net gain or (loss)			<186,755.>			<186,755.>
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>							
<b>11 a</b> LONG TERM CAPITAL GAIN	<b>Business Code</b>	531390	652,521.		671,408.	<18,887.>	
<b>b</b> CRT ADMIN FEES		561000	103,935.	103,935.			
<b>c</b> GAIN ON ANNUITY CONTRC		525990	2,969.	2,969.			
<b>d</b> All other revenue		531390	<3501275.>	<88,782.>	<2750953.>	<661,540.>	
<b>e Total.</b> Add lines 11a-11d			<2741850.>				
<b>12 Total revenue.</b> See instructions			5,203,519.	14,730.	<2071579.>	<790,472.>	

**Part IX** Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 governments and organizations in the U.S. See Part IV, line 21	102,321.	102,321.		
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, trustees, and key employees	5,000.		5,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	689,716.		689,716.	
b Legal	94,554.		94,554.	
c Accounting	43,667.		43,667.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	186,569.		186,569.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	428,463.		428,463.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	25,021.		25,021.	
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.)				
a REIMBURSED PROGRAM COST	401,574.	401,574.		
b INVESTMENT EXPENSE FROM	248,115.		248,115.	
c OTHER PARTNERSHIP DEDUC	70,236.		70,236.	
d CONSULTANT FEE	52,000.		52,000.	
e OTHER EXPENSE	3,221.		3,221.	
f All other expenses	<22,439.>		<22,439.>	
25 Total functional expenses. Add lines 1 through 24f	2,328,018.	503,895.	1,824,123.	0.
26 Joint costs. Check here <input type="checkbox"/> 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				

**THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	585,452.	<b>1</b>	197,004.
	<b>2</b> Savings and temporary cash investments	958,341.	<b>2</b>	298,501.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	77,546.	<b>4</b>	78,656.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	58,526.	<b>9</b>	43,383.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,237,901.		
	<b>b</b> Less: accumulated depreciation	974,740.		
	<b>11</b> Investments - publicly traded securities	2,310,326.	<b>10c</b>	2,263,161.
	<b>12</b> Investments - other securities. See Part IV, line 11	2,670,463.	<b>11</b>	5,849,890.
	<b>13</b> Investments - program-related. See Part IV, line 11	17,345,710.	<b>12</b>	6,641,182.
	<b>14</b> Intangible assets		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11	5,734,056.	<b>14</b>	5,049,166.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	29,740,420.	<b>15</b>	20,420,943.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	270,457.	<b>16</b>	243,511.
	<b>18</b> Grants payable		<b>17</b>	
	<b>19</b> Deferred revenue		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>20</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	693,852.	<b>22</b>	1,458,232.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	1,506,264.	<b>23</b>	2,404,970.
	<b>25</b> Other liabilities. Complete Part X of Schedule D	3,248,055.	<b>24</b>	3,574,018.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	8,522,794.	<b>25</b>	8,374,583.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		15,628,741.	<b>26</b>	7,143,027.
<b>28</b> Temporarily restricted net assets		5,588,885.	<b>27</b>	4,903,333.
<b>29</b> Permanently restricted net assets			<b>28</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>29</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>30</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
<b>33</b> <b>Total net assets or fund balances</b>		21,217,626.	<b>32</b>	12,046,360.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	29,740,420.	<b>33</b>	20,420,943.	

Form **990** (2009)

**Part XI** Financial Statements and Reporting1 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," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?

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:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

Yes No

2a

X

2b

X

2c

3a

X

3b

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT, INC** Employer identification number **86-0857725**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
AMERICAN FOUNDATION	86-08972849		X		X		X		0.
AUGSBURG COLLEGE	41-06947212		X		X		X		0.
CHURCH OF JESUS CHRIST	23-73004051		X		X		X		33,947.
BOYS & GIRLS CLUB	94-28765379		X		X		X		700.
LDS PHILANTHROPI	87-02172809		X		X		X		0.
<b>Total</b>									<b>102,321.</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

SEE PART IV FOR LINE 11 CONTINUATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**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 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 <b>Total.</b> Add lines 1 through 3						
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

**86-0857725** Page **4**

**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PATEMAN-AKIN -AVERY-KACH	123-70576599		X		X		X		5,000.
PALO CRISTI PRESBYTERIAN	86-05923741		X		X		X		0.
PHOENIX SYMPHONY AUX	86-60001349		X		X		X		0.
PRESCOTT COLLEGE	86-02940122		X		X		X		0.
RAINBOW ACRES	86-02864202		X		X		X		0.
SANTO NINO CATHOLIC CHU	74-26612141		X		X		X		0.
AMERICAN FOUNDATION O	20-58230399			X	X		X		0.
ALL THE WORLD MISSIO	75-60364239			X	X		X		0.
AMANDA INMAN SUPPORT FUN	12-21017069			X	X		X		0.
AMERICAN BIBLE SOCIET	13-16238859			X	X		X		0.
AMERICAN CANCER SOCIE	86-01139409			X	X		X		0.
AMERICAN INDIAN SERVI	87-04770499			X	X		X		0.
AMERICAN JEWISH COMMI	13-55633939			X	X		X		0.
ANASAZI FOUNDATION	86-06737809			X	X		X		0.
APOSTOLIC CHRISTIAN CH	34-65375581			X	X		X		0.
ARE CLINIC INC	86-02797989			X	X		X		0.
ARIZONA CACTUS PINE	86-01333979			X	X		X		700.
ARIZONA EASTER SEALS	86-00967739			X	X		X		0.
ARIZONA HUMANE SOCIE	86-01355679			X	X		X		400.
ASIA EVANGELISTIC	95-39547129			X	X		X		0.
ASSOCIATION OF ARIZONA F	86-05076799			X	X		X		0.
ASU SANDRA DAY O'CONNOR	86-60510422			X	X		X		0.
BANNER HEALTH FOUND	94-25453569			X	X		X		0.
BETHLEHEM APOSTOLIC CH	46-04224481			X	X		X		0.
BILLY GRAHAM EVAGELICAL	41-06922309			X	X		X		0.
<b>Continuation Total</b>									

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

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**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
BLIND CENTER OF NEVADA	88-60050969			X	X		X		6,000.
BOYCE THOMPSON ARB	88-00615209			X	X		X		0.
BOYS & GIRLS CLUB OF EAS	94-28156869			X	X		X		0.
BOYS & GIRLS CLUB OF MON	62-16345669			X	X		X		0.
BOY SCOUTS OF AMERICA/D	84-04042259			X	X		X		0.
BOY SCOUTS OF AMERICA/G	23-76271529			X	X		X		0.
BOY SCOUTS OF AMERICA/G	22-15763009			X	X		X		700.
BREAST CANCER 3 DAY	23-78255759			X	X		X		0.
BRENTWOOD CHRISTIAN SC	74-12556582			X	X		X		0.
BYU COUGAR CLUB	85-05337959			X	X		X		0.
BURGANDY CENTER FOR W	54-05401009			X	X		X		600.
BURR AND BURTON ACADE	03-01794049			X	X		X		0.
CABRILLO MARINE AQUAR	33-05853819			X	X		X		0.
CALIFORNIA MUSIC PRODGY	33-09641439			X	X		X		0.
CARE NET	54-13827239			X	X		X		0.
CARLETON COLLEGE	41-06947479			X	X		X		0.
CAUSES FOR CHANGE INTER	36-41984849			X	X		X		0.
CHRISTIAN CHILDREN'S F	54-05361009			X	X		X		0.
CHRISTIAN LIFE MOVEMEN	84-14870589			X	X		X		0.
CHRISTIAN RESEARCH INS	22-60634129			X	X		X		0.
CIMARRON CIRCUIT OPER	73-10087349			X	X		X		0.
CLEAVE JONES WELLNESS HO	22-30779529			X	X		X		0.
CLINICA AMISTAD	75-30608759			X	X		X		0.
COFFEE CREEK RIDING CENT	73-10114039			X	X		X		0.
COMPASSION INTERNATIONAL	36-24237079			X	X		X		0.
<b>Continuation Total</b>									

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

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**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
CORNERSTONE MINISTRIES INC	191-15501569			X	X		X		0.
CROHNS & COLITIS FNDN	13-61931059			X	X		X		0.
CROSSROADS AMERICAN BAP	84-61268681			X	X		X		0.
CROSSROADS URBAN CENTER	87-02957519			X	X		X		0.
DEERFIELD VALLEY COMMU	03-02181249			X	X		X		0.
DENVER RESCUE MISSI	84-60387629			X	X		X		0.
DOCTORS WITHOUT BORD	13-34334529			X	X		X		0.
EASTER SEALS OF SOUTHERN	86-00927739			X	X		X		0.
ENGINEERS WITHOUT BORD	84-15893249			X	X		X		0.
EXCHANGED LIFE MINISTR	84-10272659			X	X		X		0.
FEED THE CHILDREN	73-61086579			X	X		X		0.
FINAL FRONTIERS FO	58-17215359			X	X		X		0.
FOOD CARE COALITION	87-04529779			X	X		X		0.
FORMOSAN ASSOCIATION	11-26152919			X	X		X		0.
GARY BARNETT FOUNDATION	20-16990699			X	X		X		0.
GIVING CHILDREN HOP	95-34642879			X	X		X		0.
GLOBAL FUND FOR WOMEN	77-01557829			X	X		X		0.
GOMPERS	86-00989099			X	X		X		0.
GOODLAND BOYS HOME	73-01696189			X	X		X		0.
HABITAT FOR HUMANITY	91-19148689			X	X		X		0.
HUMANITARIAN EMERGENCY L	11-37633669			X	X		X		0.
HURST WOOD ED FNDN	20-26972369			X		X	X		0.
ING TAGUMPE FOUNDATION I		9		X	X			X	0.
INTERSERVE USA	23-16443779			X	X		X		0.
INVEST IN KIDS	84-14552829			X	X		X		0.
<b>Continuation Total</b>									

Schedule A (Form 990 or 990-EZ) 2009

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

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**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
IOWA CITY HOSPICE	42-11540989			X	X		X		0.
JASPER EVANGELICAL	76-06913151			X	X		X		0.
JUNIOR ACHIEVEMENT	13-16352709			X	X		X		0.
KJZZ 91.5	01-05796879			X	X		X		0.
LATIN AMERICAN IND	23-73148359			X	X		X		0.
LEGACY GLOBAL FOUND	37-14406629			X	X		X		0.
MARIST SCHOOL	58-05662042			X	X		X		0.
MARK SKINNER LIBRARY	03-01842609			X	X		X		0.
MIGHTY EIGHTH AIR F	59-17576319			X	X		X		0.
MISSION HURST CICM	54-09168579			X	X		X		0.
NATIONAL ARBOR DAY FO	23-71692659			X	X		X		0.
NATIONAL EXCHANGE CLU	34-65714049			X	X		X		0.
NATIONAL HERITAGE FOU	58-20853269			X	X		X		0.
NATIONAL KIDNEY FOUND	13-16731049			X	X		X		0.
NATIONAL TAIWAN UNIVE	2			X	X			X	0.
NATURE CONSERVANCY	53-02426529			X	X		X		250.
OLIVE BRANCH MINISTRIES	26-04288459			X	X		X		0.
ONE HUNDRED CLUB	23-71720779			X	X		X		0.
ONE LIFE CHURCH OF TH	26-14484491			X	X		X		0.
ONE SMALL STEP	26-20242189			X	X		X		0.
OPERATION SMILE	54-14601479			X	X		X		0.
ORANGE COUNTY LITER	56-14339339			X	X		X		0.
PACIFIC LUTHERAN UNI	91-05655712			X	X		X		0.
PAYSON HUMANE SOCIE	23-72060929			X	X		X		0.
PEACH FOUNDATION	91-20943259			X	X		X		0.
<b>Continuation Total</b>									

Schedule A (Form 990 or 990-EZ) 2009

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

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**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PENNSYLVANIA CAMERATA SI	23-21591709			X	X		X		0.
PEO FOUNDATION	42-60946549			X	X		X		0.
PEOPLE TO PEOPLE ARIZO	44-06595179			X	X		X		0.
PHOENIX SYMPHONY AUX	86-01465209			X	X		X		0.
PLANNED PARENTHOOD O	23-73966419			X	X		X		0.
REACH FOR EXCELLENCE	01-06147249			X	X		X		0.
REEVIS MOUNTAIN SCH	23-70576592			X	X		X		0.
RIGHT TO PLAY USA	13-40452459			X	X		X		0.
ROTARY CLUB OF SAN JUAN	41-20423889			X	X		X		0.
SAFE HARBOR CRISIS CENTE	87-05165629			X	X		X		0.
SALESIAN ALUMNI ASSOC	95-20175139			X	X		X		0.
SALVATION ARMY GLENDAL	94-11563479			X	X		X		0.
SALVATION ARMY	86-62524469			X	X		X		0.
SALVATION ARMY FRESNO	91-11563479			X	X		X		0.
SAMARITANS PURSE	58-14370029			X	X		X		0.
SCOTTSDALE HEALTHCARE F	74-23554119			X	X		X		0.
SCRIPTURE UNION	25-12287159			X	X		X		0.
SELF REALIZATION	95-19423369			X	X		X		0.
SHILOH HOME	84-09789929			X	X		X		0.
SISTER CITIES ASSOC	43-13635249			X	X		X		0.
SMILE TRAIN	13-36614169			X	X		X		0.
SOCIETY OF ST VINCENT D	86-00967899			X	X		X		0.
SOUTH SIDE HIGH SCHOOL	62-60007322			X	X		X		0.
SPECIAL OLYMPICS ARI	86-03075649			X	X		X		0.
ST ANDREWS PRESBYTERIAN	95-19690241			X	X		X		0.
<b>Continuation Total</b>									

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

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**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ST JUDES CHILDRENS RE	62-06460123			X	X		X		0.
ST MARTINS EPISCOPAL SC	58-14951741			X	X		X		0.
ST MATTHEW UNITED METHO	36-21677311			X	X		X		0.
STANFORD UNIVERSITY	94-11563652			X	X		X		0.
STUDENT NETWORK	03-03661759			X	X		X		0.
SUNFLOWER COUNTY FREED	64-09060259			X	X		X		0.
SUNRISE CHILDREN'S H	88-03068049			X	X		X		0.
SUNSHINE ACRES CHILDR	86-01965329			X	X		X		0.
TACOMA RESCUE MISSI	91-05650141			X	X		X		0.
TACOMA YOUTH SYMPHONY	23-70055229			X	X		X		0.
TAIWAN CHURCH PLANT	20-15900789			X	X		X		0.
TAIWANESE PRESBYTERIAN	95-25704381			X	X		X		0.
TECHNOSERVE	13-26261359			X	X		X		0.
TEMPLE GAN ELOHIM	86-10199089			X	X		X		0.
THE BRIDGE	58-10942899			X	X		X		0.
THE 12TH MAN FOUNDATION	74-11857259			X	X		X		0.
THE WAY APOSTOLIC CH	84-14664021			X	X		X		0.
TOGETHER WE STAND IN THE	72-14799859			X	X		X		0.
TOMORROW RIVER SCHOLA	39-18021239			X	X		X		0.
TREES FOR THE FUTURE	52-16448699			X	X		X		0.
TRINITY LEARNING RES	91-20209179			X	X		X		0.
TZU CHI FOUNDATION	95-48471429			X	X		X		0.
UNITED SERVICE ORGA	13-16104519			X	X		X		0.
UNITED STATES POLIC	20-14253699			X	X		X		0.
US FUND FOR UNICEF	13-17601109			X	X		X		0.
<b>Continuation Total</b>									

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2009 **SUPPORT, INC**

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**Part IV Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
UTAH SYMPHONY & VALLEY OF THE SUN UNIT	087-60005809			X	X		X		0.
VERDE VALLEY REGIONAL ME	86-01044199			X	X		X		0.
VOICE OF THE MARTYRS	86-01008829			X	X		X		0.
WASHINGTON COLLEGE	73-13950579			X	X		X		0.
WEI EU CHINESE AMER	52-05916912			X	X		X		0.
WESTSIDE CHURCH INTER	30-01284859			X	X		X		0.
WHITMAN COLLEGE	68-00259389			X	X		X		0.
WILLIAM JEWELL COLLE	91-05677402			X	X		X		0.
YMCA OF TACOMA & PIE	44-05459142			X	X		X		0.
AGENDA ALEXANDRIA	91-05655969			X	X		X		0.
ARIZONA SONORA DESER	54-19373969			X	X		X		0.
ASPCA DISABLED AMERICAN VET	86-01116759			X	X		X		250.
DOWNTOWN SHENANDOAH	13-16238299			X	X		X		100.
HUMANE SOCIETY OF T	86-01916279			X	X		X		5,150.
KING OF KINGS SKATEB	05-0577463	9		X	X		X		1,000.
SOUTHWEST BAPTIST CONF	86-0250431	9		X	X		X		250.
NEW FOUNDATION	71-0999102	1		X	X		X		30,000.
SUNFLOWER COUNTY FREED	64-0906025	1		X	X		X		10,000.
TRINITY EVANGELICAL	95-3457544	9		X	X		X		75.
U-TURN FOR CHRIST	64-0906025	9		X	X		X		600.
WORLD WILDLIFE FUN	93-0610622	1		X	X		X		2,449.
	26-3513761	1		X	X		X		4,050.
	52-1693387	9		X	X		X		100.
<b>Continuation Total</b>									<b>67,674.</b>

**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

**2009**Open to Public  
InspectionName of the organization **THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**Employer identification number  
**86-0857725****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	118	1
2 Aggregate contributions to (during year)	8,050,640.	200.
3 Aggregate grants from (during year)	102,321.	0.
4 Aggregate value at end of year	12,280,818.	<234,458.>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance

- b Contributions

- c Net investment earnings, gains, and losses

- d Grants or scholarships

- e Other expenditures for facilities and programs

- f Administrative expenses

- g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

- 2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %

- b Permanent endowment ► \_\_\_\_\_ %

- c Term endowment ► \_\_\_\_\_ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

- (ii) related organizations

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	895,356.			895,356.
b Buildings	1,886,628.		518,823.	1,367,805.
c Leasehold improvements				
d Equipment	455,917.		455,917.	0.
e Other	455,917.		455,917.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,263,161.

Schedule D (Form 990) 2009



**THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**

Schedule D (Form 990) 2009

86-0857725 Page **4**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

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**Part XIV** Supplemental Information (continued)**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
CAPTAIN DREYFUS 2 LLC	28,460.	FMV
CAPTAIN DREYFUS 2 LLC	49,595.	FMV
CHANDLER HEIGHTS MCQUEEN LLC	12,988.	FMV
COOLIDGE HANNA I LLC	20,998.	FMV
COOLIDGE HANNA II LLC	15,000.	FMV
DESERT TRANQUILITY LENDER LLC	5,507.	FMV
GILBERT TUSCANY LENDER LLC	87,676.	FMV
HORSESHOE TRAIL II LENDER LLC	9,046.	FMV
HORSESHOE TRAIL LENDER LLC	42,336.	FMV
JAMES 4 LENDER LLC	19,455.	FMV
JAMES 4 LLC	13,817.	FMV
LAKE PLEASANT 40 LENDER LLC	22,750.	FMV
LAKE PLEASANT 50 LENDER LLC	57,050.	FMV
MCCARTNEY 128 LENDER LLC	154,373.	FMV
PATTON PLACE VI 14% LLC	29,197.	FMV
PEAKVIEW III LLC	45,572.	FMV
PEAKVIEW III LLC	60,666.	FMV
RITTENHOUSE 55 LLC	1,426.	FMV
TONOPAH 80 LENDER LLC	125,230.	FMV
VAL VISTA CASA GRANDE LLC	64,000.	FMV
VAL VISTA CASA GRANDE LENDER LLC	78,136.	FMV
WIGGENS 21 LENDER LLC	413,500.	FMV
DAS ENTERPRISES LP	1.	FMV
GEC PARTNERS LLP	14,139.	FMV
GOODYEAR INDUSTRIAL LP	41.	FMV
KLINGER ENTERPRISES LP	609,602.	FMV



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT, INC** Employer identification number **86-0857725**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF JESUS CHRIST OF LDS (& MISC. WARDS) - 50 E NORTH TEMPLE - SALT LAKE CITY, UT 84105	23-7300405	501(C)(3)	33,947.	0.			RELIGIOUS
BLIND CENTER OF NEVADA 1001 N. BRUCE ST LAS VEGAS, NV 89101	88-6005096	501(C)(3)	6,000.	0.			MEDICAL
DISABLED AMERICAN VETERANS, DEPT OF ARIZONA - 38 W. DUNLAP - PHOENIX, ARIZONA, PHILIPPINES 85021	86-0191627	501(C)(3)	5,150.	0.			MEDICAL
KING OF KINGS SKATEBOARD MINISTRIES - 4960 S. GILBET RD STE I-511 - CHANDLER, AZ 85249	71-0999102	501(C)(3)	30,000.	0.			RELIGIOUS
PATEMAN-AKIN-AVERY-KACHINA FOUNDATION - 340 E. PALM LANE STE 300 - PHOENIX, AZ 85004	23-7057659	501(C)(3)	5,000.	0.			SOCIAL
SOUTHWEST BAPTIST CONFERENCE 14255 DANIELSON POWET, CA 92064	95-1921158	501(C)(3)	10,000.	0.			RELIGIOUS

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

6.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

\_\_\_\_\_

[illegible]

<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.
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SCHEDULE I, PART I, LINE 2: GENERALLY, THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT INC REQUESTS WRITTEN RESPONSES FROM THE RECIPIENTS DESCRIBING HOW THEY INTEND TO USE THE FUNDS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization** THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC

**Employer identification number**  
86-0857725

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |                                                              |                                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009



THE AMERICAN FOUNDATION FOR CHARITABLE

SUPPORT, INC

86-0857725

Page 2

Schedule J (Form 990) 2009

**Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BENSON L. SCHAUB	(i)	0.	0.	0.	0.		0.
	(ii)	0.	0.	0.	0.		0.
	(i)						
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THE AMERICAN FOUNDATION FOR CHARITABLE

SUPPORT, INC

86-0857725

Page 3

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BENSON L. SCHAUB IS THE SOLE MEMBER OF FOUNDATION SERVICES OF AMERICA, LLC, AND INVESTMENT ADVISORS, LLC. BOTH OF THESE ENTITIES HAVE CONTRACTS TO PROVIDE SERVICES TO ORGANIZATIONS RELATED TO THIS ENTITY. THE NET INCOME FROM THESE LLCs, \$317,689, IS REPORTED IN COLUMN F, OF SECTION A, OF PART VII, OF FORM 990, AS BENSON L. SCHAUB'S COMPENSATION FROM RELATED ORGANIZATIONS. NO COMPENSATION WAS PAID BY AMERICAN FOUNDATION FOR CHARITABLE SUPPORT INC. IN 2009.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization **THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**

Employer identification number  
**86-0857725**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$ \_\_\_\_\_  
▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
MILLENIUM OPPORTU	X		1,261,550.	693,852.		X	X		X	
<b>Total</b>				▶ \$ 693,852.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BENSON L SCHAUB	BENSON L SCHAUB IS	1,091,290.	FOUNDATION		X
BENSON L SCHAUB	BENSON L SCHAUB IS	145,862.	INVESTMENT		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the  
Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public  
Inspection

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

Name of the organization **THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT, INC** Employer identification number **86-0857725**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	7,500,000.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	2	99,427.	ESTIMATED FMV
12 Securities - Miscellaneous	X	1	166,000.	FACE AMT OF NOTE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC

Employer identification number  
86-0857725

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION STATEMENT

OUR MISSION IS TO PROMOTE AND FACILITATE THE PRIVATIZATION OF  
PHILANTHROPY, AND HELP CHARITIES BECOME MORE EFFECTIVE AND SUCCESSFUL.

1. WHAT WE MEAN BY PRIVATIZATION OF PHILANTHROPY. PRIVATIZATION OF  
PHILANTHROPY MEANS CREATING ENDOWMENTS OR FAMILY FOUNDATIONS WHERE  
THERE IS ONGOING DONOR (OR DONOR FAMILY) INVOLVEMENT AND DIRECTION OVER  
CHARITABLE GRANT MAKING.

2. ACHIEVING OUR MISSION. WE ACHIEVE OUR MISSION BY CREATING  
INDIVIDUAL, FAMILY, AND CORPORATE FOUNDATIONS, MOSTLY IN THE MORE  
ADVANTAGEOUS PUBLIC CHARITY SETTING, WHERE INDIVIDUALS, FAMILY MEMBERS,  
AND CORPORATE EXECUTIVES RETAIN THE ONGOING DIRECTION OVER CHARITABLE  
DISTRIBUTIONS.

3. RESULTS OF OUR MISSION. OUR MISSION AND EFFORTS WILL RESULT IN THE  
CREATION OF VAST AMOUNTS OF NEW AND MORE EFFECTIVE PHILANTHROPY.

WE ARE DEVELOPING NEW CHARITABLE PROGRAMS DESIGNED TO HELP CHARITIES  
IMPROVE THEIR GOVERNANCE STRUCTURE, HUMAN RESOURCES

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EFFECTIVE PHILANTHROPY. INCLUDED IN THESE COSTS ARE ADMINISTRATION  
EXPENSES (WHICH INCLUDE ON-GOING TRUST ADMINISTRATION COSTS OF  
INDIVIDUAL FAMILY FOUNDATIONS AND CHARITABLE REMAINDER TRUSTS),

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
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PRINTING EXPENSES, TRAVEL AND PROMOTIONAL EXPENSES, POSTAGE, SOFTWARE,  
SUPPLIES, OUT-SOURCING COSTS AND COSTS INCURRED IN ASSISTING OTHER  
CHARITIES.

OTHER PROGRAM SERVICES

1) SEMINARS AND PRESENTATIONS TO THE PUBLIC AND TO FINANCIAL PLANNERS  
AND OTHER PROFESSIONALS (THAT CAN FACILITATE PHILANTHROPY) IN NUMEROUS  
CITIES THROUGHOUT THE UNITED STATES. SOME OF THE CITIES INCLUDE NEW  
YORK, LOS ANGELES, SALT LAKE CITY, HONOLULU, DETROIT, SEATTLE, ATLANTA,  
AND ALBUQUERQUE AS WELL AS MANY OTHERS.

2) DEVELOPING AFFILIATIONS AND JOINT VENTURES WITH PROFESSIONALS IN  
VARIOUS STATES AND CITIES NATIONWIDE. THESE JOINT VENTURES PROVIDE THE  
PROFESSIONALS INCREASED INCENTIVES TO HELP CREATE MORE FAMILY AND  
CORPORATE FOUNDATIONS

3) CURRENTLY FORMING SUBSIDIARY FOUNDATIONS IN SEVERAL STATES AS A  
PRELUDE TO EXPANDING THIS FORMAT TO MOST EVERY STATE.

4) CURRENTLY FACILITATING THE CREATION OF CO-OPS THAT WILL PROMOTE  
DONATIONS AND FUNDING FOR THESE

FORM 990, PART VI, SECTION A, LINE 2: ADAM RIDING AND BENSON S SCHAUB  
HAVE A FAMILY RELATIONSHIP

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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SUPPORT, INC

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86-0857725

FORM 990, PART VI, SECTION A, LINE 3: FOUNDATION SERVICES OF AMERICA  
PROVIDES MANAGEMENT SERVICES TO THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE AMERICAN FOUNDATION INC.  
APPOINTS THE DIRECTORS FOR THIS ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION'S TAX RETURN IS  
REVIEWED BY SENIOR ACCOUNTING STAFF PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON  
REQUEST.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MILLENIUM OPPORTUNITIES LP

(A) PURPOSE OF LOAN: ACQUIRE STOCK OF FOUNDATION PLANNERS OF AMERICA, INC.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BENSON L SCHAUB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BENSON L SCHAUB IS A FAMILY MEMBER TO BOTH BENSON S SCHAUB AND ADAM RIDING

(D) DESCRIPTION OF TRANSACTION: FOUNDATION SERVICES OF AMERICA, LLC

ENTERED INTO AN AGREEMENT WITH AMERICAN FOUNDATION FOR CHARITABLE

SUPPORT, INC WHEREBY FOUNDATION SERVICES OF AMERICA WOULD FURNISH

MARKETING, ADMINISTRATIVE AND OTHER SERVICES TO THE AMERICAN FOUNDATION

FOR CHARITABLE SUPPORT INC. IN RETURN FOR THESE SERVICES FOUNDATION

SERVICES WOULD RECEIVE A FEE FOR THE SERVICES AND CERTAIN OTHER PAYMENTS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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FROM THE FOUNDATION INTENDED TO COVER PAYROLL EXPENSES DIRECTLY RELATED  
TO SERVICES TO THE FOUNDATION AND REIMBURSEMENT FOR CERTAIN OTHER  
EXPENSES RELATING TO THE FOUNDATION.

IN THIS REGARD FOUNDATION SERVICES OF AMERICA INCURRED PAYROLL COSTS FOR  
THOSE EMPLOYEES LISTED IN PART VII AND OTHER EMPLOYEES OF THE LLC  
PROVIDING SERVICES TO THE FOUNDATION AND OTHER REIMBURSED EXPENSES FOR  
MARKETING AND OTHER EXPENSES ON BEHALF OF THE FOUNDATION IN THE AMOUNT OF  
\$401,574. THESE PAYMENTS OF \$401,574 ARE REPORTED AS PROGRAM COSTS BY  
THE FOUNDATION.

(A) NAME OF PERSON: BENSON L SCHAUB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BENSON L SCHAUB IS A FAMILY MEMBER TO BOTH BENSON S SCHAUB AND ADAM RIDING

(D) DESCRIPTION OF TRANSACTION: INVESTMENT ADVISORS, LLC, CONTRACTED

WITH THE FOUNDATION TO PROVIDE INVESTMENT SERVICES TO THE FOUNDATION.

COMPENSATION PAID TO INVESTMENT ADVISORS IS BASED ON THE VALUE OF THE  
INVESTMENTS MANAGED BY THE LLC.



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

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Name of the organization

**THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT, INC**

Employer identification number  
**86-0857725**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AF HOLDINGS, LLC - 55-0803945 4518 N. 32ND ST. PHOENIX, AZ 85018	HOLDING TITLE TO REAL ESTATE RECEIVED AS A CONTRIBUTION TO THE	ARIZONA	0.	0.	AMERICAN FOUNDATION FOR CHARITABLE SUPPORT INC.

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN SUPPORT FOUNDATION TRUST - 94-2832530, 4518 N. 32ND ST., PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	ARIZONA	501 (C) (3)	PF	AMERICAN FOUNDATION, INC
AMERICAN FOUNDATION OF UTAH - 20-5823039 4518 N. 32ND ST. PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	UTAH	501 (C) (3)	509 (A) (3) TYPE 1	AMERICAN FOUNDATION, INC
BENLEI FOUNDATION GIFT ANNUITY - 86-6181471 4518 N. 32ND ST. PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	ARIZONA	501 (C) (3)	509 (A) (3) TYPE 1	BENLEI FOUNDATION
THE USA FOUNDATION - 74-6372579 4518 N. 32ND ST. PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	ARIZONA	501 (C) (3)	509 (A) (3) TYPE 1	AMERICAN FOUNDATION, INC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

## Schedule

**part iii** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

## Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
JORDANELLE THIRD MORTGAGE LLC										
- 86-0891984, 4518 NORTH 32ND										
ST., PHOENIX, AZ 85018	INVESTMENTS	AZ		INVESTMENT	<767,228.	302,089.		X	39,228.	X
JORDANELLE MORTGAGE LLC -										
86-0855386, 4518 NORTH 32ND										
ST., PHOENIX, AZ 85018	INVESTMENTS	AZ		INVESTMENT	<1306632.	514,372.		X	66,808.	X
AFCS INCOME LLC - 20-2532880										
4518 NORTH 32ND ST.										
PHOENIX, AZ 85018	INVESTMENTS	AZ		INVESTMENT	<235,952.	624,221.		X	N/A	X
CLIFFS MORTGAGE LLC -										
86-0748836, 4518 NORTH 32ND										
ST., PHOENIX, AZ 85018	INVESTMENTS	AZ		INVESTMENT	0.	33,602.		X	N/A	X

**PART IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

THE AMERICAN FOUNDATION FOR CHARITABLE

86-0857725 Page 3

Schedule R (Form 990) 2009 SUPPORT, INC

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) FOUNDATION PLANNERS OF AMERICA, INC.	R	20,000.
(2)		
(3)		
(4)		
(5)		
(6)		



**Part II Continuation of Identification of Related Tax-Exempt Organizations**

[illegible]

### Part III

[illegible]