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SCANNED DEC 1 5 2010

Form **990**

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)

20**09**

Department of the Treasur Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

	For th	ne 2009 ca	alendar	year, or ta	x year begir	nning Jul	v 1 .	2009, and en	ding	Jur	ne 30	, 20 10	
		applicable.				he Foundation				nc.	D Emplo	yer identification	number
_		change	use IRS label or	Doing Bu	ısıness As Th	e American TFF	, America	Needs Fatin	na		23	73257	78
_	Vame c	•	print or			box if mall is not deliver			√suite		E Teleph	one number	
_	nitial re		∕type. See	P.O. Bo							(785)	548-620	88
_	Termina		Specific Instruc-	City or to	own, state or co	ountry, and ZiP + 4		•					
		ed return	tions.		e, KS 6653						G Gross re	ecelpts \$ 7,4	58,003
		on pending	F Nam	ne and addr	ess of principal	officer: Raymon	nd E. Drak	-		H(a) is this	a group return	o for affiliates? Yes	√ No
			•			Grove, PA 173						included? Tyes	
1	Tax-ex	empt status	s: 🔽 5	01(c) (3)	(Insert no.)	4947(a)(1) or	527]			list. (see Instruction	
					pstudenact					H(c) Group	exemption nu		
		organization:	Corpo	ration L Tr	ust 🗀 Associati	on ☐ Other ►		L Year of form	nation:	1973	M State o	f legal domicile: N	IY
Pa	art I	Summ											
	1	Briefly de	escribe	the organ	nization's mi	ssion or most s	ignificant a	ctivities: To	furth	er the va	lues of C	hristian Civili	zation
ģ						ition, family and							
ang						the corporation	organize	d over 4,200	Publi	c Sguar	Rosary	Rallies for	
Ē				ober, 200							·		
Activities & Governance						ontinued its operation			25% of	its net ass		I	•
∞8						overning body (F					. 3		<u>6</u>
ties	1				_	oers of the gove	- •	-	1b)		. 4		2
ξį	3				es (Part V, I	•					. 6	_	63
ĕ					•	if necessary)					· 7a		<u>45</u>
						ue from Part VIII ne from Form 99					. 7a		<u>0</u>
		ider mile	iateu bi	25111055 16	Mable IIICOII	10 IIOIII I OIIII 95	10-1, III 10 O	7 	. T	Prior Ye		Current Ye	<u> </u>
		Cantulbu	an	al aranta	(Dort VIII III	aa 1h\			-		900,636		26,371
ē				-	(Part VIII, III	ne 1h)			\cdot	<u> </u>	32,530		34,289
Revenue						(A), lines 3, 4, a				-	20,377		10,318
æ						lines 5, 6d, 8c, 9					207,759		47,718
						must equal Part					161,302		18,696
	13	Grants a	nd simil	lar amour	nts paid (Pa	t IX, column (A)	. lines 1-3)				414,985		41,240
	14 Benefits paid to or for members (Part IX, column (A), I										0		0
Expenses	l .		•		•	benefits (Part IX), lines 5–10)		1,	390,097	1,4	90,104
pen						column (A), line			<u> </u>		267,023	2	24,198
ठ	b	Total fund	draising	expenses	(Part IXpo	tympt(1), line(26)	F	1,254,544	. (Six "	場では	建筑	変数の変数を	HURL
	17	Other ex	penses	(Part IX,	dolu <u>mn (A),</u>	lines 11a-11d,	11f-24f)				484,964	4,9	96,520
	18	Total exp	enses.	Add lines	s 13-17 (mu	st equal Part IX	, c 6)) mn (4	N), line 25).		· · · · · · · · · · · · · · · · · · ·	557,069		52,062
	19	Revenue	less exp	oenses. S	nptkact liuteO	from line 12	.∤ŏ	· · · · ·			604,233		66,634
Assets or Balances						, = 0 2010	ပ္လြ		Beg	inning of C		End of Ye	
sse(Bala	20	Total ass	ets (Pa	rt X, line	16)		뉘ᄠ(·		396,841		44,309
a t	21	Total llab	oilities (F	Part X, lin	e 26) UG	DEN, UT	٠ ٠ ام		•		245,277		69,710
2 [rt II	Net asse	ature l	no balano	ces. Subtrac	t line 21 from li	10 20	· · · · ·		5,	151,564	5,4	74,599
1.6					clare that I hav	e examined this retu	rn. including a	ccompanying sci	hedules	and stater	nents, and t	o the best of my k	nowledne
		and belie	f, it is true	e, correct, a	nd complete. C	eclaration of prepar	er (other than	officer) is based	on all i	nformation	of which pr	eparer has any kn	owledge.
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_He		Sign.	ature of o	fficer——	<u> </u>	ign i				Dat	• // • //	/	
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		Туре	or print	name and ti	tle				7	_			
-		Preparer'	s	At all			`	Date	Check	ıf		dentifying number	
Paid	i	signature		K(N)	him C		حلا	اسلماما	self- emplo	yed ▶ 🔲	(see instruc	tions)	
	oarer's	l			- my	10 00 42	, - 	11110111	<u> </u>				
	Only	Firm's na		ours _	Deloitte Tax					EIN	•		
		address,	and ZIP		Omaha, NE	Street, Suite 3100 68102				Phone n	o. ► ()	
Ma	y the	IRS discu	uss this	return v	86-1065772		(see in:	structions)	<u> </u>	<u></u>	<u> </u>	. Yes	No

Par	t III Statement of Program Service Accomplishments
1	Bnefly describe the organization's mission: This society is a civic, cultural and nonpartison organization which, inspired by the traditional teachings of the Supreme Magisterium of the Roman Catholic Church, works in a legal and peaceful manner in the realm of ideas to defend and promote the principles of private ownership, family and perennial Christian values with their twofold function: individual and social.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	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?
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.
4 a	(Code:) (Expenses \$1,756,098 including grants of \$0) (Revenue \$160,980) Direct Mail: America Needs Fatima was the Foundation's main direct mail campaign this year. It's goal is to spread the Fatima message of prayer and conversion throughout America. This year, an estimated total of 1.3 million letters were sent to current America Needs Fatima campaign members in a total of 16 mailings. As part of the direct mail outreach, 145,000 devotional Fatima calendars, 80,000 booklets Exposing Socialism: The Errors of Russia, and 90,000 novenas to St. Therese were mailed. Also, 35,000 letters were sent to ANF members asking them to protest the blasphemous production: The Most Fabulous Story Every Told. Crusade magazine is mailed six times a year to approximately 90,000 people. America Needs Fatima distributed 1.8 million pictures of Our Lady of Fatima as part of its effort to enthrone Mary in Every Home.
4b	(Code:) (Expenses \$ 1,002,086 including grants of \$ 13,572) (Revenue \$ 75,213) Publications – The Foundation continued publishing its bi-monthly magazine, Crusade, which is sent to an average of 90,000 people. The Foundation published a new biography on Col. John W. Ripley titled: An American Knight: The Life of Colonel John W. Ripley, USMC. A total of 15,187 books related to the furtherance of the values of Christian civilization were distributed during the fiscal year. The statement "Is it Fair that the Innocent Pay for Guilty?" which defends the Catholic Church from attacks from pressure groups was published in The New Haven Register, The Hartford Courant, The Appleton Post, and The Green Bay Gazette. Also, the Foundation continued to maintain three websites: the TFP site, ww.tfp.org, the America Needs Fatima site, www.anf.org, and the TFP student action website, www.tfpstudentaction.org. These sites received an estimated one million visitors during the fiscal year. Generally one article or position paper is published each week on the TFP site. The two other sites publish information about the activities of each campaign.
4c	(Code:) (Expenses \$ 610,022 including grants of \$ 0) (Revenue \$ 131,402) Dissemination of Ideas: Personal contact with interested individuals and organizations continues to be an important way of furthering the values of Christian civilization. This personal contact continues to be done throughout the United States. The FCC operates four offices for this purpose: in Spring Grove, PA, McLean, VA; Park Ridge, IL; and Long Beach, CA. The Foundation also distributed a total of 115,391 religious articles, including statues, rosaries, crucifixes, Miraculous Medals, Consecration cards, First Saturday pledges, and devotional audio CD's. FCC representatives gave 1,886 presentations on the message of Our Lady at Fatima in homes, schools, and nursing homes. An estimated 20,000 people attended a Fatima presentation last year.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 2,111,930 including grants of \$ 314,293) (Revenue \$ 33,896) Total program service expenses \$ 5,490,137

Par	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)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	,	1
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? If "Yes,"	6		1
7	complete Schedule D, Part I	7	:	√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	74 m. 1		* * * * * * * * * * * * * * * * * * * *
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		1 D	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			* +
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	No.	1	12
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	* ↑	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	1	/
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? If "Yes," complete Schedule F, Part I	14b	1	
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? If "Yes," complete Schedule F, Part II.	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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? If "Yes," complete Schedule G, Part I	17	1	
-18	-Did-the-organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	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? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		-
27 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		. ✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	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? If "Yes," complete Schedule L, Part II	26		1
27	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? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	4.1		ì
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	1	
	Schedule L, Part IV	28b	✓	
С	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? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
00	_ and_that_is_treated_as_a_partnership_for_federal_income_tax_purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ng f	,	
	U.S. Information Returns Enter -0- if not applicable	44	,-	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	ب يوسي	4-	•
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		<u> </u>	
	gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		a "	-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 67		<u></u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		~ 1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)		,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		√
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.		a frage	20 20 A
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD L		£
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		აგეუკ# ი და	ani - 58g v.∵√.~
ű	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		√
	If "Yes," indicate the number of Forms 8282 filed during the year		ة موسي تو	£ 4
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u></u> 7е	- K Per	المستعدة ا
	benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
••	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	، گر <u>ي</u> نيا ا	**************************************	34.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	شنتا	#£,*:	<u> </u>
	organization, have excess business holdings at any time during the year?	8	.~.	e . =13
9	Sponsoring organizations maintaining donor advised funds.	4	Ĥ.,	المنتفذ
a	Did the organization make any taxable distributions under section 4966?	9a 9b		-
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	***		
10	Section 501(c)(7) organizations. Enter:	3234	2	2 :
	Initiation fees and capital contributions included on Part VIII, line 12	e villagia. Ma s		Z
—ט− 11	Section 501(c)(12) organizations. Enter:		- 84,6° /	,
	Gross income from members or shareholders	- F	Trak.	
	Gross income from other sources (Do not net amounts due or paid to other sources against	45.3	₹.ĕ., `	ي وأس أ
	amounts due or received from them.)	, 1880 t	ستشد	1 m
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	-
D.	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	L~	1 %	1 - 721 - 1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a			A.J. Mary	2.00
b	Enter the number of voting members that are independent		êj-, 'g ∳	*
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			أتعوث
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		-
6	Does the organization have members or stockholders?	6	-	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	
	of the governing body?	7a	-	_
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		- Jr. 1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			r.So
	the year by the following:		7	
-	The governing body?	8a 8b	1	_
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	OD	V	<u> </u>
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation			
	enue Code.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	1	L
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Tige.	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			ŀ
	rise to conflicts?	12b		✓
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١,	
	describe in Schedule O how this is done	12c	√	<u> </u>
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	√	্রুল ১৭
15	Did the process for determining compensation of the following persons include a review and approval by		ا پینیا	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	S'LEBERT	ar in	
а	The organization's CEO, Executive Director, or top management official	15a		V
b	Other officers or key employees of the organization	15b	era.	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		
	with a taxable entity during the year?	10a	,5 Mg.	250
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	74 TEX	, î ¥	1 in 1
	the organization's exempt status with respect to such arrangements?	16b	Lastinion	1114616.4
Sec	tion C. Disclosure	,,,,,		
	List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O for the list of	state	s.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)			
	available for public inspection. Indicate how you make these available Check all that apply.	دردررد	Or ity)	
	☐ 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 int	erect	
. 3	policy, and financial statements available to the public.	J. 1111	oi col	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords o	f the	
	organization: ► Catherine E. Slobodnik, 426 Main St., Rossville, KS 66533 (785) 584-6268			

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 co	mpensate	any c	curre	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Raymond E. Drake, President and Director			-			ä	┢	_	_	
		1		1				0	0	0
John W. Horvat, Vice-President and Director		1		1				0	0	0
Luiz A. Fragelli, Director		1	-					55,662	0	0
Gary J. Isbell, Director		1	1					36,952	0	0
C. Preston Noell, III, Director		1						0	0	0
Robert E. Ritchie, Director		1						28,875	0	0
Benjamin A. Hiegert, Secretary-Treasurer				1				40,540	0	0
			-	-	F					

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	an	d Higl	hes	Compensate	d Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		"	8			satec				
								:		
										,
							_			
										_
	-									-
					<u>.</u>					
1b Total	not limited	to th		liet	<u>.</u>	ahovo	>	162,028	ore than \$100 ()00 in
reportable compensation from the organiz		to th	036	IIO	eu a	above	<i>5)</i> VV	no received in	ore than proof	300 III
3 Did the organization list any former office employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	vidu	ual				Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual.	sum of rep greater tha	ortablan \$1	le c 50,0	omp 0003	oen: ? If '	sation "Yes,"	n an ' co	d other compe mplete Schedu	ensation from ule J for such	4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com plete	pen Sch	satı edu	on <i>ile</i> .	from <i>I for s</i>	any such	unrelated org person	anization for	5
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	ende	ent (contra	acto	rs that receive	d more than \$	100,000 of
(A) Name and business ad							_	(B) Description of s	services	(C) Compensation
Oblon, Spivak, McClelland, Maier and Neusta 1940 Duke St., Alexandria, Virginia 22314	adt, LLP						le	gal services		170,867
DMW Worldwide, LLC, 36 Cordage Park Cir.,	Ste. 225 P	lymo	uth	, M	A 02	2360	fu	ndraising con	sultant	225,075
Donor Care Center, Inc.										
480 West Tuscarawas Ave., 3rd Fl., Barberto								lemarketing fu		157,296
2 Total number of independent contractors (to	tnose	ııst	ed above) who	received	

Form 9	90 (20	009)							Page 9
Part	VIII	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns		1a	0				
gra	ь	Membership dues		1b	0				
is, i	С	Fundraising events		1c	0				
giff Iar	d	Related organizations		1d	0				
ns,	e	Government grants (contri	butions).	1e	0				
utio er s	f	All other contributions, gifts, o	grants,			•		-	
rib oth		and similar amounts not inclu		1f	7,026,371				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions include	ed in lines 1a-1	f: \$			~		
	h	Total. Add lines 1a-1f	· · · ·			7,026,371		. "	, ,
an.		0-1			Business Code				
e e	2a	Sales of Prints and C			511190	311	311	0	0
æ	b	Seminar Registration			900099	33,896	33,896	0	0
Ž	С	Commissions web re	rerrais		900099	82	82	0	0
Se	d								
Program Service Revenue	e	All other program servi	CA PAVARUA						
Prog	q	Total. Add lines 2a–2f			•	34,288		\$, """, ,	~
	Ť					34,200	,	<u>.</u>	<i>*</i>
	3	Investment income (incother similar amounts)				13,361	o	0	13,361
	4	Income from investment of				0	0	0	0
	5	-				0	0	0	0
		•	(i) Real		(ii) Personal	Jan y To	_ ~ _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2g	1 42.
	6a	Gross Rents		50	0	, , , , , , , , , , , , , , , , , , ,	٠ , يشي ريف , ج	jana sija a a	
		Less: rental expenses		0	0				
		Rental income or (loss)		50	0				
	d	Net rental income or (lo	oss) .		<u> ▶</u>	50	0	0	50
	7a	Gross amount from sales of	(i) Securitie		(ii) Other		~ ·		
		assets other than inventory		493	9825		Dar : 1-1-1		
	ь	Less, cost or other basis					Jan. 1		~m
		and sales expenses .	ļ	508	12852	~ . ·	2321- · · · · ·	ο ² ,	z= -r
	1 .	Gain or (loss)		(15)	(3,028)	(2.042)	0	0	(2.042)
4.	d	Net gain or (loss)			<u> ▶</u>	(3,043)	· · · · · · · · · · · · · · · · · · ·		(3,043)
venue	8a	Gross income from	fundraisii					1 2 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u> </u>		events (not including \$				11 to 18 -21 -19	* * * * * * * * * * * * * * * * * * *	* -y- 4, % ~ 1	1 4 2 4 1
æ		of contributions reported See Part IV, line 18	a on line li	c).	o	1	,* A ,		. 2. 2
Other Re	h	Less direct expenses		· a b	0	·, , , ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		~ · · · ·	
₹		Net income or (loss) from			vents . ►	0	0	0	0
		Gross income from gam		-		,	, .		¥
	Ja	See Part IV, line 19			0	~ ÷ ∴	, , , , , , , , , , , , , , , , , , ,	23 % ₄ 2 %	
	b	Less: direct expenses.			0	ε,	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>		
	C	Net income or (loss) from	om gaming	activ	ities 🕨	0	0	0	0
	10a	Gross sales of inve	entory, le:	ss		74 5		~ .	-
	-	returns and allowances		. а	217,985	1 4 1 -			
		Less cost of goods so							ļ
	C	Net income or (loss) from Miscellaneous-Rev		nvente		78,678	78,678	0	0_
	4.5	D M 11 1 4 504 -			Business Code	400,000			160 090
	11a	Insurance Proceeds	,, org.		532000	160,980 6,384	0	0	160,980 6,384
	þ	Credit Card Rewards			900099		0	0	
	C				300033	1,626	- 0		1,626
		All other revenue				168,990	^	1	* **
	12 12	Total. Add lines 11a-1 Total revenue. See ins				7,318,696	1	0	213,647
	1		- a a o a o a o a o a o a	<u> </u>	· · · · ·	1,510,090	1 12,307	. 0	213,047

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu		1	olete columns (B), (
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	150,902	150,902	-	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,838	1,838		
3	Grants and other assistance to governments,			,	•
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	188,500	188,500		* ,
4	Benefits paid to or for members	0	0	. 4	
5	Compensation of current officers, directors, trustees, and key employees	162,028	127,893	15,041	19,094
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	198,557	156,708	18,437	23,412
7	Other salanes and wages	1,011,828	798,832	93,821	119,175
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	o	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	117,690	92,920	10,894	13,877
11	Fees for services (non-employees):				
а	Management	0	0	0	0
þ	Legal	176,559 35,257	172,138 0	4,421 35,257	0
	Accounting	0	0	0	0
	Lobbying	224,198	£7 _5 %	2	224,198
f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0
	Other	11,141	10,760	76	304
12	Advertising and promotion	53,442	50,785	2,425	233
13	Office expenses	217,919	184,073	9,413	24,432
14	Information technology	116,317	101,642	3,344	11,331
15	Royalties	0 348,753	0	16 740	22.204
16	Occupancy	374,859	308,812 341,243	16,740 15,532	23,201 18,084
17	Travel	374,039	341,243	15,552	10,004
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	o	o	0	0
19	Conferences, conventions, and meetings .	54,599	54,538	60	1
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	240,631	186,858	34,535	19,237
23	Insurance	43,487	18,441	23,840	1,206
24	Other expenses. Itemize expenses not			~ 3 7	-
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed	₩ 5 F		2 (# / · · ·
	5% of total expenses shown on line 25 below.)	, # , , , ,	, ,		£ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
а	Printing Expenses	1,090,194	868,221	1,279	220,694
b	Postage and Shipping	1,246,678	906,598	5,124	334,956
с	Mass Mailing-Services	524,965	446,212	0	78,753
d	Consumables	158,878	139,732	6,779	12,367
е	Bank Fees	103,242	20,941	466	81,835
f	All other expenses Misc. Expenses	199,599	151,548	19,896	28,155
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► ✓ if following	7,052,062	5,480,137	317,381	1,254,544
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	2,279,879	2,035,194		244,685

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	40,322	1	85,508
	2	Savings and temporary cash investments	1,715,683	2	1,698,923
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	28,218	4	15,290
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of	and the second		
		Schedule L	917	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		٠,	
		Part II of Schedule L	69	6	114
ž	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventones for sale or use	477,441	8	430,057
₹	9	Prepaid expenses and deferred charges	232,150	9	195,295
	10a	Land, buildings, and equipment: cost or 10a 3,083,513 other basis. Complete Part VI of Schedule D		, , ,	
	b	Less: accumulated depreciation 10b 1,238,365	1,749,485	10c	1,845,147
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	1,152,557	15	1,473,973
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,396,841	16	5,744,309
	17	Accounts payable and accrued expenses	167,839	17	238,850
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities		20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	37,122	23	0
ı	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	40,317	25	30,861
	26	Total liabilities. Add lines 17 through 25	245,277	26	269,710
ces		Organizations that follow SFAS 117, check here ▶		در آوڙي ڪن ن	
lan	27	Unrestricted net assets	10,595,463		14,017,290
Ва	28	Temporarily restricted net assets	(5,438,909)	28	(8,543,045)
힏	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		<u>}</u> (2 1 1 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1	de de la companie de La companie de la co
2	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	5,151,564	-	5,474,599
	~	Total liabilities and net assets/fund balances	5,396,841		5,744,309

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	,		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O.		<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b	\	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			,
	Schedule O.	± 5,	2- 17	Ę
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	3 42 3	(mg/m t	120
	issued on a consolidated basis, separate basis, or both:	3.	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		****	<u></u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number 7325778 The Foundation for a Christian Civilization, Inc. 23 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % 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%% 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). 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. c Type III-Functionally integrated **b** Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support governing document above or IRC section col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes No No No 77.2 8.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (e) 2009 (a) 2005 (d) 2008 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 6,083,951 6,416,310 7,194,660 6,900,636 7,026,371 33,621,928 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 n n O n n organization without charge 6,416,310 7,194,660 6,900,636 7,026,371 33,621,929 6,083,951 Total. Add lines 1 through 3 . . . ैंं - ब्रे de laro de la ž 1. E. E. The portion of total contributions by each # ~ T 激囊人 person (other than a governmental unit or 文)境 " 1338.F. ~g. . publicly supported organization) included 3943 wdift. 1 - V on line 1 that exceeds 2% of the amount 25.3 (2) 20 mg (前) (前) (動) (動) (動) (動) (動) (動) 1,208,124 shown on line 11, column (f) 1. 1. 1. 1. Public support. Subtract line 5 from line 4. 32,413,805 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 33,621,929 6,083,951 6,416,310 7,194,660 6,900,636 7,026,371 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 28,119 58,874 56,523 20,965 13,411 177,892 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) The state of 33,799,821 11 Total support. Add lines 7 through 10 . 1.324.726 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 95.90 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 95.48 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/2 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/2 % or more, check this box b 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions > 18

Sched	dule A (Form 990 or 990-EZ) 2009						Page
	Support Schedule for Orga (Complete only if you check)(2)		-
Sec	tion A. Public Support	ed the box o	i lille 9 OI Fa	11.)			
_	llendar 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.")						<u>-</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	:					
3	Gross receipts from activities that are not an unrelated trade or business under section 513					_	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	A. A. W. A. Z. 20	22 15 stu 2~ 0	nazásozáti (sá	7 1-84 W.N.		
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		<u>. </u>				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less						

section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11,

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14

14	First live years. If the Form 990 is for the organization's first, second, time, found, or mit tax ye	aı c	ıs a	3600001	301(0)(3)
	organization, check this box and stop here				<u>► l</u>
Sec	tion C. Computation of Public Support Percentage				
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15			%

Public support-percentage-from-2008-Schedule A, Part-III, line 15 Section D. Computation of Investment Income Percentage

	The state of the s		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a	331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line	,
	17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	٠

331/2 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/2 %, and line 18 is not more than 33%%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

16

Schedule A (Fo	orm 990 or 990-E	Z) 200	9																	Pa	ge 4
	Suppleme Part II, line			rma 7b:	tion. and	. Cor Part	nplet	e this	s pa	irt to	prov	ide the	e exp	olanat	ions I	equire	ed b	oy P	art II,	line 1	0;
				,							<u> </u>	<u>,</u>								<u> </u>	<u> </u>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

| 2009

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

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

Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number The Foundation for a Christian Civilization, Inc. 7325778 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (c) EIN (b) Address (d) Amount paid from (e) Amount of political contributions received and filing organization's funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-

Pa	ert II-A Complete if the organizat under section 501(h)).	ion is exempt under section 501(c)(3) and	I filed Form 5768	(election
A	Check ▶ ☐ if the filing organization	belongs to an affiliated group.		
В	Check ► ☐ if the filing organization	checked box A and "limited control" provisi	ions apply.	
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)	9,976	0
Ł	Total lobbying expenditures to influence		634	0
	Total lobbying expenditures (add lines		10,610	0
c	Other exempt purpose expenditures	•	7,091,362	0
•	Total exempt purpose expenditures (ac		7,101,972	0
f		e amount from the following table in both		
	columns.		505,099	505,099
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	- 12 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		agia gatida A
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		والإنجاب والمنابع والمنابع والمناب
	Over \$17,000,000	\$1,000,000		1 - 1 1 Think to 1
ç	Grassroots nontaxable amount (enter 2	25% of line 1f)	126,275	0
ł	Subtract line 1g from line 1a. If zero of	r less, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or	less, enter -0	0	. 0
j	If there is an amount other than zero or section 4911 tax for this year?	either line 1h or line 1i, did the organization file F	orm 4720 reporting	☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lob	bying Expenditure	s During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	450,508	504,991	471,050	505,099	1,931,648
b Lobbying ceiling amount (150% of line 2a, column (e))					2,897,472
c Total lobbying expenditures	3,659	2,024	589	10,610	16,881
d Grassroots nontaxable amount	112,627	126,248	117,763	126,275	482,913
e Grassroots ceiling amount (150% of line 2d, column (e))					724,369
f Grassroots lobbying expenditures	3,659	2,024	0	9,976	15,659

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).	(a	1	(b)
		Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	· ,		
b	Volunteers?			
d	Media advertisements?			
f	Grants to other organizations for lobbying purposes?			
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . Other activities? If "Yes," describe in Part IV	~ · · · ·	1	
2a	Total. Add lines 1c through 1i		~4.	
С	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	t III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)((5), o	r section
2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		•	Yes No
	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-"Yes."	1(c)((5), o	r section
1	Dues, assessments and similar amounts from members		1_	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	ical	2a	
	Current year	•	2b	
	Total	•	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the		
5	and political expenditure next year?	•	5	
	t IV Supplemental Information	•		1
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, li complete this part for any additional information.	ne 5;	; and	Part II-B, line 1i.

Schedule C (Fo	orm 990 or 990-EZ) 2009	Page 4
	Supplemental Information (continued)	
•••••		
	••••••	,
••••		
		• • • • • • • • • • • • • • • • • • • •
		
••••		

SCHEDULE D (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number The Foundation for a Christian Civilization, Inc. 23 : 7325778 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 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 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 SEAS_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 \$ 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:

Assets included in Form 990, Part X .

Par	Organizations Maintaini	ng Collections	of Art, Hi	storica	il Treasures,	or Ot	ther Similar	Assets (c	ontinu	ıed)
3	Using the organization's acquisition collection items (check all that apply		other recor	ds, che	eck any of the	follow	ing that are a	signıfıcan	t use c	of its
а	Public exhibition		d	<u></u> ι	oan or exchar	nge pr	ograms			
b	Scholarly research		е		Other					
С	Preservation for future generat	tions								
4	Provide a description of the organiz Part XIV.	ation's collections	s and expl	aın hov	v they further t	the or	ganizatıon's e	xempt pu	rpose	ın
5	During the year, did the organization sassets to be sold to raise funds rathe	solicit or receive do	onations of ained as pa	art, his art of th	torical treasure e organization's	s, or c s colle	other similar ction?	. 🗆 Y	es [] No
Par	t IV Escrow and Custodial A IV, line 9, or reported an					swer	ed "Yes" to F	orm 990,	Part	
	Is the organization an agent, trusted included on Form 990, Part X?								es 🗆] No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followi	ng table:					
							ļ	Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a b	Did the organization include an ami	Part XIV.							'es	No
Par	t V Endowment Funds. Co	mplete if the or	ganizatio	n answ	vered "Yes" t	o For	m 990, Part	IV, line 1	0	
		(a) Current year	(b) Prio	r year	(c) Two years t		(d) Three years ba	1	ır years	back
1a	Beginning of year balance				12 mg 2 mg 2					<u> 表為</u>
	Contributions									<u> 图图</u>
	Net investment earnings, gains,				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	#				5.1
•	and losses						p-training)			(1 () () () ()
d	Grants or scholarships				1. Pr 1. T. T.			で かん	A. 150	734
	Other expenditures for facilities									3%3
_	and programs									独用
f	Administrative expenses				· Alles		E 9 V. 1666		Mar.	-32.3
g	End of year balance				Part of Sir	Tage	f.'Krijat-1490	Property of	A CO	本を
2	Provide the estimated percentage of	of the vear end ba	lance held	d as:						
а	Board designated or quasi-endown									
b	Permanent endowment ▶									
C	Term endowment ▶ 9									
За	Are there endowment funds not in the	ne possession of the	he organiza	ation th	at are held and	d admi	inistered for th	е		
	organization by:	, 	<u> </u>						Yes	No
	(i) unrelated organizations							3a(i)		L
	(ii) related organizations							3a(ii		<u> </u>
ь	If "Yes" to 3a(II), are the related org	anizations listed a	as required	d on Sc	hedule R? .			. 3b		
4	Describe in Part XIV the intended u	ses of the organiz	zation's er	dowme	ent funds.					
Par	t VI Investments—Land, Bu	uildings, and Ed	quipment	. See I	Form 990, Pa	rt X, I	ıne 10.			
	Description of investment	(a) Cost or o			ost or other sis (other)		ccumulated preciation	(d) Bo	ok value	•
12	Land		0		437,988	7	5 4 1 1 A		437	,988
b	Buildings		0		1,244,544		417,471			,073
C	Leasehold improvements		0		0		0			0
ď	Equipment		0		1,400,981		820,894		_580	,087_
	Other	·	0		0		0			0
	1. Add lines 1a through 1e (Column (d)	must equal Form 9		columi	n (B), line 10(c))		>		1,845	

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	s. See Form 990, Part X,	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
		-	
		-	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-		* ',"
Part VIII Investments—Program Relate	d See Form 990 Part X	line 13	
	1		
(a) Description of investment type	(b) Book value	(c) Method of val	
		-	
	 -		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		A CONTRACTOR STATE	********* ***
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
	(a) Description		(b) Book value
Works of Art			36,566
Land Improvements (less depreciation)			175,998
Building Improvements (less depreciation)			940,481
Asbestos Removal from Buildings	****		8,938
Advances to employees and Volunteers			7,243
Investments in Precious Metals at Market Valu	e		304,747
Total. (Column (b) must equal Form 990, Part X, col	(P) (no. 15.)		1,473,973
Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	1,470,373
	<u>r-</u>	, , , , , , , , , , , , , , , , , , , ,	, ,
1. (a) Description of liability	(b) Amount		超级10年 医氯酚二酸银
Federal income taxes			
Sales Tax Owed	2,81		
Reserve Asbestos Removal From Buildings	28,04		
			· · · · · · · · · · · · · · · · · · ·
			~ · ·
		~ * · · · · · · · · · · · · · · · · · ·	•
			1 * z * * * .
		7	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	30.86	51	·

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

hedule	e D (Form 990) 2009			Page 4
art		ita	teme	
		$\overline{}$	1	7,318,696
	(F. 200 B.) (V. 1. (A) 1. 25)		2	7,035,419
		-	3	283,277
	et unrealized gains (losses) on investments	\vdash	4	56,058
	onated services and use of facilities	_	5	0
	expenses	Г	6	0
	rior period adjustments	Г	7	0
	ither (Describe in Part XIV.)	П	8	0
	otal adjustments (net). Add lines 4 through 8	Г	9	0
	xcess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Г	10	339,335
art		ıe	per l	
T	otal revenue, gains, and other support per audited financial statements	. [1	7,517,104
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	et unrealized gains on investments	58		
b D	onated services and use of facilities	0		
c F	ecoveries of prior year grants	0		
	ther (Describe in Part XIV.)	0		
	dd lines 2a through 2d		2e	56,058
3 S	ubtract line 2e from line 1		3	7,461,046
	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
	envestment expenses not included on Form 990, Part VIII, line 7b	0		
	other (Describe in Part XIV.)	0)	* #	
	dd lines 4a and 4b	.	4c	(142,350)
5 T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. [5	7,318,696
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expen	se	s pe	r Return
1 T	otal expenses and losses per audited financial statements	.	1	7,177,759
2 /	mounts included on line 1 but not on Form 990, Part IX, line 25:			
	onated services and use of facilities	0		
	Prior year adjustments	0	##	
	Other losses	0	9 3	
	Other (Describe in Part XIV.)	4)	# 1	
	dd lines 2a through 2d		2e	(142,334)
	Subtract line 2e from line 1	Ì	3	7,035,425
	mounts included on Form 990, Part IX, line 25, but not on line 1:		*	
	envestment expenses not included on Form 990, Part VIII, line 7b	0		
	Other (Describe in Part XIV.)	0		
	dd lines 4a and 4b	.	4c	0
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.	5	7,035,425
Part	XIV Supplemental Information			
omp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and	14; P	art IV, lines 1b
	p; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a			
ıs pa	rt to provide any additional information.			
_	KII, Line 4b: Cost of Goods Sold, Inventory Lost from Shrinkage, Loss on Sales Other tha	n I	nven	tory, Investment
art :				
	er Fees.			
3rok	er Fees. KIII, Line 2d: Cost of Goods Sold, Inventory Lost from Shrinkage, Loss on Sales Other the	an I	 Inver	ntory, Investment
Brok Part	er Fees.	an I	Inver	ntory, Investment

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
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		• • • • • • • • • • • • • • • • • • • •

Schedule F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Foundation for a Christian Civilization, Inc.

Employer identification number 23 7325778

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (c) Number of (e) If activity listed in (d) is (a) Region (b) Number of (d) Activities conducted in (f) Total a program service, describe specific type of offices in the expenditures for employees or region (by type) (i e , region region agents in fundraising, program services, region grants to recipients located in service(s) in region the region) South America N/A N/A Grantmaking N/A 188,500 夏安委子学

N/A

N/A

73 × 4.

188.500

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Part II Grants an

(l) Method of valuation (book, FMV, appraisal, other)	N/A	N/A						:				
(h) Description of non-cash assistance	N/A	N/A										
(g) Amount of non-cash assistance	0	0										
(f) Manner of cash disbursement	wire transfer	wire transfer										
(e) Amount of cash grant	000'9	180,000										
(d) Purpose of grant	general suppo	general suppo										
(c) Region	South America	South America										
(b) IRS code section and EIN (if applicable)			- 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	**************************************		Affarmatististe Ja		\$	3 %	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(a) Name of organization	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1	5 - 44 	44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			() () () () () () () () () ()		i si		京学の東京での東	多 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ Enter total number of other organizations or entities က ผ

Schedule F (Form 990) 2009

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Part III Grants ar

	(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 890) 2009
	(g) Description of non-cash assistance										Schedu
	(f) Amount of non-cash assistance		÷								
	(e) Manner of cash disbursement										
	(d) Amount of cash grant									:	
is needed.	(c) Number of recipients										
Use Schedule F-1 (Form 990) if additional space is needed.	(b) Region										
dule F-1 (F	assistance			 							
Use Sche	(a) Type of grant or assistance										

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
Part I, Line	2: Description of how grant funds are monitored outside of the country:
1. The gran	tee is required to provide an audited narrative and financial report to the Foundation on the use of the grant
funds. Suc	h reports must include a narrative account of what was accomplished by the expenditure of the grant funds,
a financial	statement of expenditures, copies of publications resulting from the grant, etc. The reports must be
attested to	by the appropriate financial officer of the grantee organization and a certified public accountant.
In his opini	on letter, the certified public accountant should clearly state that the grant funds were expended for
the purpos	es for which the grantee organization requested the same.
2. The gran	tee is required to maintain records of receipts and expenditures and to make its books and records
available fo	or inspection by the Foundation when so requested.
3. The gran	tee shall acknowledge by letter the receipt of the grant funds. If these are made available in
installment	s, each installment shall be so acknowledged.
••••	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

Open To Public Inspection

ame of the organization					Employer identific	
he Foundation for a Christian Civ					23	7325778
Fundraising Activities Form 990-EZ filers ar					o Form 990, Part	IV, line 17.
 Indicate whether the organization a ✓ Mail solicitations b ✓ Internet and email solicitation 		hrough an e f	Solicitati	llowing activities. Con of non-government gone of government gover	ent grants	' .
c ✓ Phone solicitations d ✓ In-person solicitations		g 🗆		undraising events		
2a Did the organization have a writt or key employees listed in Form	990, Part VII) or	entity in o	connection	with professional f	undraising services	s? ✓ Yes ☐ No
b If "Yes," list the ten highest pa to be compensated at least \$5.			undraisers	pursuant to agree	inents under which	ii tile iuliuraisei is
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Oonor Care Center, Inc.	telemarketing		✓	171,076	157,296	13,779
DMW Worldwide, LLC	consulting direct mail and data anal	ysis	✓	645,671	225,075	420,597
· · · · · · · · · · · · · · · · · · ·				:		
			-			
			,			
Total			▶	816.747	382,371	434,376
3 List all states in which the orgal registration or licensing. Alabama, Alaska, Arizona, Arkans	_				as been notified it	•
llinois , Hawaii, Indiana, Kansas, I Michigan, Minnesota, Mississippi,						
North Carolina, North Dakota, Ohi Carolina, Tennessee, Utah, Virgini						umbia

Pa	rt II	Fundraising Events. Comore than \$15,000 on Fe	mplete if the organization 990-EZ, line 6a. L	tion answered "Yes" to	o Form 990, Part IV, li eccipts greater than \$	ne 18, or reported 55,000.	_
			(a) Event #1	(b) Event #2	(c) Other events (total number)	(d) Total events (add col (a) through col (c))	
Revenue							
Rev	1 2	Gross receipts					
	3	contributions					
		minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
ses	6	Rent/facility costs	···-				
Direct Expenses	7	Food and beverages					
Irect	8	Entertainment					—
	9	Other direct expenses					
	10 11	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if t	d lines 4 through 9 in co ine line 3, column (d), a	olumn (d)	.	(
Pa	rt II	Gaming. Complete if t than \$15,000 on Form	he organization answ 990-EZ, line 6a.	vered "Yes" to Form	990, Part IV, line 19	, or reported more	
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c	
Revenue	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
_	5	Other direct expenses .				COMMITTED TO THE PARTY OF THE P	ments. You
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	4 4 4 4	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	.		
•		iter the state(s) in which the o	ragnization enerates as	aming activities:		Yes	<u> </u>
9 a	Is	the organization licensed to o	-	_		9a	- 44
b	lf '	"No," explain:					
10:	 \//	ere any of the organization's	ramina licenses revoke	d suspended or termin	nated during the tax ve	ar? 10a	
Ь		"Yes," explain:	gaining licenses revoke				
4.		M					
11 12	ls	pes the organization operate of the organization a grantor, be recently administer charitable	eneficiary or trustee of		a partnership or other	• • • • • • • • • • • • • • • • • • • •	

Dago	-
, age	•

ned	lule G (Form 990 or 990-EZ) 2009			Page
			Yes	No
a b	Indicate the percentage of gaming activity operated in: The organization's facility	-		
•	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		. ,	
	Name ▶	7.		
	Address ▶	# 3 * 3*	x ,	
а	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	- '"	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	م م م	#	
С	If "Yes," enter name and address of the third party:	;		
	Name ►			
6	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$	35.		

☐ Independent contractor

Description of services provided ▶

retain the state gaming license? . .

☐ Employee

or spent in the organization's own exempt activities during the tax year ▶ \$

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

Enter the amount of distributions required under state law to be distributed to other exempt organizations

.

☐ Director/officer

17 Mandatory distributions:

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2009

% (h) Purpose of grant or assistance General Support 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 **Employer identification number** 7325778 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and (g) Description of non-cash assistance 23 . ۲ (f) Method of valuation (book, FMV, appraisal, other) ۷X Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (e) Amount of non-cash assistance . 141,865 Part IV and Schedule I-1 (Form 990) if additional space is needed. Enter total number of section 501(c)(3) and government organizations 501(c)(3) school (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 23-2821348 The Foundation for a Christian Civilization, Inc. (p) EIN Enter total number of other organizations St. Louis de Montfort Academy, 1 (a) Name and address of organization or government Rossville, KS 66533 Name of the organization P.O. Box 787 Part II

emental Informancial and narra	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	ance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, recipients cash grant non-cash assistance FMV, appraisal, other)				Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ative reports describing the use of grant funds for the purposes of the grant are required for organizations that are not recognized	as exempt organizations under Section 501(c)(3). These reports are not required for organizations that are recognized as exempt organizations under Section 501(c)(3).					
	Schedule I (Form 990) 2009 Part III Grants and Other Assistance to Individuals Use Part IV and Schedule I-1 (Form 990) if ac	(a) Type of grant or assistance recipie				olemental Information. Complete this pa	Part 1: Audited financial and narrative reports describing th	nizations under Section 501(c)(3). These rep					

SCHEDULE L (Form 990 or 990-EZ)

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

Open To Public

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization **23** : 7325778 The Foundation for a Christian Civilization, Inc. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 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 (c) Onginal (a) Name of interested person and purpose (b) Loan to or from (d) Balance due (e) In default? (f) Approved (a) Written agreement? the organization? principal amount by board or committee? From Tο No No No Yes Yes Yes 114 Antonio Fragelli 114 J Advance for business expenses to be made on behalf of the corporation. 点, & 流, 中省, 是, 感, Total ▶ \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (d) Description of transaction (a) Name of interested person (b) Relationship between (e) Sharing of (c) Amount of interested person and the transaction organization's organization revenues? No 11,550 employment Drake, Anne L. Fam. memb. R.Drake Fam. memb. R.Drake 40,860 employment **Drake, Charles Michael** Fam. memb. R.Drake Drake, Kenneth-W.-24,747 employment Fragelli, Antonio F. 31,207 employment Fam. memb. L.Fragelli 13,572 employment

Bentivegna, Teresa A.

Hiegert, Magdalena J.

21,041 employment

Fam. memb. L.Fragelli

Fam. memb. B.Hiegert

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

The Foundation for a Christian Civilization, Inc. 23 7325778 Section C: Additionally doing business as: The American Society for Defense of Tradition, Family and Property; Crusade Magazine; TFP; ANF; TFP Student Action Part I, Line 6: Approximately 45 full-time volunteers. Many others volunteer on a part-time basis throughout the year. Part III, Line 4d: Public Witness - 670,070; Adult Formation - 564,449; Youth Formation - 461,498; Studies - 315,991; Seminars - 99,921. Part VI, Section A, Line 6: The Foundation is non-profit organization with corporate members. There is only one class of members. The members annually elect the Board of Directors and may accept new members or remove members. They may also remove directors and officers. A majority of the members may amend the bylaws of the organization. Members are prohibited from sharing in corporate earnings. Part VI, Section A, Line 7a: The corporate members have this power. Part VI, Section A, Line 7b: The Board of Directors is elected by the corporate members (see explanation for Line 6 above for class, decisions requiring approval, and nature of voting rights). Part VI, Section B, Line 11 and 11A: The Treasurer prepares the Form 990, and a final copy of the 2009 Form 990 was provided to each board member. The Board of Directors will review the 990 at is monthly meeting in December. Part VI, Section B, Line 12c: The Conflicts of Interest policy covers directors, officers, and their family members. The Board of Directors makes the determination if a conflict of interest exists and reviews actual conflicts. A member of the board who received compensation from the Foundation for services is precluded from discussing and voting on matters pertaining to the compensation of other voting members of the board of directors. A. Each director annually signs a statement affirming they have received copy of the conflicts of interest policy, read and understood it, agree to comply, and understands the Foundation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its of its tax-exempt purposes. B. The Board annually reviews if compensation agreements and benefits are reasonable whether transactions and/or arrangements with interested persons conform to the Conflicts of Interest Policy, and whether agreements with other charitable organizations, employees, and third party payors further the Foundation's charitable purposes and do not result in inurement or impermissible private benefit.

Doon 4	7

Name of the organization				Employer identr	fication number							
The Foundation for	a Christian Civilization, Inc.			23	7325778							
Part VI, Section C, L	Part VI, Section C, Line 17: Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Illinois,											
Indiana, Kansas, Ke	ntucky, Louisiana, Maine, Maryland	l, Massachi	usetts, Michigan, Minne	sota, Mississip	ppi,							
New Hampshire, Ne	w Jersey, New Mexico, New York, N	lorth Caroli	na, North Dakota, Ohio,	Oklahoma, Or	egon,							
Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington State, West Virginia, and Wisconsin.												
Part VI, Section C, L	ine 19: No documents available to	the public.										
Sched. L, Part IV:												
Col. A.	Col. B	Col. C	Col. D Col. E									
Ritchie, John E	Family member Robert Ritchie -	33,120 –	employment - No	•••••								
Ritchie, Kevin E	Family member Robert Ritchie -	16,152 –	employment - No									
				• • • • • • • • • • • • • • • • • • • •	•							
••••												
			•••••									
•••••												

	•••••		••••									

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

See separate instructions. • ► Attach to Form 990.

2009

OMB No 1545-0047

Employer identification number Open to Public Inspection

7325778 23

(f)
Direct controlling entity (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) address, and EIN of disregarded entity The Foundation for a Christian Civilization, Inc.

(f)
Direct controlling
entity 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.) (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section Legal domicile (state or foreign country) છ (b) Primary activity (a)
Name, address, and EIN of related organization Part II

N/A				
509(a)(3) N/A				
501(c)(3)				
New York				
Supporting Organizat. New York		:		
Western Hemisphere Cultural Society, Inc. EIN: 13-3171782 1358 Jefferson Rd., Spring Grove, PA 17362				

Schedule R (Form 990) 2009

Cat. No. 50135Y

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

Page 2

Schedule R (Form 990) 2009

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

pecause it	had oi	ne or more rela	ated orga	nizations treater	because it had one or more related organizations treated as a partnership during the tax year,	ip during the ta	ax year.)			5	3
(a)		<u>a</u>	<u>0</u>	((e)	£			E ,		3
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income		Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1	General or managing partner?
			foreign country)		excluded from tax under					(Form 1065)	
					512-514)				Yes No		Yes No
Part IV Identificati	ion of	Identification of Related Organizations Tailine 34 because it had one or more related or	nizations ore relate	Taxable as a	xable as a Corporation or Trust (Complete if the organization ar rganizations treated as a corporation or trust during the tax year.)	Trust (Comple rporation or tru	te if the organist during the	nization answe tax year.)	ered "Yes"	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.)	art IV,
Name, address, an	(a) Id EIN of r	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entry (C corp. S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
										Schedule R (Form 990) 2009	990) 2009

Schedule R (Form 990) 2009 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. (c) Amount involved Yes Ξ Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36. (b)
Transaction
type (a-r) 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? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Lease of facilities, equipment, or other assets to other organization(s) . . . Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Sharing of paid employees Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property to other organization(s) . Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Exchange of assets Part V Ε ۵ 0 σ 8 ල ₹ 9 Ξ 9 8

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross reverted inta was the a reference organization. Occurs instructions regarding exclusion to contain particles.	ilstiuctions regarding exc	יום יסו ומווין וווי	מביווייייי לי	ilionalipa.			1
(a)	(a)	(c)	(a)		(1)		E) 25
Name, address, and Ein of entity	Primary activity	(state or foreign country)	Are all parmers section 501(c)(3) organizations?	share of end-of-year assets	Uisproportionale allocations?	amount in box 20 of Schedule K-1 (Form 1065)	reneral or managing partner?
			Yes No	1	Yes No		Yes No
						;	
							,
						Schedule R (Form 990) 2009	т 990) 200