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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Department of the Treasury

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

Open to Public Inspection

Ā	For the 2	010 calendar year, or tax year beginning July 1, 2009 , 2010, and e		ine 30	, 20 10
	Check if an				yer identification number
$\overline{}$	Address ch	Danie Burgania As		1	54-1802015
	Name char	De la	om/suite	E Teleph	one number
		age .	301	l '	703-914-5602
	Initial retun	01 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1	700 014 0002
\vdash	Terminated	L		G Gross	receipts \$ 801,871
	Amended i	E Name and address of assessment the sur	1,47,5,1,0		——————————————————————————————————————
ш	Application	Kerry A. Knott, President - same as above	1	is a group return	
				all affiliates i	ncluded? Yes No
<u>. </u>	Tax-exemp	<u> </u>			
		www.cslewisinstitute.org anization		oup exemptio	·
	art I	, , , , , , , , , , , , , , , , , , , ,	f formation 197	o M State	e of legal domicile VA
L		Summary	'ho C C I owio I		alana diagrafia wha san
		riefly describe the organization's mission or most significant activities:	ne C.S. Lewis ir	Stitute dev	elops disciples who can
e		rticulate, defend, and live faith in Christ through personal and public life.			
Jan					
eT.			- OCO/ -f ibt		
Activities & Governance		theck this box if the organization discontinued its operations or disposed of more than	n 25% or its net ass	1	40
∞		lumber of voting members of the governing body (Part VI, line 1a)	413	. 3	13
ies		lumber of independent voting members of the governing body (Part VI, line	•		12
Ξ	N .	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		. 5	4
Acı		otal number of volunteers (estimate if necessary)		. 6	6
	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	
	b	let unrelated business taxable income from Form 990-T, line 34	· · · · ·	. 7b	A
	1		Year	Current Year	
Revenue	1	Contributions and grants (Part VIII, line 1h)	566,444	699,797	
	1	rogram service revenue (Part VIII, line 2g)	37,730	27,709	
ě	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	·	397	534
_				50,798	73,830
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	655,549	801,870
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	•		
	1	denefits paid to or for members (Part IX, column (A), line 4)	•		
es	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	266,692	223,399
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	•		
ă	i .	otal fundraising expenses (Part IX, column (D), line 25) 57,68	38		· · · · · · · · · · · · · · · · · · ·
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		422,941	572,319
		otal expenses Add lines 13-17 (must equal PaR 医Columb 個口ne 25)		689,633	795,718
		Revenue less expenses. Subtract line 18 from line 12		-34,084	6,152
Net Assets or Fund Balances		(S) FER 0.7 2011 S	Beginning of		End of Year
sets	20 T	otal assets (Part X, line 16)		123,214	131,241
A Pa	21 T	otal liabilities (Part X, line 26)		25,593	27,466
žē	22 1	let assets or fund balances. Subtract line 21 from time 20 N . 117.	.]	97,621	103,775
P	art II	Signature Block			
Ur	der penalti	es of penury, I declare that I have examined this return, including accompanying schedules and	d statements, and t	the best of	my knowledge and belief, it is
tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which pr	reparer has any kno		
		William Milliam	ı	1-28	<u>- 11 </u>
Sig		Signature of officer		Date	
He	re	William K Deven			
		Type or print name and title			
Pa	iid	Print/Type preparer's name Preparer's signature	Date	Check	
	eparer			self-em	ployed
	e Only		<u> </u>	ırm's EIN ▶	
	Ale e ICC	Firm's address >	<u> F</u>	hone no	
_	•	discuss this return with the preparer shown above? (see instructions)	<u> </u>	· · ·	· · Yes No
For	Paperwo	ork Reduction Act Notice, see the separate instructions.	Cat. No 11282Y		Form 990 (2010)



orm 99	0 (2010) Pà	age 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: The C.S. Lewis Institute develops disciples who can articulate, defend, and live faith in Christ through personal and public life	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Sec 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ 441,667 including grants of \$) (Revenue \$ 24,929) Discipleship & Mentoring	·
4b	(Code:) (Expenses \$ 27,876 including grants of \$ 22,000) (Revenue \$ 2,780) Conference & Lectures	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4d 4e	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 469,543	

	0 (2010)			Page :
Part	V Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	∀	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		▼
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
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		 ✓
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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, Parts I and IV	14a 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, Parts II and IV.	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, Parts III and IV	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 (see instructions)	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 9a2	1	i	I

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19

20a

	90 (2010)			Page
Part	Checklist of Required Schedules (continued)			
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	Yes	No ✓
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		√
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a		24d 25a		✓
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		1
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):	5.54/17 ************************************	\$, \$	# ·
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 Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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		→
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)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

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

38

Part V' Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-	× 4		- 3° 1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-		& (,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	2	Sec. 6	
	reportable gaming (gambling) winnings to prize winners?	1c		√
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	À.	n. T.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	* 6 5 * 8 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		,	%
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		✓
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: ▶	180	*	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			* (()
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, j		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Á		
	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	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>₹.</u> ₩.	*,	ڙ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	\$ \dag{\chi}	9.7	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	فككه		لقذ
_	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<u>√</u>
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>√</u>
10	Section 501(c)(7) organizations. Enter:	_ &	٠.	`
a	Initiation fees and capital contributions included on Part VIII, line 12	**	* *	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4 4	7 7	-,
''a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		., .	
b	Gross income from other sources (Do not net amounts due or paid to other sources			.
-	against amounts due or received from them.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		لــــــــــــــــــــــــــــــــــــــ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	124	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	•	<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which		Į	-
_	the organization is licensed to issue qualified health plans		1	1
С	Enter the amount of reserves on hand		İ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6 7a		√ √ √
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	3 / · · · · · · · · · · · · · · · · · ·	✓
a b 9	The governing body?	8a 8b	√	-
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>
			Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a	✓	
11a	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?. Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b	✓	<u> </u>
b 12a	form?	11a 12a	***C	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14 15	Does the organization have a written document retention and destruction policy?	14	✓	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓ ✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	`	· · ·	,
b	with a taxable entity during the year?	16a	-	✓
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only	/) ava	ılable
19	✓ Own website ☐ Another's website ☐ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: William R. Deven, Treasurer - same as C.S. Lewis Institute - 703-914-5602	of the		

Form		

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

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

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

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

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

Check this box if neither the organization no		d orga	aniz	atic	n c	ompe	nsa	ated any currer	it officer, director	, or trustee.						
(A)	(B)			(0	C)			(D)	(E)	(F)						
Name and Title	Average	Posit	on (c	chec	k all t	that ap	ply)	Reportable	Reportable							Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations						
(1) Kerry A. Knott, President	40	1		V	1											
(2) Thomas A Tarrants III, Director of Ministry	40			V	✓	✓		64,254		46,342						
(3) Thomas W. Simmons, Executive VP	40			\	✓			53,000		13,657						
(4) A Bruce Duerson, Treasurer	- 16			✓				6,000								
(5) Elizabeth B. Fitch, Esq., Secretary	1	1		\												
(6) Chris T. Morris, Chairman of the Boad	1	1														
(7) Timothy Bradley, Director	1	1														
(8) Cherie Harder, Director	1	1														
(9) James R Hiskey, Director	1	√														
(10) Robin King, Director	1	√														
(11) Steven J Law, Director	1	1														
(12) Jeff Lindeman, Ph D, Director	1	1														
(13) Carl R. Meyer, Director	1	✓														
(14) Marlise Streitmatter, Director	1	1														
(15) Susan Ward, Director	1	1														
(16)										-						

Part			Emplo	yee			High	est		Employees (co	ntinue			
	(A)	(B)			•) 			(D)	(E)			(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Rey employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fro related organizations (W-2/1099-MISC		amo ot compe fror organ and r	mated ount of ther ensation the inization related izations	1
(17)	-													
(18)												-		
(19)														
(20)														
(21)														
(22)														
(23)											+			
(24)														
(25)							_	-						
(26)														
(27)												-		
(28)									-					
	Sub-total					l	L	_						
C	Total from continuation sheets to Part							•						
ď	Total (add lines 1b and 1c)	•						>						
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th					e) w	ho received m	ore than \$100,	000 ın			
		-							······································			$\neg \neg$	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compensa	ated [3	, .	1
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comp	ensation from	the		,, , , , , , , , , , , , , , , , , , ,	<u> </u>
	organization and related organizations individual	-							•	nedule J for s	uch			
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompei	nsat	tion	froi	n any	un un	related organiz					√
Soction	on B. Independent Contractors	: 11 163, 6	Citipi		307		116 0 1	Ui 3		· · · · ·	<u>. </u>	5_		✓
1	Complete this table for your five highest compensation from the organization.	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than \$	100,0	00 of	-	
•	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C)	ation	
None														
None	·	<u></u>			_									
								_						
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 in compens	sation from	the or	gan	izat	ion	<u> </u>							

u and	·VIII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants lar amounts	1a b c d	Federated campaigns . Membership dues Fundraising events Related organizations .	1b 1c 1d	32,800				
Contributions, gif and other similar	e f g	Government grants (contributions, gifts, and similar amounts not include Noncash contributions included in	grants, ed above 1f n lines 1a-1f \$	666,997 10,502				
$\overline{}$	h	Total. Add lines 1a-1f .	<u> </u>		699,797		0.50	
Program Service Revenue				Business Code	The Black St.			
e e	2a	Conference Registrations			2,780	2,780		
ž	b	Discipleship & Mentoring			24,929	24,929		
Š	С							
S	d							
La l	е							
ᅙ	f	All other program service		·				V 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	g	Total. Add lines 2a-2f .	e e e e	<u> </u>	27,709		<u> </u>	
	3	Investment income (incand other similar amount						
			-	•	534		534	
	4	Income from investment of						
	5	Royalties	() Pool	(II) Personal	513	513		65.48.82.66.
		<u> </u>	(i) neai	(ii) Personai				
	6a	Gross Rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						- Millin
	d	Net rental income or (loss	/	.	* 3 on out Apr ~ 4 , 200000	6 4 3 4	300 000 0000 bit to	
	7a	assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)			200			
	d	Net gain or (loss)		🕨				
evenue	8a	Gross income from fundrevents (not including \$	raising					
m		of contributions reported of See Part IV, line 18						**************************************
Other	b	Less: direct expenses .	b	<u></u>			, \$, \$, \$, \$, \$, \$, \$, \$, \$, \$, \$, \$, \$,	·
	С	Net income or (loss) from	ı fundraısıng e	events . ►				
	9a	Gross income from gamin	g activities.		A	* * *	2 3 8 10	
		See Part IV, line 19	···a					, "
	b	Less: direct expenses .	b		\$ e		* * * * * * * * * * * * * * * * * * *	
		Net income or (loss) from		/ities ▶				
	10a	Gross sales of inventeurns and allowances	ntory, less	205	~ 4 · 2	* * * * * *		, -
	b	Less: cost of goods sold	I		*	, , , ,	1 4	,
	c	Net income or (loss) from		entory ►	205	205		
ì		Miscellaneous Reven		Business Code			. ,	
}	11a	Miscellaneous	,		62	47		
	b	Donated Material			2,200			
	c	Donated Services			70,850	70,850		
	d	All other revenue	·····	-				-
ļ	е	Total. Add lines 11a-11d	l.,	▶	73,112	-		
	12	Total revenue. See instru	uctions	<u> ▶</u>	801,870	101,524	534	

Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are no	t required to comple	ete columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				4 m m 200 1 4 m 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	150,650	97,650	53,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	_			
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,100		39,100	
9	Other employee benefits	26,603	13,028	13,575	
10	Payroll taxes	7,046		7,046	
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,452		2,452	
С	Accounting	8,900		8,900	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		WYYY Z Z AW		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	24,287	10,929	10,929	2,429
14	Information technology	27,429		27,429	
15	Royalties				
16	Occupancy	54,706	27,353	27,353	
17	Travel	5,174	4,686	488	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	100,563	100,563		
20	Interest				
21	Payments to affiliates			_	
22	Depreciation, depletion, and amortization .	2,272		2,272	
23	Insurance	1,140		1,140	
24	Other expenses. Itemize expenses not covered	- 2 2 3 3 4 4 C	***	· · ·	· · · · · · · · · · · · · · · · · · ·
	above (List miscellaneous expenses in line 24f. If			4 2 2 4 8	ž , , , t
	line 24f amount exceeds 10% of line 25, column	4		. 0.4	o# ., , .
	(A) amount, list line 24f expenses on Schedule O.)	,t- % %	*	**	/% · "
а	Telephone	8,946	4,026	4,026	894
b	Donated Services & Materials	73,050	10,205	60,807	2,038
С	Honoraria	152,685	152,685		
d	Printing & Shipping	57,405	48,418		8,987
е	Banquet	41,648			41,648
f	All other expenses	11,662		11,662	
25	Total functional expenses. Add lines 1 through 24f	795,718	469,543	270,179	55,996
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Fara 990 (rose)

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest-bearing 28,173 1 8,441 2 Savings and temporary cash investments 85,062 2 110,596 Pledges and grants receivable, net 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 7 8 Inventories for sale or use 871 8 2,379 9 Prepaid expenses and deferred charges . . . 4,580 9 7,017 Land, buildings, and equipment: cost or 10a 稀点满 other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 17,114 4,528 10c 2,808 11 Investments - publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 123,214 16 131,241 17 5,993 17 17,266 18 18 19 19,600 19 10,200 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 25,593 26 27,466 Organizations that follow SFAS 117, check here ▶ □ and complete ig Ten a Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 35.621 27 116,665 28 62,000 28 -12,890 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. An in his on 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 97,621 103,775 34 Total liabilities and net assets/fund balances 123,214 34 131,241

Form **990** (2010)

Form 99	00 (2010)			Pa	ge 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		80	1,870
2	Total expenses (must equal Part IX, column (A), line 25)	2		79	5,718
3	Revenue less expenses. Subtract line 2 from line 1	3			6,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	7,623
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		10	3,775
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in .	Yes	No
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?		. 2b	1	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	•		 	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in		4
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years issued on a separate basis, consolidated basis, or both:	ar we	re		をあり
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 🏻		نَعُدُ
	the Single Audit Act and OMB Circular A-133?		. За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	•	ne 3b		

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number C.S. Lewis Institute 1802015 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). 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 \(\sum \) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I 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 f П Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes 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? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii)| Provide the following information about the supported organization(s). (iv) Is the organization (iii) Type of organization (i) Name of supported (ii) EIN (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 us? (see instructions)) support? Yes Yes No Yes No

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support		,		· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						PHONE SEAR MORE TO
4	Total. Add lines 1 through 3			. New 25 11 4 7 8 2	12 12 1384 2	12 16 E 1879.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)	7 4 4 1 4	7.5.4.4.4.3			19 1	
	tion B. Total Support	Sec. 2. 1 Hall	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		12	L ** ·	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	. 5312	∀ & ∴ + :			- () - ()	
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re		nd, third, fourth		ear as a section	n 501(c)(3) ► □
3ec 14	Public support percentage for 2009 (line			1 column (f)		14	%
14 15	Public support percentage for 2009 (line Public support percentage from 2008 Sci		•	r, column (ij)		15	/ _%
15 16a				on line 13 and	Ine 14 is 33%		
. . .	and stop here. The organization qualifies						▶ □
b	331/3 % support test - 2008. If the organic		•		and line 15 is	33½ % or more,	check this
	box and stop here. The organization qua						.▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test The	nstances" test, o organization qua	check this box alifies as a publi	and stop here cly supported or	Explain in Part ganization	IV how the ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)			
	tion A. Public Support	1					
Ca	ilendar 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	437,132	521.835	573.725	566.444	699.813	2,798,949
2	any "unusual grants ") Gross receipts from admissions, merchandise	407,102	321,000	373,723	300,444	033,013	2,730,043
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	66,697	20,064	65,959	37,730	27,709	218,159
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	503,829	541,899	639,684	604,174	727,522	3,017,108
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	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)					17 17 14 14 14 14 14 14 14 14 14 14 14 14 14	3,017,108
	tion B. Total Support	Y				T	I
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	503,829	541,899	639,684	604,174	727,522	3,017,108
10a	payments received on securities loans, rents, royalties and income from similar	464	343	201	1,032	1,047	3,087
	sources	70-7	0-70		1,002	1,047	5,007
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	464	343	201	1,032	1,047	3,087
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		17,592	23,440	50,343	54,160	145,535
13	Total support. (Add lines 9, 10c, 11, and 12)	504,293	559,834	663,325	655,549	782,729	3,165,730
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) . ► □
	tion C. Computation of Public Su				(0)	45	06.2 %
15 16	Public support percentage for 2009 (lir Public support percentage from 2008	Schedule A, Pa	ırt III, line 15	e 13, column	(f)) . 	15 16	95.3 % 96.8 %
Sec	tion D. Computation of Investmen					T 1	40
17	Investment income percentage for 200	•	• •	-	olumn (f)) .	17	.10 %
18	Investment income percentage from 20					18	.08 %
19a	33\% % support tests - 2009. If the org 17 is not more than 33\% %, check this b	oox and stop he	ere. The organi	zation qualifies	s as a publicly s	supported orga	anization 🕨 🗷
þ	331/3 % support tests - 2008. If the organ						

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part III, lin	e 12 - The Other Income includes the sale of books and materials, donated materials and services, and miscellaneous incom	1e.
	······································	
		••••••

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

C.S.	Lewis Institute	5	4	. 1	1802015	
Par	Organizations Maintaining Donor Advised Funds or Other Similar	Funds	or A	ccounts	. Complete if	
	the organization answered "Yes" to Form 990, Part IV, line 6.		/h \ F	ds and other		
	(a) Donor advised funds		(b) Full	us and othe	accounts.	
1	Total number at end of year					_
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year) .					
4	Aggregate value at end of year				/	_
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal c	ontrol?			Yes No	0
6	Did the organization inform all grantees, donors, and donor advisors in writing that	grant fun	ds ca	n be		
	used only for chantable purposes and not for the benefit of the donor or donor advi purpose conferring impermissible private benefit?		or any	other	☐ Yes ☐ No	_
Do		" to Forn	n aar	Part IV		<u>-</u>
FE			11 330	, 1 4111	, in o 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply					
					ortant land area	
	Trotostori or tratala habitat	ion of a	certifi	ed histori	c structure	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	ution in t	ne to	m of a co	onservation	
	easement on the last day of the tax year.		~~ {	Hold at the	End of the Tax Yea	
	~		2a	Tield at the	End of Bio Tax Too	-
a	Total number of conservation easements		2b			-
Þ	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					_
3	Number of conservation easements modified, transferred, released, extinguished, or the tax year ▶			y the org	anization during	
4	Number of states where property subject to conservation easement is located $lacktriangle$					
5	Does the organization have a written policy regarding the periodic monitoring, insperviolations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No	o
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva	ation eas	emen	ts during	the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	easemer	nts du	iring the	year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requireme 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	nts of se	ction		Yes No	0
9	In Part XIV, describe how the organization reports conservation easements in its rev	enue and	d exp	ense stat	tement, and	
Ĭ	balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	n's financ	ıal st	atements	that describes	
Pa	organizations Maintaining Collections of Art, Historical Treasures, o		Simi	lar Asse	ts.	
	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 revenu art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describe	research	ın fui	therance		
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statistical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items.	esearch	ın fur	herance	of public service	θ,
	(i) Revenues included in Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X			+		
2	If the organization received or held works of art, historical treasures, or other simil following amounts required to be reported under SFAS 116 relating to these items:					
a b	Revenues included in Form 990, Part VIII, line 1		. 1	\$\$		

Page	2

Par	t III Organizations Maintaini	ng Collections	of Art, H	istorio	cal Treasure	es, or C	ther Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply		ther reco	rds, cl	heck any of the	he follov	wing that are a	significant use of its
а	Public exhibition		d		Loan or exc			
b	Scholarly research		е		Other			
С	Preservation for future general	ions						
4	Provide a description of the organiz Part XIV.	ation's collections	and exp	laın ho	ow they furth	er the o	rganization's e	exempt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be mainta	uned as p	art of	the organization	on's coll	ection?	. Yes No
Par	Escrow and Custodial A IV, line 9, or reported an a					answe	red "Yes" to f	Form 990, Part
							other assets	not . Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follov	ving table.			
						<u> </u>		Amount
C	Beginning balance					. 1c		
d	Additions during the year					, <u>1d</u>		
е	Distributions during the year					. <u>1e</u>		
f	Ending balance					, 1f		
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.						. Yes No
Par	t V Endowment Funds. Co							
		(a) Current year	(b) Pric	or year	(c) Two yea		(d) Three years be	ack (e) Four years back
1a	Beginning of year balance				-5, 2, 7 Pac.		TOPPE - TOP SERVICE - TO	
b	Contributions				1,70	2 (54)	TOXES THE TOWN	<u> </u>
С	Net investment earnings, gains, and losses							
d	Grants or scholarships					Bear e.	10 A 1 2 3	TREE TO THE ALTER.
е	Other expenditures for facilities and programs							
f	Administrative expenses				<u> </u>			* (6)
g	End of year balance				,	2		
2	Provide the estimated percentage of	f the year end bal	ance held	d as.				
а	Board designated or quasi-endowm							
b	Permanent endowment >							
С	Term endowment ▶ %							
За	Are there endowment funds not in the organization by:	e possession of th	ie organiz	ation t	hat are held a	and adm	inistered for th	Yes No
	(i) unrelated organizations					•		3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related orga							. 3b
4	Describe in Part XIV the intended us							
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment	t. See	Form 990, I	Part X,	line 10.	
	Description of investment	(a) Cost or oth			Cost or other asis (other)	de	Accumulated epreciation	(d) Book value
1a	Land					The Contract		
b	Buildings							
c	Leasehold improvements							
d e	Equipment		19,922				17,114	2,808
	l. Add lines 1a through 1e. (Column (d) i	nust equal Form 9	90, Part X,	colum	nn (B), line 10(d	c).) .	>	

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

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 1802015 C.S. Lewis Institute 54 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e <a>Solicitation of non-government grants Solicitation of government grants **b** Internet and email solicitations g Special fundraising events c Phone solicitations d ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes
No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name of individual (ii) Activity (III) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in or entity (fundraiser) from activity (or retained by) organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. Virginia, Maryland & Georgia

Secondary Seco	Pa	irt I	Fundraising Events. C more than \$15,000 on F	omplete if the organiza Form 990-EZ, line 6a. L	ition answered "Yes" t list events with gross i	o Form 990, Part IV, II receipts greater than \$	ne 18, o 35,000.	r repo	orted	l
1 Gross receipts 32,800				1 '	(b) Event #2	(c) Other events				
1 Gross receipts 32,800									rough	l
Service of the composition of th	e e			(event type)	(event type)	(total number)	1			
Service of the composition of th	/en	4	Gross receints	32,800					32	.800
contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 1,000 1,000 8 Entertainment 9 Other direct expenses	Вè	j		,						
minus line 2) 32,800 32		_					 			
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 26,963 26,96		3	•	22.000					22	200
5 Noncash prizes 6 Rent/facility costs 1,000 7 Food and beverages 26,963 26,963 26,963 8 Entertainment 9 Other direct expenses .			minus inte 2) .	32,800			1		32	,000
5 Noncash prizes 6 Rent/facility costs 1,000 7 Food and beverages 26,963 26,963 26,963 8 Entertainment 9 Other direct expenses .		4	Cash prizes							
Figure F			•							
7 Food and beverages 26,963 26		5	Noncash prizes							
7 Food and beverages 26,963 26	w	6	Pont/facility costs	1.000					1.	.000
9 Other direct expenses . 13,685	nse		Heritraciiity costs	1,7,00						1222
9 Other direct expenses . 13,685	xpe	7	Food and beverages	26,963			<u> </u>		26	<u>,963</u>
9 Other direct expenses . 13,685	E S									
9 Other direct expenses . 13,685	Oire	8	Entertainment .				1			
11 Net income summary. Combine line 3, column (d), and line 10. (8,848)	_	9	Other direct expenses , .	13,685					13	,685
11 Net income summary. Combine line 3, column (d), and line 10. (8,848)							,			\
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add coi (a) through coi (b)) 1 Gross revenue (c) Total gaming (add coi (a) through coi (c)) 2 Cash prizes (c) A Rent/facility costs (c) Other direct expenses (c) Other direct expenses (c) Other direct expenses (c) Other direct expenses (c) Other direct expense summary. Add lines 2 through 5 in column (d) (c) Other direct expense summary. Add lines 2 through 5 in column (d) (d) (e) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Combine line 1, column d, and line 7 (f) Other direct expense summary. Summary of the organization icensed to operate gaming activities in each of these states? (f) Other direct expense summary. Summary of the organization operate gaming activities in each of these states? (f) Other direct expense summary. Summary of the organization operate gaming activities in each of these states? (f) Other direct expense summary. Other direct expense summary. Other direct expenses of the organization operate gaming activities in each of these states? (f) Other direct expenses of the organization operate gaming activities in each of these states? (f) Other direct expenses of the organization operate gaming activities in each of these states? (f) Other direct expenses of the organization operate gaming activities of the organization operate gaming activities of the organization operate gaming activities of the organizatio		_					<u> </u>			
than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col (a) through col (c)) 1 Gross revenue (e) Other gaming (d) Total gaming (add col (a) through col (c)) 2 Cash prizes (a) Bingo (b) Pull tabs/instant (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col (a) through col (c)) 3 Noncash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col (a) through col (c)) 4 Rent/facility costs (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col (a) through col (c)) 4 Rent/facility costs (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col (a) through col (c)) 4 Rent/facility costs (a) Types (b) Pull tabs/instant (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col (a) through col (c)) 4 Rent/facility costs (b) Pull tabs/instant (c) Other gaming (add col (a) through col (c) (d) Total gaming (add col (a) through col (c) (e) Pull tabs/instant (c) Other gaming (add col (a) through col (c) (d) Total gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (a) through col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) (e) Pull tabs/instant (e) Other gaming (add col (c) Pull ta							, or repr	orted		
Description of the state of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of these states? Section of the organization operate gaming activities in each of the organization operate gaming activities in each of the organization operate gaming activities in each of the org										
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses . 6 Volunteer labor	en			(a) Bingo		(c) Other gaming				
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses . 6 Volunteer labor	ven				Dirigo/progressive birigo		30, (4)			(0)/
5 Other direct expenses .	æ	1	Gross revenue .				1			
5 Other direct expenses .										
5 Other direct expenses .	ses	2	Cash prizes				╀			
5 Other direct expenses .	ben	,	Nonasah prizos							
5 Other direct expenses .	Ä	3	Noncash prizes .							
5 Other direct expenses .	rec	4	Rent/facility costs							
Yes	۵	_	Other dwest synapses							
6 Volunteer labor		5	Other direct expenses ,	□ Ves %	□ Vac %	Ves %	 			
7 Direct expense summary. Add lines 2 through 5 in column (d)		6	Volunteer labor	= '	= ' '	=				`
8 Net gaming income summary. Combine line 1, column d, and line 7. 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			, ,							
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	, •	[)
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		8	Net gaming income summar	v. Combine line 1. colur	nn d. and line 7					
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		<u> </u>		<u> </u>			1		/es	No
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	9	En	ter the state(s) in which the o	organization operates ga	aming activities					
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	а		•	operate gaming activitie	s in each of these state	es?	. -	9a		
b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers?	b	lf '	'No," explain:							
b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers?										
11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	10a	We	ere any of the organization's	gaming licenses revoke	d, suspended or termin	nated during the tax ye	ar?	10a		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			-	- -	•	•		ĺ		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity										l
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	11	Do	nes the organization operate (gaming activities with n	onmembers?			11		ļ
	12	ls	the organization a grantor, b	eneficiary or trustee of		a partnership or other	entity			

Page	·

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility	- 100 - 100		
	Name ▶	10 mg/ (12 mg/ (14 mg/	*	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	 . (a %	
С	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party.	\$ \(\frac{1}{2} \) رائي چارگ داد در در		ار در در این
	Name ▶			
16	Gaming manager information Name ▶	· · · · · · · · · · · · · · · · · · ·		
	Gaming manager compensation ▶ \$ Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	, , , , , , , , , , , , , , , , , , ,	
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		` .	. ,

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Noncash Contributions

2009

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

Open To Public Inspection

OMB No 1545-0047

C.S. Lewis Institute 1802015 Part I Types of Property (b) (c) (d) (a) Number of contributions Method of determining Check if Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art Art - Historical treasures Art-Fractional interests 2,200 fmv Books and publications Clothing and household goods 6 Cars and other vehicles Boats and planes , 7 intellectual property . 8 Securities-Publicly traded 9 Securities-Closely held stock . 10 Securities - Partnership, LLC, or trust interests 12 Securities-Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation 14 contribution-Other Real estate-Residential . . 15 16 Real estate - Commercial 17 Real estate - Other . . Collectibles . 18 19 Food inventory . Drugs and medical supplies . 20 Taxidermy 21 Historical artifacts . . 22 23 Scientific specimens Archeological artifacts 25 Other ▶ (.....) 26 Other ▶ (.....) 27 Other ▶ (.....) 28 Other ► (.....) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
The Institu	ute uses the services of 6 volunteers during the year for which the services are estimated to total \$70,850.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

C.S. Lewis Institute

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 Rublic

Open to Public Inspection

1802015

Employer identification number

54

Part VI, Section B - Policies, Line 10 - The organization has written policies and procedures governing branches.
12 and 13 - The organization has a written conflict of interest and whistleblower policy.
15 - The Institute has an active Board of Directors, Executive and Finance committee
which reviews officer's compensation and policies and procedures.
C - Disclosure, Line 18 - The Institute makes its documents and financial statements available to the
public through it's website and upon written request to the Institute.