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# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2009**

Open to Public Inspection

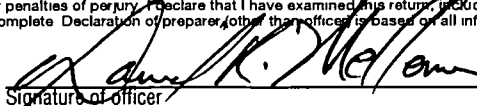
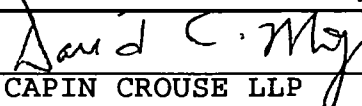
**A** For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

|                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input checked="" type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type<br><br>See Specific Instructions | <b>C</b> Name of organization<br><b>CITIZENLINK</b><br><b>FKA FOCUS ON THE FAMILY ACTION, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>8655 EXPLORER DRIVE</b><br>City or town, state or country, and ZIP + 4<br><b>COLORADO SPRINGS, CO 80920</b> |  | <b>D</b> Employer identification number<br><b>20-0960855</b>                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                     |                                                                        | <b>F</b> Name and address of principal officer <b>DANIEL R MELLEMA</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                                                   |  | <b>E</b> Telephone number<br><b>866-655-4545</b>                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                     |                                                                        | <b>G</b> Gross receipts \$ <b>9,265,794.</b>                                                                                                                                                                                                                                                                                       |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ► |
|                                                                                                                                                                                                                                                                                                                     |                                                                        | <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J</b> Website: ► <b>WWW.CITIZENLINK.COM</b>                                                                                                            |  | <b>L</b> Year of formation: <b>2004</b> <b>M</b> State of legal domicile: <b>CO</b>                                                                                                                                                                                                                               |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►                                                                                                                                 |                                                                        |                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                   |

## Part I Summary

|                                                                         |                                                                                                                                                                                                   |                     |                                                       |                                          |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------|------------------------------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities. <b>PROVIDING AN EDUCATIONAL SERVICE TOWARD THE END OF STRENGTHENING THE FAMILY IN ITS VARIED DIMENSIONS.</b> |                     |                                                       |                                          |
|                                                                         | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                  |                     |                                                       |                                          |
|                                                                         | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                        | <b>3</b> <b>12</b>  |                                                       |                                          |
|                                                                         | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                            | <b>4</b> <b>10</b>  |                                                       |                                          |
|                                                                         | <b>5</b> Total number of employees (Part V, line 2a)                                                                                                                                              | <b>5</b> <b>56</b>  |                                                       |                                          |
|                                                                         | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                       | <b>6</b> <b>4</b>   |                                                       |                                          |
|                                                                         | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                                              | <b>7a</b> <b>0.</b> |                                                       |                                          |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b> <b>0.</b>                                                                                                                                                                               |                     |                                                       |                                          |
| <b>Revenue</b>                                                          | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                            |                     | <b>Prior Year</b><br><b>6,507,041.</b>                | <b>Current Year</b><br><b>5,067,747.</b> |
|                                                                         | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                             |                     |                                                       |                                          |
|                                                                         | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                           |                     | <b>10,458.</b>                                        | <b>9,426.</b>                            |
|                                                                         | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                |                     | <b>4,280,411.</b>                                     | <b>4,176,881.</b>                        |
|                                                                         | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                      |                     | <b>10,797,910.</b>                                    | <b>9,254,054.</b>                        |
|                                                                         | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                        |                     | <b>647,592.</b>                                       | <b>2,443,591.</b>                        |
|                                                                         | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                           |                     |                                                       |                                          |
|                                                                         | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                       |                     | <b>4,324,876.</b>                                     | <b>4,367,258.</b>                        |
|                                                                         | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                          |                     |                                                       |                                          |
|                                                                         | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <b>461,768.</b>                                                                                                              |                     |                                                       |                                          |
| <b>Expenses</b>                                                         | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                            |                     | <b>5,005,677.</b>                                     | <b>4,033,195.</b>                        |
|                                                                         | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (D), line 25)                                                                                                               |                     | <b>9,978,145.</b>                                     | <b>10,844,044.</b>                       |
|                                                                         | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                                                                                                                                    |                     | <b>819,765.</b>                                       | <b>-1,589,990.</b>                       |
|                                                                         |                                                                                                                                                                                                   |                     |                                                       |                                          |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                          |                     | <b>Beginning of Current Year</b><br><b>3,953,111.</b> | <b>End of Year</b><br><b>2,705,949.</b>  |
|                                                                         | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                     |                     | <b>703,235.</b>                                       | <b>1,046,063.</b>                        |
|                                                                         | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                              |                     | <b>3,249,876.</b>                                     | <b>1,659,886.</b>                        |

## Part II Signature Block

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |                         |                                                 |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                                                                                                                                                          |                         |                                                 |                                                                 |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer<br>                                              | Date<br><b>6/3/2011</b> |                                                 |                                                                 |
|                                                                                                                                                                                                                                                                                                                       | <b>DANIEL R MELLEMA, TREASURER/CFO</b><br>Type or print name and title                                                                                   |                         |                                                 |                                                                 |
| <b>Paid Preparer's Use Only</b>                                                                                                                                                                                                                                                                                       | Preparer's signature<br>                                              | Date<br>_____           | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions)<br>EIN ► _____ |
|                                                                                                                                                                                                                                                                                                                       | Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>CAPIN CROUSE LLP</b><br><b>972 EMERSON PKWY, STE A</b><br><b>GREENWOOD, IN 46143</b> |                         |                                                 | Phone no. ► <b>(317) 885-2620</b>                               |

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

☒ Yes ☐ No

313 13

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 4,702,899. including grants of \$ 1,443,591. ) (Revenue \$ )  
PUBLIC POLICY - IN ADDITION TO RESEARCH AND COORDINATION WITH OTHER LIKE MINDED EXEMPT ORGANIZATIONS, CITIZENLINK COMMUNICATED INFORMATION CRITICAL TO THE STABILITY OF THE FAMILY ON POLICY AND LEGISLATIVE MATTERS VIA EMAIL, NEWSLETTER, AND PERIODICAL ARTICLES TO AS MANY AS 1 MILLION HOUSEHOLDS. THESE COMMUNICATIONS WERE DESIGNED TO RALLY CITIZENLINK MEMBERS AND THE GENERAL PUBLIC TO BE INVOLVED IN VARIOUS LEGISLATIVE MATTERS SUCH AS FEDERAL AND STATE CONSTITUTIONAL AMENDMENTS TO PROTECT MARRIAGE AS AN INSTITUTION BETWEEN ONE MAN AND ONE WOMAN, THE PROTECTION OF HUMAN LIFE IN ALL ITS VARIOUS FORMS, AND THE APPROPRIATE ROLE OF STATE AND FEDERAL JUDICIAL SYSTEMS AS DESIGNED BY THE FOUNDING FATHERS OF THE UNITED STATES OF AMERICA. IN ADDITION, CITIZENLINK EMPLOYEES ASSISTED FOCUS ON THE FAMILY (FOF) ON A NUMBER OF

4b (Code: ) (Expenses \$ 1,874,158. including grants of \$ ) (Revenue \$ )  
PUBLICATIONS - CITIZENLINK DISTRIBUTES DAILY AND ISSUE-RELATED EMAILS, LETTERS AND NEWSLETTERS. FOR EXAMPLE, THE CITIZENLINK EMAIL CONSISTS OF DAILY NEWS ITEMS ON A VARIETY OF TIMELY CULTURAL AND POLITICAL TOPICS, AND GOES OUT TO AS MANY AS 105 THOUSAND HOUSEHOLDS. CITIZENLINK REACHES MANY VARIED INTEREST GROUPS AND INDIVIDUALS THROUGH ITS PUBLICATIONS.

4c (Code: ) (Expenses \$ 686,534. including grants of \$ ) (Revenue \$ )  
INTERNET - CITIZENLINK HAS DEVELOPED ONLINE RESOURCES TO DISCUSS PRO-FAMILY LEGISLATION AND PROVIDE A MEANS FOR MEMBERS AND CONSTITUENTS TO LEARN ABOUT CITIZENLINK ACTIVITIES AND EVENTS. THE CITIZENLINK WEBSITE DRAWS A CONSISTENTLY GROWING AUDIENCE OF APPROXIMATELY 275 THOUSAND UNIQUE MONTHLY VISITORS. THE RESOURCES AVAILABLE INCLUDE WEB VIDEOS, ANALYSIS OF ISSUES, AND ARCHIVES OF MEMBER NEWSLETTERS AND EMAIL ALERTS TO MEMBERS. THIS WEBSITE HELPS PROMOTE A PLATFORM FOR INFORMING, INSPIRING, AND RALLYING THOSE WHO CARE DEEPLY ABOUT THE FAMILY TO GREATER INVOLVEMENT IN THE MORAL, CULTURAL, AND POLITICAL ISSUES THAT THREATEN OUR NATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 2,268,429. including grants of \$ 1,000,000. ) (Revenue \$ )

4e Total program service expenses \$ 9,532,020.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                              | Yes      | No     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br>If "Yes," complete Schedule A                                                                                                                |          | X      |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                      | X        |        |
| <b>3</b> 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                                                                | X        |        |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                  | N/A      |        |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                                        | X        |        |
| <b>6</b> 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  |          | X      |
| <b>7</b> 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                                      |          | X      |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                   |          | X      |
| <b>9</b> 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 |          | X      |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                       |          | X      |
| <b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                      | X        |        |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                        |          |        |
| • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                    |          |        |
| • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                    |          |        |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                       |          |        |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                      |          |        |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X                       |          |        |
| <b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                            | X        |        |
| <b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional                                                                 | Yes<br>X | No<br> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                  |          | X      |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                       |          | X      |
| <b>b</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                             |          | X      |
| <b>15</b> 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                                      |          | X      |
| <b>16</b> 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                                          |          | X      |
| <b>17</b> 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                                                         |          | X      |
| <b>18</b> 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                                                                     |          | X      |
| <b>19</b> 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                                                                                               |          | X      |
| <b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                  |          | X      |

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

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

Form 990 (2009)

**Part 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 U.S. Information Returns. Enter -0- if not applicable                                                                                                                                         | 10  |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                  | 0   |    |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                         |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                    | 56  |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)                                   | X   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                             |     | X  |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                                 |     |    |
| 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)?                                       |     | X  |
| 4b  | If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                              |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                            |     | X  |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                 |     | X  |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                                 |     |    |
| 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?                                                                                                      | X   |    |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                    | X   |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b> N/A                                                                                                                                                                                         |     |    |
| 7a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                  |     |    |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                  |     |    |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                             |     |    |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                |     |    |
| 7e  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                |     | X  |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                     |     | X  |
| 7g  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                       |     |    |
| 7h  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                            |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                 |     |    |
| 9a  | Did the organization make any taxable distributions under section 4966? N/A                                                                                                                                                                                                      |     |    |
| 9b  | Did the organization make a distribution to a donor, donor advisor, or related person? N/A                                                                                                                                                                                       |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                    |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 N/A                                                                                                                                                                                                     |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                      |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                                   |     |    |
| 11a | Gross income from members or shareholders N/A                                                                                                                                                                                                                                    |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)                                                                                                                                                      |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                            |     |    |

Form 990 (2009)

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a Enter the number of voting members of the governing body                                                                                                                                                           | 12  |    |
| b Enter the number of voting members that are independent                                                                                                                                                             | 10  |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               |     | X  |
| 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? |     | X  |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                               | X   |    |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             |     | X  |
| 6 Does the organization have members or stockholders?                                                                                                                                                                 |     | X  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        |     | X  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             |     | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| a The governing body?                                                                                                                                                                                                 | X   |    |
| b Each committee with authority to act on behalf of the governing body?                                                                                                                                               | X   |    |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, FL, GA, HI, IL, KY, LA, MD, MN, NC**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **CITIZENLINK FKA FOCUS ON THE FAMILY ACTION, INC. - 866-655-4545**  
**8655 EXPLORER DRIVE, COLORADO SPRINGS, CO 80920**

Form 990 (2009)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

| (A)<br>Name and Title                                        | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                              |                                        | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| LTC PATRICK P. CARUANA (USAF, RET.)<br>CHAIRMAN/BOARD MEMBER | 1.00                                   | X                                         |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DR. R. ALBERT MOHLER, JR.<br>VICE CHAIRMAN/BOARD MEMBER      | 1.00                                   | X                                         |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JAMES D. DALY<br>PRESIDENT/BOARD MEMBER                      | 45.00                                  | X                                         |                       | X       |              |                              |        | 229,593.                                                                            | 0.                                                                                    | 21,419.                                                                                                            |
| ROBERT E. HAMBY C.P.A.<br>BOARD MEMBER                       | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DANIEL VILLANUEVA<br>BOARD MEMBER                            | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| ELSA PRINCE BROEKHUIZEN<br>BOARD MEMBER                      | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DR. KATHLEEN NIELSON<br>BOARD MEMBER                         | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| ERIC PILLMORE<br>BOARD MEMBER                                | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LEE TORRENCE<br>BOARD MEMBER                                 | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| PAUL NELSON<br>BOARD MEMBER                                  | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| KIM ROBINSON<br>BOARD MEMBER                                 | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| ANTHONY WAUTERLEK<br>BOARD MEMBER                            | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| STU MENDELSON<br>SECRETARY                                   | 1.00                                   |                                           |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| WADE D. CROW<br>CFO                                          | 45.00                                  |                                           |                       | X       |              |                              |        | 144,881.                                                                            | 0.                                                                                    | 16,198.                                                                                                            |
| DANIEL R. MELLEMA<br>TREASURER                               | 45.00                                  |                                           |                       | X       |              |                              |        | 0.                                                                                  | 94,464.                                                                               | 16,718.                                                                                                            |
| BUFORD D. TACKETT III<br>FORMER ASST TREASURER               | 45.00                                  |                                           |                       |         |              |                              | X      | 0.                                                                                  | 145,912.                                                                              | 9,487.                                                                                                             |
| GLENN A. WILLIAMS<br>CHIEF OPERATING OFFICER                 | 45.00                                  |                                           |                       |         | X            |                              |        | 0.                                                                                  | 184,349.                                                                              | 18,634.                                                                                                            |

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

| (A)<br>Name and title                      | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                            |                                        | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| CLARK MILLER<br>CHIEF STRATEGY OFFICER     | 45.00                                  |                                           |                       |         |              | X                            |        | 0.                                                                                  | 143,360.                                                                              | 16,814.                                                                                                            |
| THOMAS A. MINNERY<br>SENIOR VICE PRESIDENT | 45.00                                  |                                           |                       |         |              | X                            |        | 143,150.                                                                            | 0.                                                                                    | 14,518.                                                                                                            |
| STANLEY R. JOHN<br>SENIOR VICE PRESIDENT   | 45.00                                  |                                           |                       |         |              | X                            |        | 0.                                                                                  | 140,848.                                                                              | 17,563.                                                                                                            |
| ROBERT WOOD<br>CHIEF INFORMATION OFFICER   | 45.00                                  |                                           |                       |         |              | X                            |        | 0.                                                                                  | 135,335.                                                                              | 15,464.                                                                                                            |
| KENT KIEFER<br>SENIOR VICE PRESIDENT       | 45.00                                  |                                           |                       |         |              | X                            |        | 0.                                                                                  | 132,767.                                                                              | 14,786.                                                                                                            |
|                                            |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                            |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                            |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                            |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>1b Total</b>                            |                                        |                                           |                       |         |              |                              |        | <b>517,624.</b>                                                                     | <b>977,035.</b>                                                                       | <b>161,601.</b>                                                                                                    |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                                                                                                                                   | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| REAL EASY TECHNOLOGY LLC DBA CHRISTIAN MARK<br>1765 RIDGEMILL TERRACE, DACULA, GA 30019                                                                                            | INTERNET SERVICES              | 114,482.            |
|                                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                                    |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>1</b> |                                |                     |

**Part VIII Statement of Revenue**

|                                                           |                                                                                                                                      |                |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1 a Federated campaigns                                                                                                              | 1a             |               |                      |                                                 |                                         |                                                                              |
|                                                           | b Membership dues                                                                                                                    | 1b             | 59,842.       |                      |                                                 |                                         |                                                                              |
|                                                           | c Fundraising events                                                                                                                 | 1c             |               |                      |                                                 |                                         |                                                                              |
|                                                           | d Related organizations                                                                                                              | 1d             |               |                      |                                                 |                                         |                                                                              |
|                                                           | e Government grants (contributions)                                                                                                  | 1e             |               |                      |                                                 |                                         |                                                                              |
|                                                           | f All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | 1f             | 5007905.      |                      |                                                 |                                         |                                                                              |
|                                                           | g Noncash contributions included in lines 1a-1f \$                                                                                   |                | 11,524.       |                      |                                                 |                                         |                                                                              |
|                                                           | h <b>Total.</b> Add lines 1a-1f                                                                                                      |                |               | 5067747.             |                                                 |                                         |                                                                              |
| Program Service<br>Revenue                                | Business Code                                                                                                                        |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | 2 a                                                                                                                                  |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | b                                                                                                                                    |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | c                                                                                                                                    |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | d                                                                                                                                    |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | e                                                                                                                                    |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | f All other program service revenue                                                                                                  |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | g <b>Total.</b> Add lines 2a-2f                                                                                                      |                |               |                      |                                                 |                                         |                                                                              |
| Other Revenue                                             | 3 Investment income (including dividends, interest, and<br>other similar amounts)                                                    |                |               | 9,854.               |                                                 |                                         | 9,854.                                                                       |
|                                                           | 4 Income from investment of tax-exempt bond proceeds                                                                                 |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | 5 Royalties                                                                                                                          |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | 6 a Gross Rents                                                                                                                      | (i) Real       | (ii) Personal |                      |                                                 |                                         |                                                                              |
|                                                           | b Less rental expenses                                                                                                               |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | c Rental income or (loss)                                                                                                            |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | d Net rental income or (loss)                                                                                                        |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | 7 a Gross amount from sales of<br>assets other than inventory                                                                        | (i) Securities | (ii) Other    |                      |                                                 |                                         |                                                                              |
|                                                           | b Less cost or other basis<br>and sales expenses                                                                                     |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | c Gain or (loss)                                                                                                                     |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | d Net gain or (loss)                                                                                                                 |                |               | -428.                |                                                 |                                         | -428.                                                                        |
|                                                           | 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c) See<br>Part IV, line 18 | a              |               |                      |                                                 |                                         |                                                                              |
|                                                           | b Less direct expenses                                                                                                               | b              |               |                      |                                                 |                                         |                                                                              |
|                                                           | c Net income or (loss) from fundraising events                                                                                       |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | 9 a Gross income from gaming activities. See<br>Part IV, line 19                                                                     | a              |               |                      |                                                 |                                         |                                                                              |
|                                                           | b Less direct expenses                                                                                                               | b              |               |                      |                                                 |                                         |                                                                              |
|                                                           | c Net income or (loss) from gaming activities                                                                                        |                |               |                      |                                                 |                                         |                                                                              |
|                                                           | 10 a Gross sales of inventory, less returns<br>and allowances                                                                        | a              |               |                      |                                                 |                                         |                                                                              |
|                                                           | b Less cost of goods sold                                                                                                            | b              |               |                      |                                                 |                                         |                                                                              |
|                                                           | c Net income or (loss) from sales of inventory                                                                                       |                |               |                      |                                                 |                                         |                                                                              |
| Miscellaneous Revenue                                     |                                                                                                                                      | Business Code  |               |                      |                                                 |                                         |                                                                              |
| 11 a REIMBURSEMENT FROM FOF                               | 900099                                                                                                                               |                | 4176881.      | 4176881.             |                                                 |                                         |                                                                              |
| b                                                         |                                                                                                                                      |                |               |                      |                                                 |                                         |                                                                              |
| c                                                         |                                                                                                                                      |                |               |                      |                                                 |                                         |                                                                              |
| d All other revenue                                       |                                                                                                                                      |                |               |                      |                                                 |                                         |                                                                              |
| e <b>Total.</b> Add lines 11a-11d                         |                                                                                                                                      |                | 4176881.      |                      |                                                 |                                         |                                                                              |
| 12 <b>Total revenue.</b> See instructions.                |                                                                                                                                      |                | 9254054.      | 4176881              | 0                                               | 0 428                                   |                                                                              |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                               | 2,443,591.            | 2,443,591.                      |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                                 |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                                    |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                    | 572,770.              | 497,478.                        | 57,941.                                | 17,351.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                               | 44,919.               | 39,407.                         | 4,117.                                 | 1,395.                      |
| 7 Other salaries and wages                                                                                                                                                                                                                    | 2,940,871.            | 2,580,000.                      | 269,518.                               | 91,353.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                               | 92,237.               | 37,130.                         | 54,899.                                | 208.                        |
| 9 Other employee benefits                                                                                                                                                                                                                     | 484,165.              | 466,015.                        | 2,361.                                 | 15,789.                     |
| 10 Payroll taxes                                                                                                                                                                                                                              | 232,296.              | 200,338.                        | 25,211.                                | 6,747.                      |
| 11 Fees for services (non-employees)                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                       | 85,276.               | 77,370.                         | 7,906.                                 |                             |
| c Accounting                                                                                                                                                                                                                                  | 22,950.               | 897.                            | 22,053.                                |                             |
| d Lobbying                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                     |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                                  | 300.                  |                                 | 300.                                   |                             |
| g Other                                                                                                                                                                                                                                       | 449,543.              | 279,924.                        | 96,560.                                | 73,059.                     |
| 12 Advertising and promotion                                                                                                                                                                                                                  | 207,229.              | 207,227.                        |                                        | 2.                          |
| 13 Office expenses                                                                                                                                                                                                                            | 78,868.               | 15,754.                         | 63,099.                                | 15.                         |
| 14 Information technology                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                                  | 4,451.                | 1,230.                          | 3,221.                                 |                             |
| 16 Occupancy                                                                                                                                                                                                                                  | 258,952.              | 131,948.                        | 127,004.                               |                             |
| 17 Travel                                                                                                                                                                                                                                     | 234,705.              | 210,372.                        | 15,747.                                | 8,586.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                             |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                     | 56,241.               | 6,700.                          | 49,515.                                | 26.                         |
| 20 Interest                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                                  | 1,942.                | 1,942.                          |                                        |                             |
| 23 Insurance                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                                      |                       |                                 |                                        |                             |
| a <b>PROJECT DEVELOPMENT</b>                                                                                                                                                                                                                  | 1,208,655.            | 1,147,680.                      |                                        | 60,975.                     |
| b <b>PRINTING &amp; PUBLICATIONS</b>                                                                                                                                                                                                          | 584,404.              | 472,412.                        | 383.                                   | 111,609.                    |
| c <b>POSTAGE &amp; SHIPPING</b>                                                                                                                                                                                                               | 409,406.              | 336,697.                        | 1,913.                                 | 70,796.                     |
| d <b>RADIO, TV &amp; FILM</b>                                                                                                                                                                                                                 | 256,103.              | 252,890.                        |                                        | 3,213.                      |
| e <b>BENEVOLENCE</b>                                                                                                                                                                                                                          | 98,085.               | 97,712.                         | 194.                                   | 179.                        |
| f All other expenses                                                                                                                                                                                                                          | 76,085.               | 27,306.                         | 48,314.                                | 465.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f                                                                                                                                                                                  | 10,844,044.           | 9,532,020.                      | 850,256.                               | 461,768.                    |
| 26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 1,215,861.            | 899,747.                        | 0.                                     | 316,114.                    |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                         | (A)<br>Beginning of year |            | (B)<br>End of year |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                           | 3,737,236.               | 1          | 2,331,708.         |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                |                          | 2          |                    |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                    |                          | 3          |                    |
|                                                                     | 4 Accounts receivable, net                                                                                                                                              | 183,462.                 | 4          | 149,579.           |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                   |                          | 5          |                    |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L      |                          | 6          |                    |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                       |                          | 7          |                    |
|                                                                     | 8 Inventories for sale or use                                                                                                                                           |                          | 8          |                    |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                 | 22,922.                  | 9          | 217,113.           |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                 | 10a 13,129.              |            |                    |
|                                                                     | b Less: accumulated depreciation                                                                                                                                        | 10b 5,580.               | 10c        | 7,540              |
|                                                                     | 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         |                    |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                   |                          | 15         |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 3,953,111.                                                                                                                                                              | 16                       | 2,705,949. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                | 703,235.                 | 17         | 1,046,063.         |
|                                                                     | 18 Grants payable                                                                                                                                                       |                          | 18         |                    |
|                                                                     | 19 Deferred revenue                                                                                                                                                     |                          | 19         |                    |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                          |                          | 20         |                    |
|                                                                     | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                |                          | 21         |                    |
|                                                                     | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |                          | 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 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                    | 703,235.                 | 26         | 1,046,063.         |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                 |                          |            |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                              | 3,249,876.               | 27         | 1,659,886.         |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                    |                          | 28         |                    |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                    |                          | 29         |                    |
|                                                                     | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                          |                          |            |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                   |                          | 30         |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                     |                          | 31         |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                     |                          | 32         |                    |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                             | 3,249,876.               | 33         | 1,659,886.         |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 3,953,111.                                                                                                                                                              | 34                       | 2,705,949. |                    |

Form 990 (2009)

Part XI

Financial Statements and Reporting

|                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
| <div>1</div> <div>Accounting method used to prepare the Form 990</div> <div> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other </div> <div>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</div>                                                                          |     |    |
| <div>2a</div> <div>Were the organization's financial statements compiled or reviewed by an independent accountant?</div>                                                                                                                                                                                                                                                                           |     | X  |
| <div>2b</div> <div>Were the organization's financial statements audited by an independent accountant?</div>                                                                                                                                                                                                                                                                                        | X   |    |
| <div>2c</div> <div> <div>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?</div> <div>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</div> </div> | X   |    |
| <div>3a</div> <div> <div>d</div> <div>If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both</div> <div> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis </div> </div>   |     |    |
| <div>3a</div> <div>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?</div>                                                                                                                                                                                                                  |     | X  |
| <div>3b</div> <div> <div>b</div> <div>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</div> </div>                                                                                                                            |     |    |

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

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

**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 <b>CITIZENLINK<br/>FKA FOCUS ON THE FAMILY ACTION, INC.</b> | Employer identification number<br><b>20-0960855</b> |
|----------------------------------------------------------------------------------|-----------------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ **764,984.**
- 3 Volunteer hours **483.**

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ **5.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ **5.**
- 4 Did the filing organization file Form 1120-POL for this year? ☒ Yes ☐ No
- 5 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 | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                      |                                                                                                                                              |
|          |             |         |                                                                      |                                                                                                                                              |
|          |             |         |                                                                      |                                                                                                                                              |
|          |             |         |                                                                      |                                                                                                                                              |
|          |             |         |                                                                      |                                                                                                                                              |
|          |             |         |                                                                      |                                                                                                                                              |
|          |             |         |                                                                      |                                                                                                                                              |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009  
LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | 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 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The lobbying nontaxable amount is:                |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| 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 |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$225,000 plus 5% of the excess over \$1,500,000  |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$1,000,000                                       |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

☐ 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.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year<br>(or fiscal year beginning in)               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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>a</b> Volunteers?                                                                                                                                                                                                                   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                               |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                  |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                           | Yes      | No       |
|-----------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | <b>X</b> |          |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                |          | <b>X</b> |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? |          | <b>X</b> |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

|                                                                                                                                                                                                                                                     |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information

**PART I-A, LINE 1:**

CITIZENLINK FKA FOCUS ON THE FAMILY ACTION, INC. WAS FORMED TO PROVIDE AN EDUCATIONAL SERVICE TO PARENTS AND OTHERS WHO ARE CONCERNED WITH HEALTHY FAMILY LIVING, TOWARD THE END OF STRENGTHENING THE FAMILY IN ITS VARIED DIMENSIONS. CITIZENLINK'S ACTIVITIES INCLUDE WEBCASTS, INFORMATIONAL VIDEOS POSTED TO THE WEBSITE, EMAILS TO MEMBERS, CONTACTS

Schedule C (Form 990 or 990-EZ) 2009

Part IV Supplemental Information (continued)

WITH LEGISLATORS AND CANDIDATES, PERIODIC UPDATES VIA MAIL, AND RADIO  
BROADCASTS.

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **CITIZENLINK  
FKA FOCUS ON THE FAMILY ACTION, INC.**

Employer identification number  
**20-0960855**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                      |            |
|------------------------------------------------------|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                  | Amount |
|----------------------------------|--------|
| 1c Beginning balance             |        |
| 1d Additions during the year     |        |
| 1e Distributions during the year |        |
| 1f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

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

- |                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ► \_\_\_\_\_ %
- b Permanent endowment ► \_\_\_\_\_ %
- c Term endowment ► \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     |    |
| (ii) related organizations  |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

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

| Description of investment                                                                        | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                          |                                      |                                 |                              |                |
| b Buildings                                                                                      |                                      |                                 |                              |                |
| c Leasehold improvements                                                                         |                                      |                                 |                              |                |
| d Equipment                                                                                      |                                      | 13,129.                         | 5,580.                       | 7,549.         |
| e Other                                                                                          |                                      |                                 |                              | 0.             |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) |                                      |                                 |                              | 7,549.         |

Schedule D (Form 990) 2009



| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements |                                                                                         |    |             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----|-------------|
| 1                                                                                            | Total revenue (Form 990, Part VIII, column (A), line 12)                                | 1  | 9,254,054.  |
| 2                                                                                            | Total expenses (Form 990, Part IX, column (A), line 25)                                 | 2  | 10,844,044. |
| 3                                                                                            | Excess or (deficit) for the year Subtract line 2 from line 1                            | 3  | -1,589,990. |
| 4                                                                                            | Net unrealized gains (losses) on investments                                            | 4  |             |
| 5                                                                                            | Donated services and use of facilities                                                  | 5  |             |
| 6                                                                                            | Investment expenses                                                                     | 6  |             |
| 7                                                                                            | Prior period adjustments                                                                | 7  |             |
| 8                                                                                            | Other (Describe in Part XIV)                                                            | 8  |             |
| 9                                                                                            | Total adjustments (net) Add lines 4 through 8                                           | 9  | 0.          |
| 10                                                                                           | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | -1,589,990. |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                |    |            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----|------------|
| 1                                                                                           | Total revenue, gains, and other support per audited financial statements       | 1  | 9,254,054. |
| 2                                                                                           | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |    |            |
| a                                                                                           | Net unrealized gains on investments                                            | 2a |            |
| b                                                                                           | Donated services and use of facilities                                         | 2b |            |
| c                                                                                           | Recoveries of prior year grants                                                | 2c |            |
| d                                                                                           | Other (Describe in Part XIV)                                                   | 2d |            |
| e                                                                                           | Add lines 2a through 2d                                                        | 2e | 0.         |
| 3                                                                                           | Subtract line 2e from line 1                                                   | 3  | 9,254,054. |
| 4                                                                                           | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |    |            |
| a                                                                                           | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |            |
| b                                                                                           | Other (Describe in Part XIV)                                                   | 4b |            |
| c                                                                                           | Add lines 4a and 4b                                                            | 4c | 0.         |
| 5                                                                                           | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 9,254,054. |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                 |    |             |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----|-------------|
| 1                                                                                              | Total expenses and losses per audited financial statements                      | 1  | 10,844,044. |
| 2                                                                                              | Amounts included on line 1 but not on Form 990, Part IX, line 25                |    |             |
| a                                                                                              | Donated services and use of facilities                                          | 2a |             |
| b                                                                                              | Prior year adjustments                                                          | 2b |             |
| c                                                                                              | Other losses                                                                    | 2c |             |
| d                                                                                              | Other (Describe in Part XIV.)                                                   | 2d |             |
| e                                                                                              | Add lines 2a through 2d                                                         | 2e | 0.          |
| 3                                                                                              | Subtract line 2e from line 1                                                    | 3  | 10,844,044. |
| 4                                                                                              | Amounts included on Form 990, Part IX, line 25, but not on line 1               |    |             |
| a                                                                                              | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b                                                                                              | Other (Describe in Part XIV)                                                    | 4b |             |
| c                                                                                              | Add lines 4a and 4b                                                             | 4c | 0.          |
| 5                                                                                              | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 10,844,044. |

Part XIV Supplemental Information

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

PART X: AS OF SEPTEMBER 30, 2010, CITIZENLINK HAD NO UNCERTAIN

TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**CITIZENLINK**

**FKA FOCUS ON THE FAMILY ACTION, INC.**

Employer identification number  
**20-0960855**

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

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

☒ Yes ☐ No

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

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

| 1 (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                  |
|-----------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|
| CALIFORNIA FAMILY COUNCIL<br>FOUNDATION - P.O. BOX 20012 -<br>RIVERSIDE, CA 92516       | 16-1667739 | 501(C)(3)                     | 700,000.                 | 4,975.00                          | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH PROP 8 LEGAL DEFENSE                                                    |
| CENTER FOR MILITARY READINESS<br>P.O. BOX 51600<br>LIVONIA, MI 48151                    | 38-3043093 | 501(C)(3)                     | 8,000.                   | 0.00                              | BOOK                                                  |                                        | ASSIST IN ONGOING EFFORTS                                                           |
| COLORADANS FOR LIBERTY<br>P.O. BOX 62970<br>COLORADO SPRINGS, CO 80962                  | 27-2210936 | 501(C)(4)                     | 75,000.                  | 0.00                              | BOOK                                                  |                                        | ASSIST WITH PAID CIRCULATOR FEES                                                    |
| COLORADO FAMILY ACTION<br>P.O. BOX 558<br>CASTLE ROCK, CO 80104                         | 20-5012920 | 501(C)(4)                     | 60,103.                  | 4,975.00                          | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH CONTRACTS, RESEARCH, MEDIA CONTACTS, EMAIL/NEWSLETTER UPDATES AND MORE. |
| CONSERVATIVE POLITICAL ACTION<br>CONFERENCE - 1007 CAMERON ST -<br>ALEXANDRIA, VA 22314 | 52-1294680 | 501(C)(3)                     | 8,000.                   | 0.00                              | BOOK                                                  |                                        | CONFERENCE SUPPORT                                                                  |
| CORNERSTONE ACTION<br>P.O. BOX 4683<br>MANCHESTER, NH 03108                             | 25-1914600 | 501(C)(4)                     | 90,000.                  | 0.00                              | BOOK                                                  |                                        | ASSIST WITH ELECTION RACES                                                          |
| 2 Enter total number of section 501(c)(3) and government organizations                  |            |                               |                          |                                   |                                                       |                                        | 10.                                                                                 |
| 3 Enter total number of other organizations                                             |            |                               |                          |                                   |                                                       |                                        | 14.                                                                                 |

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

Schedule I (Form 990) 2009

## CITIZENLINK

Schedule I (Form 990) 2009

FKA FOCUS ON THE FAMILY ACTION, INC.

20-0960855

Page 2

**Part III** 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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THESE REQUESTS FOR FINANCIAL ASSISTANCE ARE FOR

A SPECIFIC ACTIVITY THAT IS IN AGREEMENT WITH OUR ORGANIZATIONAL PURPOSE.

WE DISCUSS THE PROJECT INVOLVED AND HOW THE REQUESTED FUNDS ARE GOING TO BE

USED. WE ALSO MONITOR THE ACTIVITIES INVOLVED AND REQUEST FOLLOW-UP INFO

AS NECESSARY.

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
Open to Public  
Inspection

Name of the organization

CITIZENLINK

FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number

20-0960855

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                         |
|---------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| FAMILY POLICY COUNCIL OF WV<br>P.O. BOX 566<br>CHARLESTON, WV 25322                         | 20-4298604 | 501(C)(4)                     | 8,500.                   | 5,408.                            | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH POLLING, VOTER ID, EDUCATION AND GOTV EFFORTS. |
| FAMILY RESEARCH COUNCIL, DC<br>801 G ST NW<br>WASHINGTON, DC 20001                          | 52-1792772 | 501(C)(3)                     | 10,000.                  | 0.                                | BOOK                                                  |                                        | ASSIST WITH POLLING.                                       |
| FLORIDA FAMILY ACTION<br>4853 S ORANGE AVENUE, STE C<br>ORLANDO, FL 32806                   | 33-1108736 | 501(C)(4)                     | 10,000.                  | 0.                                | BOOK                                                  |                                        | ASSIST WITH WEBSITE REPAIRS/REPLACEMENT.                   |
| FPIW - ACTION<br>16108 ASH WAY, STE 111A<br>LYNNWOOD, WA 98087                              | 20-8438949 | 501(C)(4)                     | 0.                       | 5,796.                            | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH WEBSITE DEVELOPMENT.                           |
| HAWAII FAMILY FORUM<br>6301 PALI HIGHWAY<br>KANELOHE, HI 96744                              | 94-3271901 | 501(C)(3)                     | 21,500.                  | 0.                                | BOOK                                                  |                                        | ASSIST WITH FUNDRAISING AND CIVIL UNIONS EFFORT.           |
| CORNERSTONE FAMILY COUNCIL<br>P.O. BOX 563<br>EAGLE, ID 83616                               | 82-0525912 | 501(C)(3)                     | 0.                       | 5,796.                            | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH WEBSITE DEVELOPMENT.                           |
| INDIANA FAMILY ACTION<br>155 E MARKET, STE 307<br>INDIANAPOLIS, IN 46204                    | 71-0998358 | 501(C)(4)                     | 40,500.                  | 432.                              | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH STATE ELECTION EFFORTS.                        |
| IOWA FAMILY POLICY CENTER ACTION<br>1100 N HICKORY BLVD, STE 107<br>PLEASANT HILL, IA 50327 | 42-1469051 | 501(C)(4)                     | 100,000.                 | 4,975.                            | BOOK                                                  | INTERNET SERVICE ASSISTANCE            | ASSIST WITH STATE ELECTION EFFORTS.                        |

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**CITIZENLINK**

**FKA FOCUS ON THE FAMILY ACTION, INC.**

Employer identification number

**20-0960855**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|--------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------|
| MONTANA FAMILY ACTION<br>P.O. BOX 494<br>LAUREL, MT 59804                            | 20-1637490 | 501(C)(4)                     | 0.                       | 5,796.BOOK                        |                                                       | INTERNET SERVICE ASSISTANCE            | ASSIST WITH WEBSITE DEVELOPMENT.           |
| NEW JERSEY FAMILY FIRST, INC.<br>P.O. BOX 6011<br>PARSIPPANY, NJ 07054               | 20-8234453 | 501(C)(4)                     | 15,000.                  | 5,796.BOOK                        |                                                       | INTERNET SERVICE ASSISTANCE            | ASSIST WITH FPC EFFORTS.                   |
| NEW YORKERS FOR CONSTITUTIONAL<br>FREEDOMS - P.O. BOX 107 -<br>SPENCERPORT, NY 14559 | 16-1279810 | 501(C)(4)                     | 50,000.                  | 0.BOOK                            |                                                       |                                        | ASSIST WITH STATE ELECTION EFFORTS.        |
| NORTH DAKOTA FAMILY ALLIANCE<br>3220 18TH ST S #8<br>FARGO, ND 58104                 | 45-0409771 | 501(C)(3)                     | 7,500.                   | 0.BOOK                            |                                                       |                                        | ASSIST WITH RELIGIOUS LIBERTY RESTORATION. |
| PENNSYLVANIA FAMILY COUNCIL<br>23 N FRONT STREET<br>HARRISBURG, PA 17101             | 25-1777977 | 501(C)(4)                     | 100,000.                 | 432.BOOK                          |                                                       | INTERNET SERVICE ASSISTANCE            | ASSIST WITH STATE ELECTION EFFORTS.        |
| THE HARBOR LEAGUE<br>2800 QUARY LAKE DR, STE 140<br>BALTIMORE, MD 21209              | 20-3367446 | 501(C)(3)                     | 1,500.                   | 30,000.BOOK                       |                                                       | RADIO PROMOTIONAL SPOTS                | CONFERENCE SUPPORT                         |
| WISCONSIN FAMILY ACTION<br>222 S HAMILTON ST, STE 24<br>MADISON, WI 53703            | 83-0448717 | 501(C)(4)                     | 0.                       | 5,408.BOOK                        |                                                       | INTERNET SERVICE ASSISTANCE            | ASSIST WITH WEBSITE DEVELOPMENT.           |
| WYWATCH FAMILY, INC.<br>P.O. BOX 20515<br>CHEYENNE, WY 82003                         | 80-0314754 | 501(C)(4)                     | 0.                       | 5,796.BOOK                        |                                                       | INTERNET SERVICE ASSISTANCE            | ASSIST WITH WEBSITE DEVELOPMENT.           |

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

Schedule I-1 (Form 990) 2009

**Employer identification number**  
**20-0960855**

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

|                                                                                             |                                                            |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Name of the organization</b> <b>CITIZENLINK<br/>FKA FOCUS ON THE FAMILY ACTION, INC.</b> | <b>Employer identification number</b><br><b>20-0960855</b> |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------|

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

|    | Yes | No |
|----|-----|----|
| 1b | X   |    |
| 2  | X   |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

Schedule J (Form 990) 2009

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

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

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

| (A) Name              | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                       | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                            |
| JAMES D. DALY         | (i) 221,347.                                       | 5,881.                              | 2,365.                              | 8,567.                                         | 13,866.                 | 252,026.                        | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| WADE D. CROW          | (i) 143,519.                                       | 217.                                | 1,145.                              | 3,346.                                         | 13,854.                 | 162,081.                        | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| BUFORD D. TACKETT III | (i) 144,227.                                       | 0.                                  | 1,685.                              | 5,320.                                         | 4,928.                  | 156,160.                        | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| GLENN A. WILLIAMS     | (i) 156,017.                                       | 26,389.                             | 1,943.                              | 5,782.                                         | 13,866.                 | 203,997.                        | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| CLARK MILLER          | (i) 140,369.                                       | 562.                                | 2,429.                              | 3,962.                                         | 13,835.                 | 161,157.                        | 0.                                                         |
|                       | (ii) 140,632.                                      | 356.                                | 2,162.                              | 5,422.                                         | 10,089.                 | 158,661.                        | 0.                                                         |
| THOMAS A. MINNERY     | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| STANLEY R. JOHN       | (i) 137,961.                                       | 217.                                | 2,670.                              | 4,711.                                         | 13,849.                 | 159,408.                        | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| ROBERT WOOD           | (i) 130,645.                                       | 3,109.                              | 1,581.                              | 2,612.                                         | 13,837.                 | 151,784.                        | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (i) 0.                                             | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                       | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |

Part III Supplemental Information

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

PART I, LINE 1A: JIM DALY HAS FLOWN FIRST-CLASS FOR INTERNATIONAL TRAVEL AND OCCASIONALLY FOR DOMESTIC FLIGHTS.

TRAVEL FOR COMPANIONS WAS PROVIDED TO JIM DALY. THE COST OF THE COMPANION TRAVEL IS INCLUDED IN EMPLOYEE COMPENSATION.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization **CITIZENLINK**

**FKA FOCUS ON THE FAMILY ACTION, INC.**

Employer identification number  
**20-0960855**

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

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

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

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

▶ \$

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

▶ \$

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

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

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                           | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                              |                                       |      |                               | ▶ \$            |                 |    |                                     |    |                        |    |

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

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

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

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| JEREMY WOODARD                | SON-IN-LAW OF DANIE                                             | 44,919.                   | JEREMY RECE                    |                                         | X  |
| CSK STRATEGIC MARKETING GR    | FORMER KEY EMPLOYEE                                             | 70,750.                   | CSK STRATEG                    |                                         | X  |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

CITIZENLINK

FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number

20-0960855

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

CITIZENLINK FKA FOCUS ON THE FAMILY ACTION, INC. WAS ORGANIZED AS A  
RELIGIOUS CORPORATION ON APRIL 2, 2004 AND IS NOT ORGANIZED FOR THE  
PRIVATE GAIN OF ANY PERSON. IT IS ORGANIZED UNDER THE COLORADO  
NONPROFIT CORPORATION ACT FOR RELIGIOUS PURPOSES. CITIZENLINK WAS  
FORMED TO PROVIDE AN EDUCATIONAL SERVICE TO PARENTS AND OTHERS WHO ARE  
CONCERNED WITH HEALTHY FAMILY LIVING, TOWARD THE END OF STRENGTHENING  
THE FAMILY IN ITS VARIED DIMENSIONS. THE PRIMARY MEANS OF  
ACCOMPLISHING THESE GOALS ARE RADIO BROADCASTS, PERIODICAL ARTICLES,  
THE INTERNET AND EVENTS THAT SHARE THE MESSAGE WITH MEMBERS, CHURCHES,  
AND THE PUBLIC AT LARGE IN THE UNITED STATES.

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

RESEARCH PROJECTS AND COMMUNICATION TO CULTURE AND POLICY ISSUES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EVENTS - CITIZENLINK CO-SPONSORED A "VALUES VOTER SUMMIT" TO HELP  
PROMOTE PRO-FAMILY PARTICIPATION DURING THE COMING ELECTION SEASON.  
THIS EVENT FOCUSED ON ENCOURAGING CHRISTIANS TO VOTE IN ELECTIONS BASED  
ON THEIR CONSCIENCE AND THEIR VALUES.

EXPENSES \$ 551850. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BROADCASTS - CITIZENLINK AIRS VARIOUS RADIO PROGAMS OVER CHANNELS  
DESIGNED TO REACH A FEW MILLION LISTENERS ON CRITICAL PUBLIC POLICY  
ISSUES AND INFORM LISTENERS HOW THEY CAN BECOME INVOLVED IN AFFECTING  
LEGISLATION IMPORTANT TO STRENGTHENING THE FAMILY AND PROVIDING A

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

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Name of the organization

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FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number  
20-0960855

CULTURAL FOUNDATION WHERE THE GOSPEL OF JESUS CHRIST CAN BE SHARED AND  
ACCEPTED FREELY. CITIZENLINK ALSO AIRED MANY SHORT AND LONG RADIO  
DROP-INS RANGING FROM 30 SECONDS TO 30 MINUTES TO ALERT MEMBERS AND THE  
PUBLIC CONCERNING IMPORTANT LEGISLATIVE AND PUBLIC POLICY MATTERS.  
EXPENSES \$ 543740. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CORRESPONDENCE - COMMUNICATIONS WITH MEMBERS AND OTHER INTERESTED  
PARTIES REGARDING QUESTIONS AND COMMENTS ON THE ACTIVITIES OF  
CITIZENLINK.

EXPENSES \$ 172839. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**OTHER MINISTRIES**

EXPENSES \$ 1000000. INCLUDING GRANTS OF \$ 1000000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: STATEMENT REGARDING REORGANIZATION  
UNDER CODE SECTION 368(A)(1)(F)

DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, FOCUS ON THE FAMILY  
ACTION, INC. CHANGED ITS NAME TO CITIZENLINK. THIS IS A MERE CHANGE IN  
IDENTITY AND SHOULD BE RECOGNIZED AS A REORGANIZATION UNDER CODE SECTION  
368(A)(1)(F). CITIZENLINK WILL CONTINUE TO OPERATE AS A 501(C)(4)  
ORGANIZATION AND WILL CONTINUE TO USE THE SAME FEIN.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS REVIEWED IN DETAIL BY  
THE AUDIT/FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. A COPY OF THE 990  
WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

CITIZENLINK

FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number

20-0960855

FORM 990 WAS REVIEWED BY THE ORGANIZATION'S OUTSIDE CPA FIRM.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
REVIEWED ANNUALLY DURING A BOARD OF DIRECTORS MEETING. ANNUAL DISCLOSURE  
STATEMENTS ARE SIGNED BY DIRECTORS, OFFICERS AND ALL EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE  
BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE ORGANIZATION'S CEO BY  
REVIEWING COMPARABLE DATA AND CONTEMPORANEOUS DOCUMENTATION. THE COMMITTEE  
ALSO ANNUALLY REVIEWS THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.  
THESE DELIBERATIONS AND DECISIONS REGARDING OFFICER COMPENSATION ARE  
DOCUMENTED ANNUALLY.

THE VOTING MEMBERS OF THIS COMMITTEE ARE INDEPENDENT DIRECTORS OF THE  
ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, FL, GA, HI, IL, KY, LA, MD, MN, NC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
ORGANIZING DOCUMENTS AVAILABLE BY WRITTEN REQUEST. ALSO, THE ORGANIZATION  
MAKES IT'S FINANCIAL STATEMENTS AND FORMS 990 AVAILABLE ON IT'S WEBSITE.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE OF THE BOARD OF DIRECTORS

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

CITIZENLINK

FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number

20-0960855

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE RESULTS OF  
THE ANNUAL FINANCIAL AUDIT. THE COMMITTEE OVERSEES THE SELECTION OF  
THE INDEPENDENT AUDITORS.

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

(A) NAME OF PERSON: JEREMY WOODARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF DANIEL VILLANUEVA, BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 44919.

(D) DESCRIPTION OF TRANSACTION: JEREMY RECEIVED WAGES RELATED TO HIS  
EMPLOYMENT AS A BUSINESS ANALYST FOR CITIZENLINK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CSK STRATEGIC MARKETING GROUP INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER KEY EMPLOYEE IS CEO AND GREATER THAN 5% OWNER

(C) AMOUNT OF TRANSACTION \$ 70750.

(D) DESCRIPTION OF TRANSACTION: CSK STRATEGIC MARKETING GROUP INC. (CSK)  
AND CITIZENLINK HAVE ENTERED INTO A THREE YEAR BUSINESS AGREEMENT WHEREBY  
CSK WILL PERFORM MARKETING SERVICES FOR CITIZENLINK. A FORMER KEY  
EMPLOYEE, STEVE MAEGLIN, IS THE CEO OF CSK AND OWNS MORE THAN 5% OF CSK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B

**AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS**

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

Schedule O (Form 990) 2009

932211  
02-03-10

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CITIZENLINK  
FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number  
20-0960855

AS EMPLOYEES OF A RELATED ORGANIZATION, THE FOLLOWING INDIVIDUALS  
LISTED ON FORM 990, PART VII, SECTION A, LINE 1A DEVOTED AN AVERAGE OF  
45 HOURS PER WEEK TO THE RELATED ORGANIZATION:

BUFORD D. TACKETT, III KENT KIEFER

GLENN A. WILLIAMS CLARK MILLER

STANLEY R. JOHN ROBERT WOOD

DANIEL R. MELLEMA

**LOBBYING/SOCIAL WELFARE ACTIVITIES**

CITIZENLINK IS ACTIVE IN THE PROMOTION OF SOCIAL WELFARE BY ADDRESSING  
THE CHRISTIAN COMMUNITY AND THE CHRISTIAN'S RESPONSIBILITY IN THE  
PUBLIC POLICY ARENA, BOTH LOCALLY AND NATIONALLY. THE ORGANIZATION  
USES REGULAR MEDIA CHANNELS, SUCH AS RADIO, TELEVISION, PERIODICALS,  
THE INTERNET, AND EVENTS TO DISCUSS CRITICAL LEGISLATION AND POLICY  
MATTERS THAT SIGNIFICANTLY IMPACT CHRISTIAN WORLDVIEW ISSUES. THE  
ORGANIZATION IS ALSO USED AS A VEHICLE TO DISCUSS PRACTICAL MEANS FOR  
CHRISTIANS TO BECOME EDUCATED AND INVOLVED IN PUBLIC POLICY MATTERS.  
THE ORGANIZATION ENCOURAGES CHRISTIANS TO BE AWARE OF AND INVOLVED IN  
THEIR CIVIC DUTIES.

CITIZENLINK FOCUSES ON POLICY MATTERS SUCH AS: FEDERAL AND STATE  
CONSTITUTIONAL AMENDMENTS TO PROTECT MARRIAGE AS AN INSTITUTION BETWEEN  
ONE MAN AND ONE WOMAN, THE PROTECTION OF HUMAN LIFE IN ALL ITS VARIOUS  
FORMS, AND THE APPROPRIATE ROLE OF STATE AND FEDERAL JUDICIAL SYSTEMS  
AS DESIGNED BY THE FOUNDING FATHERS OF THE UNITED STATES OF AMERICA.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CITIZENLINK  
FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number  
20-0960855

BROADCAST ACTIVITIES FOR FYE SEPTEMBER 30, 2010

JIM DALY AND OTHER CITIZENLINK EMPLOYEES USED RADIO AND TELEVISION TO EDUCATE AND DISCUSS CRITICAL LEGISLATIVE MATTERS (INCLUDING HOW LISTENERS AND VIEWERS CAN BECOME MORE ACTIVELY INVOLVED) IMPORTANT TO STRENGTHENING THE FAMILY AND PROVIDING A CULTURAL FOUNDATION WHERE THE GOSPEL OF JESUS CHRIST CAN BE SHARED AND ACCEPTED FREELY. SOME OF THESE BROADCASTS, PAID FOR AND PROVIDED BY CITIZENLINK, USED BROADCAST CHANNELS OF THE FOCUS ON THE FAMILY BROADCAST AND FAMILY NEWS IN FOCUS.

MAGAZINE & PERIODICAL ACTIVITIES FOR FYE SEPTEMBER 30, 2010

JIM DALY AND OTHER CITIZENLINK EMPLOYEES DEVELOPED AND ISSUED ARTICLES ON PRO-FAMILY LEGISLATION, INCLUDING HOW READERS CAN BECOME MORE INVOLVED. THESE ARTICLES WERE PAID FOR BY CITIZENLINK AND PROVIDED IN FOCUS ON THE FAMILY CITIZEN MAGAZINE, AS WELL AS OTHER AVAILABLE SOURCES.

WEBSITE (WWW.CITIZENLINK.COM) ACTIVITIES FOR FYE SEPTEMBER 30, 2010

THE CITIZENLINK WEBSITE PROVIDES A BIBLICAL PERSPECTIVE ON NATIONAL AND LOCAL NEWS AS WELL AS OFFERING TECHNIQUES FOR GRASSROOTS ACTIVISM. THE CITIZENLINK DAILY UPDATE E-MAIL, CREATED BY THE PUBLIC POLICY STAFF, OFFERS A CHRISTIAN PERSPECTIVE ON SIGNIFICANT CURRENT EVENTS AND LEGISLATION, AS WELL AS "ACTION ITEMS" THAT OFFER RESOURCES FOR FURTHER INVOLVEMENT.

RELIGIOUS/EDUCATIONAL/SOCIAL WELFARE SPECIFIC ACTIVITIES FOR FYE SEPTEMBER

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

Schedule O (Form 990) 2009

932211  
02-03-10

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CITIZENLINK  
FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number  
20-0960855

IN ADDITION TO ITS FOCUS ON POLICY MATTERS, AS A RELIGIOUS ORGANIZATION  
FORMED TO PROPAGATE THE GOSPEL OF JESUS CHRIST AND PROVIDE EDUCATIONAL  
SERVICES TO STRENGTHEN THE FAMILY.

FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2010, CITIZENLINK EMPLOYEES  
WORKED IN ASSOCIATION WITH FOCUS ON THE FAMILY EMPLOYEES TO CONDUCT THE  
FOLLOWING PROGRAM SERVICES:

BROADCAST MINISTRIES

FOCUS ON THE FAMILY BROADCAST ([WWW.FOCUSONTHEFAMILY.COM](http://WWW.FOCUSONTHEFAMILY.COM))

THE FOCUS ON THE FAMILY PROGRAM OFFERS REAL-LIFE, BIBLE BASED INSIGHTS  
FOR EVERYDAY FAMILIES. REAL HELP FOR MARRIAGE AND PARENTING FROM  
FAMILIES WHO ARE IN THE TRENCHES WITH YOU. HOSTED BY JIM DALY, DR.  
JULI SLATTERY AND JOHN FULLER.

THE VAST RADIO NETWORK CARRYING THE DAILY CITIZENLINK PROGRAM BROADCAST  
CONTINUES TO EXPAND IN THE NUMBER OF FACILITIES AND PROGRAMS OFFERED.  
EVERY WEEK IT IS AIRED ON OVER 2,678 FACILITIES (WHICH INCLUDE  
TERRESTRIAL STATIONS, THEIR TRANSLATORS, SATELLITE RADIO AND STREAMS)  
THROUGHOUT THE UNITED STATES WITH APPROXIMATELY 359 FACILITIES AROUND  
THE WORLD. FROM THE DAILY ENGLISH PROGRAM, A DAILY 15-MINUTE PROGRAM  
IS EXCERPTED, SCRIPTED AND THEN TRANSLATED INTO FRENCH, RUSSIAN AND  
SPANISH, AIRING ON OVER 2,000 FACILITIES ACROSS EUROPE, THE  
COMMONWEALTH OF INDEPENDENT STATES (CIS), AND LATIN AMERICA. THIS

DAILY BROADCAST IS OFFERED AS A RESOURCE ON AUDIO CD, PODCAST, MP3 OR

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

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ONLINE STREAMING AUDIO. THE DAILY FOCUS ON THE FAMILY PROGRAM IS ALSO  
AVAILABLE ON SALEM COMMUNICATIONS ONEPLACE.COM WEB SITE.

FAMILY NEWS IN FOCUS BROADCAST (WWW.CITIZENLINK.COM/FNIF)

BRINGING THE NATIONAL DIALOGUE TO YOUR KITCHEN TABLE CONVERSATIONS,

FAMILY NEWS IN FOCUS PROVIDES ANALYSIS ON HOW TODAY'S HEADLINES AFFECT

YOUR FAMILY. HOSTED BY STUARD SHEPARD AND PRODUCED BY FOCUS ON THE

FAMILY. THIS DAILY RADIO NEWS AND COMMENTARY PROGRAM INFORMS CITIZENS

ABOUT CURRENT FAMILY-RELATED ISSUES, AND CHALLENGES THEM TO TAKE ACTION

ON PRO-FAMILY MATTERS. APPROXIMATELY 2,075 FACILITIES CARRY THIS

FEATURE, WHICH IS RELEASED IN A VARIETY OF FORMATS: TWO SEPARATE DAILY

60-SECOND VERSIONS, DAILY TWO-MINUTE OR FIVE-MINUTE VERSIONS, AND THREE

WEEKLY VERSIONS: A 1-MINUTE, 2-MINUTE AND 5-MINUTE VERSIONS. NEWS

SEGMENTS ARE ALSO POSTED DAILY ONLINE AND ARCHIVED FOR OVER SIX WEEKS.

ONLINE MINISTRIES

FOCUS ON THE FAMILY WEBSITE (WWW.FOCUSONTHEFAMILY.COM)

THE FLAGSHIP WEB SITE FOR FOCUS ON THE FAMILY DRAWS AN AVERAGE OF MORE

THAN 800,000 VISITORS PER MONTH, PROVIDING OUR CONSTITUENTS WITH READY

ACCESS TO RELIABLE, PRACTICAL, TIME-TESTED ADVICE ON MARRIAGE,

PARENTING, LIFE CHALLENGES AND MORE. THROUGH ONLINE ARTICLES, BLOGS,

BROADCASTS, PODCASTS, STREAMING AUDIO/VIDEO AND COMMUNITY FORUMS,

FOCUSONTHEFAMILY.COM OFFERS ENCOURAGEMENT, INSPIRATION AND HELP FOR

PEOPLE OF ALL AGES. VISITORS CAN SEARCH ALL OF FOCUS ON THE FAMILY'S

ONLINE CONTENT BY TOPIC, SITE OR MEDIA TYPE, FINDING THE INFORMATION

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

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Department of the Treasury  
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20-0960855

THEY NEED WHENEVER THEY NEED IT.

GOVERNMENT AND PUBLIC POLICY

NOW MORE THAN EVER, WE AT CITIZENLINK RECOGNIZE THE NEED TO MAKE OUR  
VOICES HEARD IN THE PUBLIC SQUARE. PROTECTING LIFE, MARRIAGE AND  
RELIGIOUS LIBERTIES ARE AMONG THE FRONT BURNER ISSUES THAT IMPACT THE  
FAMILY. IN A NATION WHERE INDIVIDUAL "RIGHTS" INCREASINGLY TRUMP  
BIBLICAL TRUTH, ABORTIONS CONTINUE TO BE PERFORMED AT ALARMING RATES.  
ON A LARGER SCALE, A WORLD UNSCHOOLED IN THE VALUE OF PREMARITAL  
ABSTINENCE IS FRAUGHT WITH DISEASES LIKE AIDS. OUR GOVERNMENT AND  
PUBLIC POLICY OUTREACH ADDRESSES THESE ISSUES THROUGH A NUMBER OF  
VENUES. IN-HOUSE EXPERTS GRAPPLE WITH CONTEMPORARY SOCIAL ISSUES AND  
PRODUCE EDUCATIONAL AND MOTIVATIONAL RESOURCES FOR THE FOCUS AUDIENCE.

FAMILY NEWS IN FOCUS ONLINE ([WWW.CITIZENLINK.COM/CATEGORY/RADIO-NEWS/](http://WWW.CITIZENLINK.COM/CATEGORY/RADIO-NEWS/))  
THE FAMILY NEWS IN FOCUS (FNIF) WEBSITE CONTAINS ON-DEMAND AUDIO OF OUR  
RADIO REPORTS. THE DAILY RADIO NEWS AND COMMENTARY BROADCAST PROGRAM  
INFORMS CITIZENS ABOUT CURRENT EVENTS, AND CHALLENGES THEM TO TAKE  
ACTION ON PRO-FAMILY MATTERS. THEY ARE POSTED DAILY ONLINE.

FOCUS ON SOCIAL ISSUES ([WWW.CITIZENLINK.COM/ANALYSIS/](http://WWW.CITIZENLINK.COM/ANALYSIS/))  
THIS WEB SITE SERVES TO BRING TIMELY, CRITICAL ANALYSIS TO BEAR ON THE  
MOST IMPORTANT CULTURAL AND POLICY ISSUES OF THE DAY. WRITTEN AND  
EDITED BY SOME OF THE COUNTRY'S MOST KNOWLEDGEABLE FAMILY ADVOCATES,  
THE RESOURCES FEATURED HERE ARE DESIGNED TO EDUCATE AND ENERGIZE  
CONCERNED CITIZENS WITHIN RELIGIOUS, POLITICAL, EDUCATIONAL AND

**SCHEDULE O**

(Form 990)

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20-0960855

ACTIVIST SPHERES WORKING TO APPLY CHRISTIAN PRINCIPLES TO THE SOCIAL  
ISSUES THAT FACE OUR NATION.

ONLINE VIDEO FEATURES (WWW.CITIZENLINK.COM/VIDEO FEATURES)

ONLINE VIDEO COMMENTARY FEATURES ON CURRENT POLITICAL AND SOCIAL ISSUES  
DESIGNED TO PROVOKE THE VIEWER'S THOUGHT PROCESS.

CITIZENLINK PETITIONS (WWW.CITIZENLINKPETITIONS.COM)

THE CITIZENLINK PETITIONS WEBSITE EXISTS TO PROVIDE CONSTITUENTS AND  
OTHER CONCERNED CITIZENS A WAY TO EXPRESS THEIR OPINION ON SPECIFIC  
PIECES OF LEGISLATION OR CURRENT EVENTS BY WAY OF PETITIONS THAT ARE  
PRESENTED TO THE ELECTED REPRESENTATIVES.

CITIZENLINK (WWW.CITIZENLINK.COM/)

THE CITIZENLINK WEBSITE PROVIDE A BIBLICAL PERSPECTIVE ON NATIONAL AND  
LOCAL NEWS AS WELL AS OFFER TECHNIQUES FOR GRASSROOTS ACTIVISM. THE  
CITIZENLINK DAILY E-MAIL, CREATED BY THE PUBLIC POLICY STAFF, OFFERS A  
CHRISTIAN PERSPECTIVE ON SIGNIFICANT CURRENT EVENTS AND LEGISLATION, AS  
WELL AS "ACTION ITEMS" THAT OFFERS RESOURCES FOR FURTHER INVOLVEMENT.

THE PARSONAGE (WWW.PARSONAGE.ORG)

THE WEBSITE WAS CREATED TO COME ALONGSIDE PASTORS AS THEY ENDEAVOR TO  
SERVE THE LORD IN THESE MOST DIFFICULT DAYS. THE MISSION IS TO  
FACILITATE SPIRITUAL RESTORATION AND RENEWAL FOR MINISTRY FAMILIES  
THROUGH RESOURCES AND SERVICES THAT WILL ASSIST IN BRINGING BALANCE TO  
THEIR PERSONAL AND PROFESSIONAL LIVES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
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THE DRIVE-THRU BLOG ([WWW.CITIZENLINKBLOG.COM/DRIVETHRU](http://WWW.CITIZENLINKBLOG.COM/DRIVETHRU))

THIS BLOG SERVES TO BRING TIMELY, CRITICAL ANALYSIS TO BEAR ON THE MOST  
IMPORTANT CULTURAL AND POLICY ISSUES OF THE DAY. WRITTEN AND EDITED BY  
OUR PUBLIC POLICY ANALYSTS, THE RESOURCES FEATURED HERE ARE DESIGNED TO  
EDUCATE AND ENERGIZE CONCERNED CITIZENS WITHIN RELIGIOUS, POLITICAL,  
EDUCATIONAL AND ACTIVIST SPHERES WORKING TO APPLY CHRISTIAN PRINCIPLES  
TO THE STRUGGLES THAT FACE OUR NATION.

FOCUS VOTER ([WWW.FOCUSVOTER.COM](http://WWW.FOCUSVOTER.COM))

CITIZENLINK BELIEVES THAT VOTING IS BOTH A RIGHT AND A PRIVILEGE - THE  
BASIC FORM OF INVOLVEMENT IN OUR DEMOCRATIC SYSTEM OF GOVERNMENT. THIS  
WEBSITE HAS BEEN DESIGNED TO ALLOW VOTERS TO HELP DETERMINE WHO WILL  
LEAD OUR NATION, MAKE OUR LAWS AND PROTECT OUR LIBERTIES, AS WELL AS  
DIRECTLY DECIDE ON NUMEROUS BALLOT ISSUES.

PERIODICALS, NEWSLETTERS AND MEMBER UPDATE

FOCUS ON THE FAMILY CITIZEN MAGAZINE

([HTTP://WWW.CITIZENLINK.COM/CITIZEN-MAGAZINE/](http://WWW.CITIZENLINK.COM/CITIZEN-MAGAZINE/))

FOCUS ON THE FAMILY CITIZEN IS A 32-PAGE, FOUR-COLOR, NEWSMAGAZINE IS  
ISSUED 10 TIMES A YEAR. IT SEEKS TO INFORM READERS ABOUT HOW GOD IS  
WORKING THROUGH FAITHFUL BELIEVERS TO DISPLAY HIS REDEMPITIVE POWER IN  
VARIOUS ISSUES SUCH AS ABORTION, RELIGIOUS LIBERTY.

**MEMBER UPDATES AND NEWSLETTERS**

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Schedule O (Form 990) 2009

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Department of the Treasury  
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**2009**

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Inspection

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FKA FOCUS ON THE FAMILY ACTION, INC.

Employer identification number  
20-0960855

JIM DALY, TOM MINNERY, AND OTHER CITIZENLINK EMPLOYEES DEVELOPED AND  
ISSUED MONTHLY NEWSLETTERS DURING THE FISCAL YEAR. THE NEWSLETTERS  
PRESENT NEWS ABOUT HOW A MEMBER'S GIFTS ARE HELPING TO DEFEND MORAL  
VALUES AND THE FAMILY. DURING THE YEAR, MEMBER UPDATES WERE SENT VIA  
E-MAIL TO 115,000 RECIPIENTS PER MONTH.

PERSONAL TOUCH MINISTRIES

STATE FAMILY POLICY COUNCILS ([WWW.CITIZENLINK.COM/STATE-GROUPS/](http://WWW.CITIZENLINK.COM/STATE-GROUPS/))  
SINCE 1988, BUSINESS AND COMMUNITY LEADERS FROM ACROSS THE NATION HAVE  
FORMED STATE-LEVEL ORGANIZATIONS TO INVEST IN THE FUTURE OF AMERICA'S  
FAMILIES. EACH FAMILY POLICY COUNCIL CONDUCTS POLICY ANALYSIS,  
PROMOTES RESPONSIBLE AND INFORMED CITIZENSHIP, FACILITATES STRATEGIC  
LEADERSHIP INVOLVEMENT, AND INFLUENCES PUBLIC OPINION. MANY OF THESE  
COUNCILS ALSO PERFORM COMMUNITY AND STATEWIDE WORK TO FOSTER A MOVEMENT  
TO AFFIRM FAMILIES. THESE COUNCILS ARE INDEPENDENT ENTITIES WITH NO  
CORPORATE OR FINANCIAL RELATIONSHIP TO EACH OTHER OR TO CITIZENLINK.  
HOWEVER, THEY HAVE A UNIFORM PURPOSE: SERVING AS A VOICE FOR THE FAMILY  
AND ASSISTING ADVOCATES FOR FAMILY IDEALS WHO AIM TO RECAPTURE THE  
MORAL AND INTELLECTUAL HIGH GROUND IN THE PUBLIC ARENA.





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

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

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

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

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

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

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

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

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

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

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

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

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

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

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

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

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

|     | (a)<br>Name of other organization(s) | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved |
|-----|--------------------------------------|----------------------------------|------------------------|
| (1) |                                      |                                  |                        |
| (2) |                                      |                                  |                        |
| (3) |                                      |                                  |                        |
| (4) |                                      |                                  |                        |
| (5) |                                      |                                  |                        |
| (6) |                                      |                                  |                        |



**CERTIFICATE OF CORPORATE RESOLUTIONS  
OF FOCUS ON THE FAMILY ACTION, INC.**

The undersigned Secretary of the above named corporation certifies that the following resolutions were adopted by the Board of Directors at its regular meeting on February 25, 2010.

**WHEREAS**, the Board of Directors desires to amend certain provisions of the Company's Articles of Incorporation as in existence on the date hereof (the "*Existing Charter*") to, among other things, change the name of the Company to CitizenLink, pursuant to Section 7-130-102 of the Colorado Revised Nonprofit Corporation Act (the "*Act*") and the Bylaws of the Company (the "*Bylaws*"), each as amended;

**WHEREAS**, the Company's legal counsel has advised the Board of Directors to remove Subsections 7.3(iv) and (v) from the Existing Charter in their entirety;

**WHEREAS**, the Board of Directors believes that the foregoing actions are advisable and in the best interests of the Company.

NOW THEREFORE, BE IT

**RESOLVED**, that the Board of Directors hereby approves, ratifies and confirms the name of the Company to be changed to CitizenLink; and be it further

**RESOLVED**, the Subsections 7.3(iv) and (v) are deleted, in their entirety, from the Existing Charter; and be it further

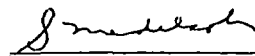
**RESOLVED**, the Board of Directors hereby approves, ratifies and confirms the Articles of Amendment of the Company (the "*Articles of Amendment*"), substantially in the form attached hereto as Exhibit A; and be it further

**RESOLVED**, that the proper officers of the Company be, and they hereby are, authorized, directed and empowered to: (i) execute and file the Articles of Amendment with the Colorado Secretary of State in accordance with Section 7-130-105 of the Act and (ii) take such other actions as may be necessary to carry out the intent of these resolutions; and be it further

**RESOLVED**, that the Articles of Amendment shall become effective upon acceptance for filing by the Colorado Secretary of State; and be it further

**RESOLVED**, that all legal actions taken by the directors, officers, employees, agents and representatives of the Company and of any person or persons designated and authorized to act by the Board of Directors or any officer of the Company, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolutions, are hereby severally ratified, confirmed, approved and adopted in all respects as the acts of the Company.

THIS CERTIFICATE is executed this 10th day of May, 2010.

  
\_\_\_\_\_  
Corporate Secretary

✓

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[Notification](#)

## Summary

|                                                |                                   |                                                              |
|------------------------------------------------|-----------------------------------|--------------------------------------------------------------|
|                                                | ID Number:                        | 20041121515                                                  |
|                                                | Name                              | CitizenLink                                                  |
| <a href="#">Business Home</a>                  | Registered Agent:                 | JAMES D DALY                                                 |
| <a href="#">Business Information</a>           | Registered Agent Street Address:  | 8605 EXPLORER DR, COLORADO SPRINGS, CO 80920, United States  |
| <a href="#">Business Search</a>                | Registered Agent Mailing Address: |                                                              |
| <a href="#">FAQs, Glossary and Information</a> | Principal Street Address:         | 8605 EXPLORER DR, COLORADO SPRINGS, CO 80920 , United States |
|                                                | Principal Mailing Address:        |                                                              |
|                                                | Status:                           | Good Standing                                                |
|                                                | Form:                             | Nonprofit Corporation                                        |
|                                                | Jurisdiction:                     | Colorado                                                     |
|                                                | Formation Date:                   | 04/02/2004                                                   |
|                                                | Term of Duration:                 | Perpetual                                                    |
|                                                | Annual Report Month               | April                                                        |

**You may**

- [View History and Documents](#)
- [View Trade Names](#)
- [Obtain Certificate of Good Standing](#)
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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing

|                                                         |         |                   |          |
|---------------------------------------------------------|---------|-------------------|----------|
| Mendelsohn                                              | Stuart  |                   |          |
| (Last)                                                  | (First) | (Middle)          | (Suffix) |
| 1600 Tysons Boulevard                                   |         |                   |          |
| (Street name and number or Post Office Box information) |         |                   |          |
| Suite 700                                               |         |                   |          |
| McLean                                                  | VA      | 22102             |          |
| (City)                                                  | (State) | (Postal/Zip Code) |          |
| United States                                           |         |                   |          |
| (Country - if not US)                                   |         |                   |          |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                                 |                                                                                         |                                |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| Type or print<br>File by the due date for filing your return. See instructions. | Name of exempt organization                                                             | Employer identification number |
|                                                                                 | CitizenLink                                                                             | 20-0960855                     |
|                                                                                 | Number, street, and room or suite no. If a P O box, see instructions                    |                                |
|                                                                                 | 8655 Explorer Drive                                                                     |                                |
|                                                                                 | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                |
|                                                                                 | Colorado Springs                                                                        | CO 80920                       |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For                      | Return Code | Application Is For       | Return Code |
|-----------------------------------------|-------------|--------------------------|-------------|
| Form 990                                | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 990-EZ                             | 03          | Form 4720                | 09          |
| Form 990-PF                             | 04          | Form 5227                | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                | 12          |

- The books are in the care of ☐

Telephone No ☐ FAX No ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year ☐ or ☒ tax year beginning 10/1/2009 and ending 9/30/2010.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

|    |                                                                                                                                                                                     |    |      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                    | 3a | \$   |
| b  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$   |
| c  | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | 3c | \$ 0 |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|                                                                                                     |                                                                                          |                                |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization                                                              | Employer identification number |
|                                                                                                     | CitizenLink                                                                              | 20-0960855                     |
|                                                                                                     | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                |
|                                                                                                     | 8655 Explorer Drive                                                                      |                                |
|                                                                                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                |
|                                                                                                     | Colorado Springs                                                                         | CO 80920                       |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **01**

| Application Is For                       | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ the organization. Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

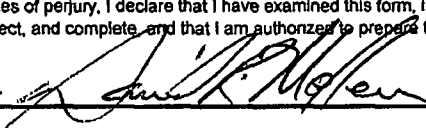
- 4 I request an additional 3-month extension of time until 8/15/2011
- 5 For calendar year 10/1/2009, or other tax year beginning 10/1/2009, and ending 9/30/2010
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

Additional time is needed to gather the information necessary to file a complete and accurate return.

|                                                                                                                                                                                                                                            |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | <b>8a</b> | \$   |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$   |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                                                           | <b>8c</b> | \$ 0 |

**Signature and Verification**

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

Signature  Title **CFO / Treasurer**Date **5/4/2011**