

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JUN 1 8

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)

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending . 20 D Employer identification number Check if applicable C Name of organization Character Training Institute, Inc. Doing Business As Character First Address change 73-1572941 Number and street (or P O box if mail is not delivered to street address) Name change Room/suite Telephone number 13800 Benson Road Initial return Suite 206 405-815-0001 City or town, state or country, and ZIP + 4 ☐ Terminated ☐ Amended return Edmond, OK 73013-6422 G Gross receipts \$ 1.239.016 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes No Kenton L. Fahrenbruck, Same as C above **H(b)** Are all affiliates included? ☐ Yes ☐ No 501(c)(3) If "No," attach a list (see instructions) 501(c) () **◀** (insert no) [Website: www.characterfirst.com **H(c)** Group exemption number ▶ Form of organization Corporation Trust Association Other ► Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the Character Training Institute is to promote true success in businesses, schools, families, and communities by encouraging good character. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 17 Total number of volunteers (estimate if necessary) 6 -0-Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b -0-Prior Year Current Year Contributions and grants (Part VIII, line 1h). . . 170,438 186,405 Revenue Program service revenue (Part VIII, line 2g) 1,066,145 1,042,183 Investment income (Part VIII, column (A), lines 3, 4, and 7/d) 10 10 513 22 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2011 11 Ιő 6.555 10,405 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) (3) 1,243,650 1,239,016 Grants and similar amounts paid (Part IX, column (A), lines 123) CAN AND COLUMN 13 -0--0-14 Benefits paid to or for members (Part IX, column (A), line 4) -n. -0-15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 782,513 696,667 16a Professional fundraising fees (Part IX, column (A), line 11e) . -0b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 663,344 740,978 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,445,858 1,437,645 19 Revenue less expenses. Subtract line 18 from line 12 -202,208 -198,629 **End of Year** 20 Total assets (Part X, line 16) 483.853 412,563 21 Total liabilities (Part X, line 26) 49.646 176,986 22 Net assets or fund balances. Subtract line 21 from line 20 434,207 235,578 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here KENTON SECRETARY | TREASURER Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check I if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 📙 Yes 🗌 No For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form 990 (2010)

Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. 🗆
1		fly describe the organization's mission: mission of the Character Training Institute is to promote true success in businesses, schools, families, and comm	unities t	
	enco	ouraging good character.		
2	Did to	the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?	 ∐ Yes	✓ No
3	Did	es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program		
		rices?....................................	☐ Yes	⊘ No
4	Desc 501(cribe the exempt purpose achievements for each of the organization's three largest program services by exp (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and ers, the total expenses, and revenue, if any, for each program service reported.	enses. S d allocat	Section ions to
4a	(Cod	de:) (Expenses \$ 140,080 including grants of \$) (Revenue \$ ing 2010, about 60 Conferences, Events, and Training Seminars were held with about 3,000 people attending.	94,408)
4b	(Cod		0.00)
		ing 2010, CTI sent approximately 18 Character Coaches into about 18 Oklahoma City Public Elementary schools each about 6,000 children character through assemblies, classroom instruction, and one-on-one tutoring.		
		l also provided most of the character curriculum for OKC public schools at CTI's expense. These curriculum		
	expe	enses are recorded on line 4c.)		
4c	(Cod	de: \/Evpanses \$ 892.415 including grants of \$ \/Payonus \$	047 775	, -
70		de: (Expenses \$ 892,415 including grants of \$) (Revenue \$ ing 2010, CTI distributed character training books, literature, and materials with a retail value over 1,000,000.	947,775	,
			·	·
4d		er program services. (Describe ın Schedule O.)	<u>.</u>	
40	(Exp	penses \$ including grants of \$) (Revenue \$)		

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	<u> </u>	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>			<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15	1	√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		√
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		1
20 a	·	20a		√
_	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		•

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

Check if Schedule O contains a response to any question in this Part V	Part V	Statements Regarding Other IRS Filings and Tax Compliance							
		Check if Schedule O contains a response to any question in this Part V							7

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b -0-			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	i
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			,
	·	<u>4a</u>		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50				
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		- /
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	organization, have excess business holdings at any time during the year?	8		
а	Did the organization make any taxable distributions under section 4966?	9a		i
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	7.7		i
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			i
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	}		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			{
	against amounts due or received from them.)			i د ا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		l	;
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u>.</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	Aboramon institution in Discovered to increase and Mind to solute of the			ł
С				1
14a	700	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		<u>✓</u>
	100, That it midd a 1 offir 720 to report these payments: If 140, provide an explanation in schedule O		990	(2010)
				(-0.0)

Part		elow,	and	for a
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.	es in	Scne	eaule
	Check if Schedule O contains a response to any question in this Part VI			Ø
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	.		ļ
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	∤ 		1
-	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	•	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Does the organization have members or stockholders?	6		✓
ra	of the governing body?	7a_		✓
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		✓
а	the year by the following: The governing body?	00	1	
a b	The governing body?	8a 8b	•	√
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	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
40-	Describe association benefit and about a state of the contract		Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		✓
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		√
b	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	12a		√
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		√
14	Does the organization have a written document retention and destruction policy?	14		✓
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?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓_
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	104		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only	y) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Stephen Ketola, 13800 Benson Road, Suite 206, Edmond, OK 73013 405-815-0001 ext. 321	of the	•	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization noi	,	a orga	anız			ompe	nsa			
(A)	(B)	١.	,	(0				(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Tom Hill Chairman of the Board	12	1		1				-0-	-0-	-0-
(2) Kay Hill Director	2	1						-0-	-0-	-0-
(3) Thomas Hill III Director	2	1						-0-	-0-	-0-
(4) Larry Rhoads Director	2	1						-0-	-0-	\$3,354
(5) Kent Fahrenbruck Secretary/Treasurer	40			1				\$73,378	-0-	\$7,956
(6)										
(7)										
(8)				-						
(9)										
(10)		_								
(11)										
(12)					-					
(13)										
(14)						_	-			
(15)	-									
(16)										

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	es, a	and	Highe	est (Compensated	Employees (continu	ed)		
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per		ion (d			that ap	-	Reportable compensation	Reportable compensation			mated	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-M	าร	comp fro orga and	ther ensation m the nization related	on n
(17)														
(18)		-												
(19)														
(20)														
(21)								-						
(22)														
(23)														
(24)														
(25)														
(26)														-
(27)												_		
(28)														
1b	Sub-total		٠	•	•				\$73,378		-0-		\$1	11,310
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•	>	\$73,378		-0-		\$1	11,310
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed :	above	e) w	ho received me	ore than \$10	0,000 i	n		
3	Did the organization list any former of							emp	loyee, or high	est comper	nsated		Yes	
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	bie (con	nper	nsatio					3		1
_	ındıvidual	·							· · · · ·			4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi		5		/
<u>Section</u>	Complete this table for your five highest compensation from the organization.	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more than	า \$100,0	000 of	:	
	(A) Name and business add	ress			-				(B) Description of s	ervices	C	(C)	ation	
								-						
									<u> </u>					
2	Total number of independent contractor received more than \$100,000 in compens								ose listed abo	ove) who				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a					
ᇐ	b	Membership dues 1b	_				
g, E	С	Fundraising events 1c					i
ar a	d	Related organizations 1d					
S, E	е	Government grants (contributions) 1e					
ioi is	f	All other contributions, gifts, grants,					
돌		and similar amounts not included above 1f	186,405				
E o	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f		186,405			
			Business Code				
E	2a	Conference Fees	611430	21,284	21,284		†
Program Service Revenue	b	Sales of Character Materials	451211	947,775	947,775		-
<u>.</u> 8	С	Consulting and Training	611430	73,124	73,124		
Š.	d						
Ë	е						
gra	f	All other program service revenue .	_				1
P	g	Total. Add lines 2a-2f	>	1,042,183		•	
	3	Investment income (including divid-	ends, interest,				· · ·
		and other similar amounts)	🕨	22	22		
	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	Royalties		8,905	8,905		
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					i
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		{			
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					'
	d	Net gain or (loss)	•	}-			
	u	ver gain or (loss)	· · · · ·				1
e	8a	Gross income from fundraising					
		events (not including \$					
ě		of contributions reported on line 1c).	l		İ		i
<u> </u>		See Part IV, line 18 a					1
Other Reven	b	Less: direct expenses b					
0		Net income or (loss) from fundraising	events >	1			†
		Gross income from gaming activities.	CVC/RG . P				
		See Part IV, line 19 a		1			
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming acti					
İ	_	Gross sales of inventory, less					<u> </u>
		returns and allowances a					,
	ь	Less: cost of goods sold b					,
	C	Net income or (loss) from sales of inve	entory ►				
ŀ		Miscellaneous Revenue	Business Code	+		·· -	<u> </u>
İ	11a	Selling of vehicle	900099	1,500	1,500		
Ì	b			• -			
	C					-	
	d	All other revenue			1		
	e	Total. Add lines 11a–11d	▶	1,500			
ļ	12	Total revenue. See instructions		1,239,016	1,052,611		

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	81,334	40,667	40,667	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	518,568	414,854	103,714	
9	Other employee benefits	48,720	38,976	9,744	
10	Payroll taxes	48,045	38,436	9,609	
11	Fees for services (non-employees):				
а	Management	126,000		126,000	
b	Legal	1,357		1,357	
С	Accounting	8,701		8,701	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_ g	Other	5 150	5 450		
12 13	Advertising and promotion	5,150	5,150	42.070	
14	Office expenses	65,391 16,356	52,312 13,085	13,078 3,271	
15	Royalties	10,330	13,003	3,271	
16	Occupancy	66,695	53,356	13,339	
17	Travel	33,523	33,523		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	26,581	26,581		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0.005			
23	Insurance	9,095		9,095	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If	-			
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				i
а	Commissions & Independent Contracting	204,234	204,234		
b	Postage and Shipping	74,538	74,538		
С	Publications and Product Development	35,247	35,247		
d	Character Coach and Education Programs	66,191	66,191		
е					
f	All other expenses Miscellaneous	1,920	1,536	384	
25	Total functional expenses. Add lines 1 through 24f	1,437,645	1,098,686	338,959	
26 	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

		(A) Beginning of year		(B)
	Cook man interest hearing			End of year
1 2	Cash—non-interest-bearing	10,891 136,912	2	16,615
3	Savings and temporary cash investments	136,912	3	115,934
4	The state of the s	69,206	4	77,68
5	Accounts receivable, net	69,200	4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
3 _	i i i i i i i i i i i i i i i i i i i		6	
7	Notes and loans receivable, net	200 044	7	
` •	Inventories for sale or use	266,844		202,320
9 10a	Prepaid expenses and deferred charges		9	
Ь	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	<u>.</u>
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	483,853		412,56
17	Accounts payable and accrued expenses	·		176,98
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	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
i	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	Total liabilities. Add lines 17 through 25	49,646	26	176,98
3	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	434,207	27	235,57
28	Temporarily restricted net assets	0.00	28	0.0
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
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	Total net assets or fund balances	434,207	33	235,578
34	Total liabilities and net assets/fund balances	483,853	34	412,563

Form **990** (2010)

Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	· · ·	<u>···</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,23	9,016		
2	Total expenses (must equal Part IX, column (A), line 25)			7,645		
3	Revenue less expenses. Subtract line 2 from line 1			8,629		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4		43	4,207		
5	Other changes in net assets or fund balances (explain in Schedule O)			-0-		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))		23	5,578		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
-			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_	-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1		
b						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	1				
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c		<u> </u>		
	Schedule O.	'				
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	,				
	issued on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			į		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ı				
	the Single Audit Act and OMB Circular A-133?	3a		✓		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				
		Forr	n 990	(2010)		

SCHÈDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2010

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Cha	ract	er Training Insti				_				73-15		_	
Pa	rt I	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
he	orga	anization is not	a private founda	ation because it is: (Fo	r lines 1 1	through 1	1, check	only one	box.)				
1		A church, con	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).			
2		A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3		•	•	spital service organiza					. <i>.</i>				
4			_	on operated in conjun	ction with	ı a hospit	al descril	bed in se	ction 170	D(b)(1)(A)((iii). Er	nter the	
_			ne, city, and state										
5		-	on operated for b)(1)(A)(iv). (Com	the benefit of a collegue plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	al unit	t descri	bed in
6				nment or government									
7				receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governi	mental ur	nit or from	n the (general	public
8		A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
9	✓	An organizatio	on that normally	receives: (1) more that	an 331/3%	of its si	upport fro	om contri	ibutions,	members	hip fe	es, and	gross
				d to its exempt funct									
			_	ent income and unrel				•		n 511 ta	x) fro	m busir	nesses
			_	ifter June 30, 1975. Se									
10		-	•	I operated exclusively		•	•						
11		_	•	nd operated exclusive	•							•	
			•	licly supported organ									ection
		_		describes the type of	_					1e throug	_		
	_	a ∐ Type				e III–Fun	•	_		d L	_ ,	pe III–C	
•	: L			that the organization									
		or section 509		ers and other than one	e or more	publicly	support	ea organ	izations o	described	in sec	ction 50)9(a)(1)
1			, . , ,			ha IDC		- T	I Turn I				
•			check this box .	a written determination	ווזטזו ווכ	ine ino	mai ii is	a Type	i, Type	ii, or ryp	e iii s	supporti	ing
		-		he organization acce	otod opv	aift or o		n from o	 ny of the				. П
Ç	,	following pers		ne organization accep	oleu any	giit or co	Jiimbullo	iii iioiii a	iny or the	,			
		(i) A person	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d ın (ıı) ar	nd	Yes	No
				ody of the supported								g(i)	
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						_	g(ii)	
		· ·	•	a person described in								g(iii)	
ł	1			on about the support									
(i	Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi) i	ls the	(vi	ii) Amount	of
	OI	rganization		(described on lines 1–9 above or IRC section		sted in your document?		nization in		tion in col zed in the		support	
				(see instructions))	governing documents		col (i) of your support?			S?			
					Yes	No	Yes	No	Yes	No			
A)													
			_										
B)			ļ										
<u> </u>					 								
C) ——	_												
D)													
 E)				<u> </u>							_		
_													
			I	1	I	l		l		1 1			

Part	II Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u></u> i)
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Caler	idar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the			_		 	
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u> </u>	
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	 .					
	on B. Total Support		<u>L</u>			1	
Caler	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
9	Net income from unrelated business activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	-			_	ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6	s, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2009 Sch					15	%
16a	331/3% support test—2010. If the organiz						
	box and stop here. The organization qual		•	_			
b	33 ¹ / ₃ % support test—2009. If the organicheck this box and stop here. The organi					9 15 is 33½% 	or more,
17a	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the eets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and st	op here.
40	supported organization					 الانتجاب ما ماطفرا	. • 🗅
18	Private foundation. If the organization du instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	220,751	635,516	136,774	170,438	186,405	1,349,883	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	2,079,941	1,958,371	1,622,857	1,346,001	1,270,036	8,277,206	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-00	
6	Total. Add lines 1 through 5	2,300,692	2,593,886	1,759,632	1,516,438	1,456,441	9,627,089	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	205,230	630,124	127,508	137,442	175,523	1,275,828	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	169,378	144,781	179,913	161,667	178,390	834,129	
	Add lines 7a and 7b	374,609	774,905	307,421	299,109	353,913	2,109,957	
	Public support (Subtract line 7c from line 6.)						7,517,132	
	on B. Total Support	() 2222			- (5			
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
9 10a	Amounts from line 6	2,300,692	2,593,886 5,834	1,759,632	1,516,438 7,068	1,456,441 8,928	9,627,089	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-	
C	Add lines 10a and 10b	63	5,834	13,091	7,068	8,928	34,984	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	35	258	-0-	-0-	1,500 1,5		
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,300,790	2,599,979	1,772,723	1,523,506	1,466,869	9,663,867	
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth	-			
Secti	on C. Computation of Public Suppor						<u>-</u>	
15	Public support percentage for 2010 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	77 %	
16	Public support percentage from 2009 Sch			<u> </u>	<u> </u>	16	80_%	
	on D. Computation of Investment In							
17	Investment income percentage for 2010 (-		17	0 %	
18	Investment income percentage from 2009					18	0_%	
19a	331/3% support tests—2010. If the organ							
b								
20	line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐							
20	Titale louileadon. It the organization of	u not check a	OOX ON HIRE 14	, 13a, UI 13U, C	HIGGY HIRS DOX	and 500 111511U		

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part III, line	12
Character	First sold one of their vehicles for \$1,500.

	······································
	·
	·
	·
•••••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Inspection Name of the organization Employer identification number Character Training Institute, Inc. 73-1572941 Part VI Section A 2 Three of the board of directors have a family relationship. Two have a business relationship. Part VI Section A 8b CTI does not have committees with authority to act on behalf of the governing body. Part VI Section B 11 A copy of the Form 990 was sent via email to each of the current members of the Board of Directors before being filed. Part VI Section C 19 The governing documents and financial statements for CTI are available upon request and may be inspected at our office.