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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2011**Open to Public  
Inspection

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

**A For the 2011 calendar year, or tax year beginning****and ending****B Check if applicable**

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

**C Name of organization****THE AMERICAN FOUNDATION FOR CHARITABLE SUPPORT, INC****Doing Business As**Number and street (or P O box if mail is not delivered to street address) Room/suite  
**4518 NORTH 32ND ST.**City or town, state or country, and ZIP + 4  
**PHOENIX, AZ 85018****F Name and address of principal officer****BENSON L. SCHAUB**  
**4518 NORTH 32ND ST., PHOENIX, AZ 85018****D Employer identification number****86-0857725****E Telephone number****602-955-4770****G Gross receipts \$****2,458,880.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c) Group exemption number ▶****I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) ( ) (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.AMERICANFOUNDATION.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** **1997****M State of legal domicile** **AZ****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <b>THE MISSION IS TO PROMOTE AND FACILITATE THE PRIVATIZATION OF PHILANTHROPY.</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)	8					
9	Program service revenue (Part VIII, line 2g)	9					
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10					
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11					
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12					
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13					
14	Benefits paid to or for members (Part IX, column (A), line 4)	14					
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15					
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a					
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	16b					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ▶ <b>0.</b>	17					
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18					
19	Revenue less expenses. Subtract line 18 from line 12	19					
20	Total assets (Part X, line 16)	20					
21	Total liabilities (Part X, line 26)	21					
22	Net assets or fund balances. Subtract line 21 from line 20	22					

**Part II Signature Block**

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

**Sign Here**

Signature of officer

**BENSON L. SCHAUB, PRESIDENT**

Type or print name and title

Date **11-15-12****Paid**Print/Type preparer's name  
**ROGER J BOLAN**

Preparer's signature

Date **11-15-12**Check if self-employed ☐

PTIN

**P00597166****Preparer**Firm's name ▶ **ROGER J. BOLAN P.C**

Firm's EIN ▶

**86-0609725****Use Only**Firm's address ▶ **17235 N. 75TH AVE, SUITE C160  
GLENDALE, AZ 85308**

Phone no

**623-76-8122**

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

☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

MISSION STATEMENT

AS REFINED ON NOVEMBER 7, 2004

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.

4a (Code ) (Expenses \$ 1,607,826. including grants of \$ 1,411,998. ) (Revenue \$ 0. )  
PROVIDING FUNDS TO CHARITABLE ORGNIZATIONS IN THE AMOUNT OF \$1,411,998.

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

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

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,607,826.

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**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)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<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? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>X</b>	
<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? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>X</b>	
<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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

Check if Schedule O contains a response to any question in this Part V ☐

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

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**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.

Check if Schedule O contains a response to any question in this Part VI

☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>4</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>2</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b> <input checked="" type="checkbox"/> <b>X</b>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b> <input checked="" type="checkbox"/> <b>X</b>	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<input checked="" type="checkbox"/> <b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<input checked="" type="checkbox"/> <b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<input checked="" type="checkbox"/> <b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b> <input checked="" type="checkbox"/> <b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<input checked="" type="checkbox"/> <b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>8a</b> <input checked="" type="checkbox"/> <b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b> <input checked="" type="checkbox"/> <b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	<input checked="" type="checkbox"/> <b>X</b>

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Check if Schedule O contains a response to any question in this Part VII

## 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 nor any related organization compensated any current officer, director, or trustee.

132007 01-23-12



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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>								0.	101,940.	126,709.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	101,940.	126,709.

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

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

**Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) Name and business address	(B) Description of services
FOUNDATION SERVICES OF AMERICA, LLC, 1525 EAST VILLA THERESA DRIVE, PHOENIX, AZ	MANAGEMENT SERVICES
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <span style="float:right">1</span>	(C) Compensation 499,000.

**THE AMERICAN FOUNDATION FOR CHARITABLE  
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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,095,007.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
<b>h Total.</b> Add lines 1a-1f			1,095,007.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			82,344.			82,344.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses	118,296.					
	<b>c</b> Rental income or (loss)	93,723.					
	<b>d</b> Net rental income or (loss)	24,573.		24,573.		24,573.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	5353447.					
	<b>c</b> Gain or (loss)	4549323.					
	<b>d</b> Net gain or (loss)	804,124.		804,124.		804,124.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> CRT ADMIN FEES		561000	162,654.	162,654.			
<b>b</b> OTHER INCOME		531390	55,555.			55,555.	
<b>c</b> LONG TERM CAPITAL GAIN		531390	2,349.			2,349.	
<b>d</b> All other revenue		525990	<4410772.>		<133,999.>	<4276773.>	
<b>e Total.</b> Add lines 11a-11d			<4190214.>				
<b>12 Total revenue.</b> See instructions			<2184166.>	162,654.	<133,999.>	<3307828.>	

**THE AMERICAN FOUNDATION FOR CHARITABLE  
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**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).

Check if Schedule O contains a response to any question in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,411,998.	1,411,998.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	303,172.		303,172.	
<b>b</b> Legal	13,250.		13,250.	
<b>c</b> Accounting	47,130.		47,130.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	324,276.		324,276.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	13,176.		13,176.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REIMBURSED PROGRAM COST	195,828.	195,828.		
<b>b</b> UNCOLLECTIBLE NOTES	91,000.		91,000.	
<b>c</b> OT DEDUCTIONS FROM PART	41,072.		41,072.	
<b>d</b> OTHER	23,067.		23,067.	
<b>e</b> All other expenses	18,076.		18,076.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,482,045.	1,607,826.	874,219.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	37,338.	<b>1</b>	3,498.	
	<b>2</b> Savings and temporary cash investments	169,365.	<b>2</b>	105,749.	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>		
	<b>4</b> Accounts receivable, net	21,531.	<b>4</b>	5,787.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		<b>6</b>		
	<b>7</b> Notes and loans receivable, net		<b>7</b>		
	<b>8</b> Inventories for sale or use		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges	13,339.	<b>9</b>	13,096.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,237,901.			
	<b>b</b> Less: accumulated depreciation	1,069,071.			
		2,215,995.	<b>10c</b>	2,168,830.	
	<b>11</b> Investments - publicly traded securities	8,206,135.	<b>11</b>	6,510,657.	
	<b>12</b> Investments - other securities See Part IV, line 11	4,826,123.	<b>12</b>	6,584,995.	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>		
	<b>14</b> Intangible assets		<b>14</b>		
<b>15</b> Other assets. See Part IV, line 11	4,935,852.	<b>15</b>	4,545,273.		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	20,425,678.	<b>16</b>	19,937,885.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	264,798.	<b>17</b>	282,773.	
	<b>18</b> Grants payable		<b>18</b>		
	<b>19</b> Deferred revenue		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	693,852.	<b>22</b>	693,852.	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,402,633.	<b>23</b>	1,347,798.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	2,767,112.	<b>24</b>	3,002,601.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,813,047.	<b>25</b>	3,815,147.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	8,941,442.	<b>26</b>	9,142,171.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	6,641,265.	<b>27</b>	6,397,403.	
	<b>28</b> Temporarily restricted net assets	4,842,971.	<b>28</b>	4,398,311.	
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33</b> <b>Total net assets or fund balances</b>	11,484,236.	<b>33</b>	10,795,714.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	20,425,678.	<b>34</b>	19,937,885.		

Form **990** (2011)

THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC

Form 990 (2011)

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	<2,184,166.>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,482,045.
3	Revenue less expenses. Subtract line 2 from line 1	3	<4,666,211.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,484,236.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,977,689.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,795,714.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

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?

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
AMERICAN FOUNDATION	86-0897284	9	X		X		X		0.
AUGSBURG COLLEGE	41-0694721	2	X		X		X		90,000.
CHURCH OF JESUS CHRIST	23-7300405	1	X		X		X		99,455.
BOYS & GIRLS CLUB	94-2876537	9	X		X		X		0.
LDS PHILANTHROPI	87-0217280	9	X		X		X		0.
<b>Total</b>	<b>63</b>								<b>1,411,998.</b>

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

Schedule A (Form 990 or 990-EZ) 2011

SEE PART IV FOR LINE 11 CONTINUATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2011 **SUPPORT, INC**

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PATEMAN-AKIN -AVERY-KACHIC	23-7057659	9	X		X		X		5,000.
PALO CRISTI PRESBYTERIAN	86-0592374	1	X		X		X		0.
PHOENIX SYMPHONY AUX	86-6000134	9	X		X		X		0.
PRESCOTT COLLEGE	86-0294012	2	X		X		X		0.
RAINBOW ACRES	86-0286420	2	X		X		X		0.
SANTO NINO CATHOLIC CHU	74-2661214	1	X		X		X		0.
AMERICAN FOUNDATION O	20-5823039	9		X	X		X		0.
BOYS AND GIRLS CLUB O	44-0513659	9		X	X		X		0.
BRIGHAM YOUNG UNIVER	87-0217280	1		X	X		X		0.
BUFFS FOR LIFE FOUNDAT	20-8580617	9		X	X		X		0.
CHOICE HUMANITARIAN	74-2494806	9		X	X		X		0.
CHILDRENS MIRACLE NETW	87-0387205	9		X	X		X		0.
CHRISTMAS BOX HOUSE	31-1617816	9		X	X		X		0.
CHURCH OF SCIENTOLOGY	59-2143308	1		X	X		X		125,000.
CHURCH OF SCIENTOLOGY	95-3739098	1		X	X		X		0.
CHURCH OF SCIENTOLOGY	91-6254980	1		X	X		X		0.
COMMUNITY FOOD BANK (O	77-0320851	9		X	X		X		0.
FRIENDS TO THE FORLORN	27-0585030	9		X	X		X		0.
DOCTORS WITHOUT BORD	13-3433452	9		X	X		X		0.
GRANITE EDUCATION FO	94-2951639	2		X	X		X		0.
HURST WOOD ED FNDN	20-2697232	2		X	X		X		844,682.
INDIA CULTURAL CEN	87-0676460	9		X	X		X		0.
INTERNATIONA L ASSOCIATIO	52-1840679	9		X	X		X		50,000.
KBYU 11	87-0217280	9		X	X		X		0.
KUED 7	87-6000525	9		X	X		X		0.
<b>Continuation Total</b>									

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2011 **SUPPORT, INC**

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
LARRY MILLER CHARITIES	87-0541212	9		X	X		X		0.
LEGACY GLOBAL FOUND	37-1440662	9		X	X		X		0.
MAKE A WISH FOUNDATION	86-0481941	9		X	X		X		0.
OPERATION KIDS FOUNDAT	87-0643214	9		X	X		X		0.
PRIMARY CHILDREN'S M	87-0453633	3		X	X		X		30,200.
SAFE PASSAGE	01-0532835	9		X	X		X		0.
SELF-REALIZA TION FELLOWS	95-1942336	9		X	X		X		0.
STICKS ORG	56-2666845	9		X	X		X		0.
THE ROAD HOME	87-0212465	9		X	X		X		0.
TRILLIUM FAMILY SERVI	93-0386966	9		X	X		X		0.
WATERFORD INSTITUTE	51-0202349	9		X	X		X		0.
YOUTH AND SHELTER SERV	42-1051609	9		X	X		X		0.
BOYS AND GIRLS CLUB O	62-1634566	9		X	X		X		1,000.
BOOKS FOR KEEPS	27-4714080	9		X	X		X		2,000.
BLIND CENTER OF NEVADA	88-6005096	9		X	X		X		10,000.
CALLED TO SERVE	87-0641040	9		X	X		X		10,000.
FAIRHAVEN PROJECT	27-1144054	9		X	X		X		50,000.
ALEX'S LEMONADE STA	56-2496146	9		X	X		X		2,500.
CITIZENS COMMISSION O	68-0005541	9		X	X		X		25,000.
DESERET INTERNATIONAL	77-0222786	9		X	X		X		2,500.
FAMILY CONNECTION	58-2204209	9		X	X		X		1,000.
FRIENDS OF AFRICAN VILL	94-3397397	9		X	X		X		14,000.
KIVA MICROFUNDS	71-0992446	9		X	X		X		1,000.
MALI RISING FOUNDATION	20-1927457	9		X	X		X		10,000.
ORDINARY HERO FOUNDAT	27-1778360	9		X	X		X		15,000.
<b>Continuation Total</b>									

Schedule A (Form 990 or 990-EZ) 2011

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule A (Form 990 or 990-EZ) 2011 **SUPPORT, INC**

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
TOGETHER WE STAND IN THE	72-1479985	9		X	X		X		3,000.
RASHKA	58-2190065	9		X	X		X		1,000.
SAN JOSE PUBLIC FOUND	77-0142379	9		X	X		X		10,000.
UNIVERSITY OF ARIZONA F	86-6050388	2		X	X		X		1,761.
UPLANDS REACH CONFER	56-1737203	1		X	X		X		1,000.
WOMEN FOR WOMEN INTERN	52-1838756	9		X	X		X		400.
ING TAGUMPE FOUNDATION I		2		X	X			X	6,000.
OXFAM AMERICA INC	23-7069110	9		X	X		X		500.
<b>Continuation Total</b>									<b>1,222,543.</b>

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011****Open to Public  
Inspection****Name of the organization** THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**Employer identification number**  
86-0857725**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	92	33
2 Aggregate contributions to (during year)	903,042.	191,965.
3 Aggregate grants from (during year)	1,276,643.	135,355.
4 Aggregate value at end of year	10,792,622.	3,092.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds  
are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only  
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring  
impermissible private benefit? ☒ Yes ☐ No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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.

- a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure  
listed in the National Register

	Held at the End of the Tax Year
2a	
2b	
2c	
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 ☐ No9 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 (ASC 958), 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 itemsb If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2011

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**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 the 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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ \_\_\_\_\_ %

**b** Permanent endowment ☐ \_\_\_\_\_ %

**c** Temporarily restricted endowment ☐ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	895,356.			895,356.
<b>b</b> Buildings	1,886,628.		613,154.	1,273,474.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other	455,917.		455,917.	0.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**2,168,830.**

Schedule D (Form 990) 2011

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

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**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FOUNDATION PLANNERS OF		
(B) AMERICA INC	5,482.	END-OF-YEAR MARKET VALUE
(C) AFCS INCOME LLC	383,701.	END-OF-YEAR MARKET VALUE
(D) JORDANELLE MORTGAGE LLC	813,965.	END-OF-YEAR MARKET VALUE
(E) JORDANELLE THIRD MORTGAGE		
(F) LLC	865,432.	END-OF-YEAR MARKET VALUE
(G) AQUILA 91 LLC	1,547.	END-OF-YEAR MARKET VALUE
(H) CAPTAIN DREYFUS 2 LLC	22,235.	END-OF-YEAR MARKET VALUE
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>6,584,995.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ESCROW ACCOUNT COOPER FINANCIAL	20,825.
(2) NET REMAINDER VALUE SPLIT INTEREST TRUSTS	4,398,311.
(3) ART	7,775.
(4) RAL ESTATE IN AF HOLDINGS LLC	57,176.
(5) LAKE PLEASENT CLAIM	61,186.
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>4,545,273.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) GIFT ANNUITY OBLIGATIONS	1,466,576.
(3) DUE TO AND FROM TRUSTS	2,348,571.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>3,815,147.</b>

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

132053  
01-23-12

**SEE PART XIV FOR CONTINUATIONS**

**Schedule D (Form 990) 2011**

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SUPPORT, INC

Schedule D (Form 990) 2011

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**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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**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	
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	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
CHANDLER HEIGHTS MCQUEEN LLC	6,493.	FMV
COOLIDGE HANNA I LLC	1,000.	FMV
COOLIDGE HANNA II LLC	600.	FMV
DESERT TRANQUILITY LENDER LLC	2,465.	FMV
GILBERT TUSCANY LENDER LLC	2,578.	FMV
HORSESHOE TRAIL II LENDER LLC	4,864.	FMV
HORSESHOE TRAIL LENDER LLC	22,758.	FMV
JAMES 4 LLC	38,156.	FMV
MCCARTNEY 128 LENDER LLC	153,511.	FMV
PATTON PLACE VI 14% LLC	16,348.	FMV
PEAKVIEW III LLC	76,494.	FMV
RITTENHOUSE 55 LLC	9,196.	FMV
TONOPAH 80 LENDER LLC	62,714.	FMV
VAL VISTA CASA GRANDE LLC	113,709.	FMV
WIGGENS 21 LENDER LLC	303,101.	FMV
DAS ENTERPRISES LP	1.	FMV
GEC PARTNERS LLP	10,941.	FMV
GOODYEAR INDUSTRIAL LP	41.	FMV
KLINGER ENTERPRISES LP	1.	FMV
KEYSTONE NATIONAL LP	584,251.	FMV
DOUG SEAVER NOTE	1.	FMV
LITTLE TECH LEARNING NOTE	1.	FMV
FLORENCE 304 LENDER LLC	49,961.	FMV
CAPTAIN DREYFUS 2 LLC NOTE	16,000.	FMV
JORDANELLE III NOTE	1,146,000.	FMV
AFCS INCOME LLC (PANKEY) NOTE	1,425.	FMV





**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**Open to Public  
InspectionName of the organization  
**THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC**Employer identification number  
**86-0857725****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"  
to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance,  
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the  
United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>3 a</b> Sub-total	0	0			0.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2011

THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC

86-0857725

## Part II

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.




[illegible]

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

**3** Enter total number of other organizations or entities

Part III can be duplicated if additional space is needed.

[illegible]

## THE AMERICAN FOUNDATION FOR CHARITABLE

Schedule F (Form 990) 2011

SUPPORT, INC

86-0857725

Page 4

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2011

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

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

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

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF JESUS CHRIST OF LDS (& MISC. WARDS) - 50 E NORTH TEMPLE - SALT LAKE CITY, UT 84105	23-7300405	501(C)(3)	99,455.	0.			RELIGIOUS
BLIND CENTER OF NEVADA 1001 NN BRUCE ST. LAS VEGAS, NV 89101	88-6005096	501(C)(3)	10,000.	0.			GENERAL USE
AUGSBURG COLLEGE 2211 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	90,000.	0.			EDUCATION
CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE ORGANIZATION - 210 S FORT HARRISON AVE - CLEARWATER, FL 33756	59-2143308	501(C)(3)	125,000.	0.			GENERAL USE
CALLED TO SERVE 6331 HAVEN CHASE LANE SALT LAKE CITY, UT 84121	87-0641040	501(C)(3)	10,000.	0.			RELIGIOUS
CITIZENS COMMISSION ON HUMAN RIGHTS - 6616 W SUNSET BLVD - LOS ANGELES, CA 90028	68-0005541	501(C)(3)	25,000.	0.			EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule I (Form 990) **86-0857725** Page 1

**SUPPORT, INC**

**Part II 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
FAIRHAVEN PROJECT 32 WASHINGTON ST FAIRHAVEN, MA 02719	27-1144054	501(C)(3)	50,000.	0.			GENERAL USE
FRIENDS OF AFRICAN VILLAGE LIBRARIES - PO BOX 90533 - SAN JOSE, CA 95109-3533	94-3397397	501(C)(3)	14,000.	0.			GENERAL USE
HURST WOOD ED FNDN. (CLEAR HORIZONS ACADEMY) - 5455 N. RIVER RUN DR STE 302 - PROVO, UT 84604	20-2697232	501(C)(3)	844,682.	0.			GENERAL USE
INTERNATIONAL ASSOCIATION OF SCIENTOLOGISTS (IAS) - 1311 N. NEW HAMPSHIRE - LOS ANGELES, CA 90027	52-1840679	501(C)(3)	50,000.	0.			GENERAL USE
PRIMARY CHILDREN'S MEDICAL CENTER 136 E SOUTH TEMPLE SALT LAKE CITY, UT 84111	87-0453633	501(C)(3)	30,200.	0.			GENERAL USE
MALI RISING FOUNDATION PO BOX 708413 SANDY, UT 84070	20-1927457	501(C)(3)	10,000.	0.			GENERAL USE
ORDINARY HERO FOUNDATION INC PO BOX 1423 BRENTWOOD, TN 37024	27-1778360	501(C)(3)	15,000.	0.			GENERAL USE
SAN JOSE PUBLIC LIBRARY PARTNERS IN READING/MLK LIBRARY - 150 E SAN FERENANDO ST - SAN JOSE, CA 95112	77-0142379	501(C)(3)	10,000.	0.			GENERAL USE

Schedule I (Form 990)

THE AMERICAN FOUNDATION FOR CHARITABLE

86-0857725

Page 2

Schedule I (Form 990) (2011)

SUPPORT, INC

**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.

Part III can be duplicated 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: GENERALLY, THE AMERICAN FOUNDATION FOR

CHARITABLE SUPPORT INC REQUESTS WRITTEN RESPONSES FROM THE RECIPIENTS

DESCRIBING HOW THEY INTEND TO USE THE FUNDS.



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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**86-0857725**

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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 filing organization used to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  
establish compensation of the CEO/Executive Director. Explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule J (Form 990) 2011

**SUPPORT, INC**

**86-0857725**

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
<b>1 ADAM RIDING</b>	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	101,940.	0.	0.	0.	0.	101,940.	0.
<b>2 BENSON L. SCHAUB</b>	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	126,709.	0.	0.	126,709.	0.
<b>3</b>	(i)							
	(ii)							
<b>4</b>	(i)							
	(ii)							
<b>5</b>	(i)							
	(ii)							
<b>6</b>	(i)							
	(ii)							
<b>7</b>	(i)							
	(ii)							
<b>8</b>	(i)							
	(ii)							
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Schedule J (Form 990) 2011

THE AMERICAN FOUNDATION FOR CHARITABLE

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BENSON L. SCHAUB IS THE SOLE MEMBER OF FOUNDATION SERVICES OF AMERICA, LLC. THIS ENTITY HAS A CONTRACT TO PROVIDE SERVICES TO ORGANIZATIONS RELATED TO THIS ENTITY. THE NET INCOME FROM THE LLC IS \$126,709 NO COMPENSATION WAS PAID BY AMERICAN FOUNDATION FOR CHARITABLE SUPPORT INC. IN 2011.

ADAM RIDING IS AN EMPLOYEE OF FOUNDATION SERVICES OF AMERICA LLC. ADAM RIDING'S COMPENSATION FROM FOUNDATION SERVICES OF AMERICA LLC WAS \$101,940 IN 2011. NO COMPENSATION WAS PAID TO MR. RIDING FROM AMERICAN FOUNDATION OF CHARITABLE SUPPORT INC. 2011.

**Department of the Treasury.**  
**Internal Revenue Service**

**► 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.**

## Open To Public Inspection

**Employer identification number**  
86-0857725

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

<b>2</b>	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	▶	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
<b>3</b>	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>

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

<b>Part III</b>	<b>Grants or Assistance Benefiting Interested Persons.</b>
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**Complete if the organization answered "Yes" on Form 990, Part IV, line 27.**

[illegible]

Schedule L (Form 990 or 990-EZ) 2011

132131 01-19-12

**THE AMERICAN FOUNDATION FOR CHARITABLE**

Schedule L (Form 990 or 990-EZ) 2011 **SUPPORT, INC**

86-0857725 Page 2

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BENSON L SCHAUB	BENSON L SCHAUB IS	0.	FOUNDATION		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: MILLENIUM OPPORTUNITIES LP

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

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

(A) NAME OF PERSON: BENSON L SCHAUB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BENSON L SCHAUB IS FAMILY TO ADAM RIDING & SOLE MEMBER OF FSOA LLC

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

LLC ENTERED INTO AN AGREEMENT WITH AMERICAN FOUNDATION FOR CHARITABLE

SUPPORT, INC WHEREBY FOUNDATION SERVICES OF AMERICA WOULD FURNISH

MARKETING, ADMINISTRATIVE AND OTHER SERVICES TO THE AMERICAN FOUNDATION

FOR CHARITABLE SUPPORT INC. IN RETURN FOR THESE SERVICES FOUNDATION

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

FROM THE FOUNDATION INTENDED TO COVER PAYROLL EXPENSES DIRECTLY RELATED

TO SERVICES TO THE FOUNDATION AND REIMBURSEMENT FOR CERTAIN OTHER

EXPENSES RELATING TO THE FOUNDATION.

IN THIS REGARD FOUNDATION SERVICES OF AMERICA INCURRED PAYROLL COSTS FOR

THOSE EMPLOYEES LISTED IN PART VII AND OTHER EMPLOYEES OF THE LLC

PROVIDING SERVICES TO THE FOUNDATION AND OTHER REIMBURSED EXPENSES FOR

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

MARKETING AND OTHER EXPENSES ON BEHALF OF THE FOUNDATION IN THE AMOUNT OF  
\$499,000 OF THESE PAYMENTS \$195,828 IS REPORTED AS PROGRAM COSTS BY THE  
FOUNDATION.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC

Employer identification number  
86-0857725

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

MISSION STATEMENT

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

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

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

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

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

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

EXPENSES (WHICH INCLUDE ON-GOING TRUST ADMINISTRATION COSTS OF  
INDIVIDUAL FAMILY FOUNDATIONS AND CHARITABLE REMAINDER TRUSTS),

PRINTING EXPENSES, TRAVEL AND PROMOTIONAL EXPENSES, POSTAGE, SOFTWARE,

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

Employer identification number  
86-0857725

SUPPLIES, OUT-SOURCING COSTS AND COSTS INCURRED IN ASSISTING OTHER  
CHARITIES.

OTHER PROGRAM SERVICES

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

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

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

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

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

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



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

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

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	4,422,349.
DECREASE IN REMAINDER VALUE OF SPLIT INTEREST TRUSTS	-444,660.
TOTAL TO FORM 990, PART XI, LINE 5	3,977,689.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► See separate instructions.

Name of the organization

THE AMERICAN FOUNDATION FOR CHARITABLE  
SUPPORT, INC

Employer identification number

86-0857725

OMB No. 1545-0047

2011

Open to Public  
Inspection

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN SUPPORT FOUNDATION TRUST - 94-2832530, 4518 N. 32ND ST., PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	ARIZONA	501 (C) (3)	PF	AMERICAN FOUNDATION, INC		X
AMERICAN FOUNDATION OF UTAH - 20-5823039 4518 N. 32ND ST. PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	UTAH	501 (C) (3)	509(A)(3) TYPE 1	AMERICAN FOUNDATION, INC		X
BENLEI FOUNDATION GIFT ANNUITY - 86-6181471 4518 N. 32ND ST. PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	ARIZONA	501 (C) (3)	509(A)(3) TYPE 1	BENLEI FOUNDATION		X
THE USA FOUNDATION - 74-6372579 4518 N. 32ND ST. PHOENIX, AZ 85018	FINANCIAL SUPPORT OF CHARITABLE INSTITUTIONS	ARIZONA	501 (C) (3)	509(A)(3) TYPE 1	AMERICAN FOUNDATION, INC		X

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

Schedule R (Form 990) 2011

## Part II

[illegible]



THE AMERICAN FOUNDATION FOR CHARITABLE

Schedule R (Form 990) 2011 SUPPORT, INC

86-0857725

Page 3

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

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

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

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

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

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

**h** Exchange of assets with related organization(s)

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

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

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

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

**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**n** Sharing of paid employees with related organization(s)

**o** Reimbursement paid to related organization(s) for expenses

**p** Reimbursement paid by related organization(s) for expenses

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

**r** Other transfer of cash or property from related 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.

(1)	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(2)				
(3)				
(4)				
(5)				
(6)				

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:****NAME OF DISREGARDED ENTITY:**

AF HOLDINGS, LLC

PRIMARY ACTIVITY: HOLDING TITLE TO REAL ESTATE RECEIVED AS A CONTRIBUTION  
TO THE FOUNDATION**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:****NAME OF RELATED ORGANIZATION:**

AMERICAN FOUNDATION INC

PRIMARY ACTIVITY: ASSIST CHARITABLE ORG IN THE PRIVATIZATION & PROMOTION  
OF CHARITABLE GIVING**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:****NAME OF RELATED ORGANIZATION:**

FOUNDATION PLANNERS OF AMERICA, INC.

DIRECT CONTROLLING ENTITY: AMERICAN FOUNDATION FOR CHARITABLE SUPPORT,  
INC.