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DLN: 93493091004113

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

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

Open to Public Inspection

Δ Fo	r the 3	2011 ca	lendar year, or tax year beginning 10-01-2011 and ending 09-3	30-2012					
		pplicable	C Name of organization	30 2012		D Employer i	dentification number		
_	dress ch		FAMILY RESEARCH COUNCIL ACTION			52-1805!	562		
_	me chai	-	Doing Business As		Ì	E Telephone	number		
_		_	FRC ACTION			(202)393	3-2100		
_	tıal retui		Number and street (or P O box if mail is not delivered to street address) R 801 G STREET NW	Room/suite	ľ		ots \$ 2,471,846		
	rmınated		OUT O STREET NW		ŀ	<u> </u>			
- Am	nended i	return	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001						
Ap _l	plication	pending	WASHINGTON, DC 20001						
			F Name and address of principal officer	Т	(a) Is thu	s a group reti	ırn for		
			ANTHONY PERKINS	'	affilia		⊤Yes ▼No		
			801 G STREET NW WASHINGTON,DC 20001						
			WASHINGTON, BC 20001	"		affiliates incl	·		
Та	x-exem	npt status	501(c)(3)	7		," attach a li: p exemption	st (see instructions)		
		<u> </u>		·	(c) Grou	p exemption	ildiliber F		
W	ebsite	e:⊫ FR0	CACTION ORG						
(For	m of org	ganızatıon	Corporation Trust Association Other ►		L Year of for	mation 1992	M State of legal domicile DC		
Pa	rt I	Sum	mary						
	1 6	Briefly d	escribe the organization's mission or most significant activities						
_			CATE THE PUBLIC ON TRADITIONAL FAMILY VALUES						
3	-								
ACUVIUES & GOVEIIIAIICE	-								
<u>,</u>	, -	Check th	nis box দ if the organization discontinued its operations or disp	nosed of m	ore than 2	5% of its net	accetc		
5			,		ore than 2	1	ı		
ő.	1		of voting members of the governing body (Part VI, line 1a)			3			
ß	1		of independent voting members of the governing body (Part VI, li			4			
2			mber of individuals employed in calendar year 2011 (Part V, line	2a) .		5			
3	6	Total nu	mber of volunteers (estimate if necessary)			6	5		
•			related business revenue from Part VIII, column (C), line 12 .			7a	0		
	ь	Net unre	lated business taxable income from Form 990-T, line 34			7t	0		
					Prio	Year	Current Year		
_	8	Contri	butions and grants (Part VIII, line 1h)	· · L		1,190,772	2,471,828		
E E	9	Progra	ım service revenue (Part VIII, line 2g)	L		0	0		
Raven	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)	[14	18		
Ť	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c	e)		330	0		
	12	Total	revenue—add lines 8 through 11 (must equal Part VIII, column ((A), line					
						1,191,116	2,471,846		
	13		s and similar amounts paid (Part IX, column (A), lines $1-3$).			16,250	0		
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)	·		0	0		
ø	15		es, other compensation, employee benefits (Part IX, column (A),	lines		112,037	115,126		
Expenses		5-10)		-					
₹	16a		sional fundraising fees (Part IX, column (A), line 11e)			95,248	60,355		
ਡ	Ь		ndraising expenses (Part IX, column (D), line 25) 🕨 169,853	—					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· ·	. 1,373,474 1,80				
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line	e 25)		1,597,009	1,982,804		
	19	Reven	ue less expenses Subtract line 18 from line 12			-405,893	489,042		
88						of Current	End of Year		
net Assets or Fund Balances		_			Y	ear			
300	20		assets (Part X, line 16)	.		162,817	55,130		
32	21	Total	labilities (Part X, line 26)	·		1,089,392	492,663		
	22	Netas	sets or fund balances Subtract line 21 from line 20			-926,575	-437,533		
Pai	rt II	Sign	ature Block						
now			erjury, I declare that I have examined this return, including accompan f, it is true, correct, and complete. Declaration of preparer (other than						
		****	**		20	13-04-01			
Sigr	1	Signa	ature of officer		Da				
der (РДІІІ	J TRIPODI VICE PRESIDENT, ADMINISTRATION						
			or print name and title						
		D	Date	Chec	k ıf	Prenarer's tav	payer identification number		
اجاء(Preparei signatur	2012.04.01	self-		(see instruction			
Paid	arer's		r	empl	oyed 🕨 🦳	P00290720			
TON	210F.C					I			
-		1	, ,			EIN ▶ 52-185	5942		
-	Only	ıf self-ei	, ,			EIN ▶ 52-185	55942		
-		ıf self-ei	mployed),				(202) 293-2200		

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

	990 (2	<u> </u>									Page 2
Par	1111		of Program Secule O contains a								.
1	Briefl		rganızatıon's mıs	•	, , ,						,
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2	the pr	or Form 990 or	ndertake any sigi 990-EZ?			vices duri		which were not	listed on	┌ Yes ┌	No
3	Dıd th		e new services o ease conducting,			changes	n how it co	nducts, any pro	gram	┌ Yes ┌	No
	If "Yes	s," describe thes	e changes on Sc	hedule O							
4	expen	ses Section 50	tion's program se 1(c)(3) and 501(to others, the to	c)(4) organız	ations	and section	n 4947(a)	(1) trusts are re	equired to rep	,	•
4a	THEM STATE MISSI FOUNI EFFOR LAW, ORGAI PUBLI REPUE ROMN POLL I AND M VALUE FOLLO NOMI	FOUNDATIONS OF C IF FAITH IN THESE S OF AMERICAFOUND IN IS TO EDUCATE DING FATHERS CON ITS TO EDUCATE, IN AND THE UNALIENAL NIZATION, FRC ACT C ON BEHALF OF FA BLICAN PRESIDENTI EY, SENATOR RICK NCREASED THE ENI IEDIA COVERAGE II WERS WHO COLLEC NEE PAUL RYAN, GO	CERNING THE NATULE OF THE NATURE OF THE NATU	IR GOVERNMEN CEASE TO BE P ICTION IS THE PUBLIC AND CL RE OF ORDERE CE ELECTED AT LIBERTY, PROF PERCENT OF I COUNTRY VVS 40NTHS AWAY, ICK PERRY, SPI ION OF THE EV 1.2, FRC ACTION OTENTIAL AUD R, SENATORS F	T REST S RACTICAI NON-PRO JILTURAL I D LIBERT ND APPOI JERTY, AN TES TIME, IN OCTO ALL THE EAKER NI ENT WI N AGAIN I EES TO D JENCE OF LAND PAL	LLY UNIVERS DEIT AND TA LEADERS AB Y FRC ACTION NTED OFFICE ID THE PUR BUDGET AN DBER 2011, MAJOR REP EWT GINGRI TH THESE CO CO CO CO CO HOND THE CO HOND THE HON THE	THE TEACHII ALIN OUR CO X-EXEMPT LEC OUT TRADITIC ON FORTIFIES IALS IN SUPPO SOUIT OF HAPP O STAFF RESC FRC ACTION F UBLICAN PRESC CH, HERMAN OMBINED FAC E PREMIER SC EDS OF THOU LLION WITH F	NGS OF THE BIBLE DUNTRY " CALVI GISLATIVE ACTION DNAL AMERICAN VA THE TRADITIONAL ORT OF THE COUN INESS AS A 501(C DURCES LOBBYING PLAYED HOST TO T SIDENTIAL CANDID CAIN, AND REP R TORS, WS 2011 SI DCIAL CONSERVAT SANDS OF VIEWER EATURED SPEAKE	IN COOLIDGE, 3 ARM OF FAMILY ALUES AND TO P L FOUNDATIONS TRY'S HISTORIO ((4), NON-PROI CONGRESS, ST HE VALUES VOT VATES MADE AN ON PAUL A VAL ET NEW RECOR IVE EVENT" OF S VIA TV AND W RS INCLUDING	OTH PRESIDEN RESEARCH C ROMOTE THE OF CIVIL SOFE TI EDUCATION ATE LEGISLATE ER SUMMIT (N APPEARANCE UES VOTER PF DS FOR OVER THE YEAR, OU VEB-CAST, ANI REPUBLICAN N	IT OF THE UNITED OUNCIL ITS PHILOSOPHY OF THE IZETY THROUGH ITS QUALITY UNDER THE N AND LOBBYING JRES AND THE WSO WITH THE GOV MITT RESIDENTIAL STRAW ALL ATTENDANCE R 7TH ANNUAL OTWITTER
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4b	CONSI THROU (HTTP FAITH VOTER THEIR	ATION ON CANDIDA' ERVATIVES IN CONC JGH ADS, ENDORSE //WWW FRCACTIC , FAMILY AND FREE GUIDE FOLLOWING ELECTION OR RE-F) (Expenses \$ TES FRC ACTION UN BRESS AND THE STAT MENTS, AND GRASSI N ORG/SCORECARD DOM AS A RESOURC THE CONCLUSION (ELECTION EFFORTS (WS IN NORTH CARO)	DERSTOOD THA ES THAT'S WH ROOTS MOBILIZ) FOR EACH SE E TO VALUES V DF THE REPUBL DUR ENDORSEI	AT IN ORI Y FRC AC ATION FF SSION OF OTERS, V ICAN PRI	CTION, ALON RC ACTION (CONGRESS VE ALSO PRO IMARY EVEN	AMERICA BAC G WITH ITS P DNCE AGAIN P THE SCORE DDUCED A 201 IN A TOUGH I	CK ON THE RIGHT OLITICAL ACTION RODUCED A CONG CARD GRADES LEG L2 REPUBLICAN PR ELECTION, 77% OF	COMMITTEE, WE GRESSIONAL VOT GISLATORS BASE ESIDENTIAL VOT FFRC ACTION'S	ORKED TO IMF TE SCORECARI D UPON KEY N TER GUIDE, AN ENDORSED C	PACT KEY RACES D VOTES RELATED TO ND A PRESIDENTIAL ANDIDATES WON
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4d		r program servic enses \$	es (Describe in 474,331	Schedule O ıncludıng gr		\$) (Revenue	\$)

Total program service expenses►\$

1,493,625

Part TV	Checklist of	Required	Schedules
	CHCCKHSCO	IXCUUII CU	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	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>	10		No
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

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
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 9	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
ı	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N c
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		140
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account or securities	_		
	account)?	4a		No
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	and the state of t			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		
F	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
3	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
		1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans	4		
С	Enter the aggregate amount of reserves on hand 13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b		140
	ar a sana mana na mengang kanggang anggang mengenggang manahang di panggang di panggang manahang mening di er			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Se	ction A. Governing Body and Management			
			Yes	No
1_	Entagetha number of voting members of the governing hady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	\vdash		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
_	year by the following The governing body?	8a	Yes	
a b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		1 65	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
110	venue couc.,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	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?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►AZ, AR, CT, FL, HI, KY, MA, MN, NI NC, OR, PA, SC, UT, VA, WA, WI, O			Υ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
19	Own website Another's website Upon request 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 PAUL TRIPO DI 801 G STREET NW

WASHINGTON, DC 20001 (202) 393-2100

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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	•	ated or	ganız	zatio	ns c	ompei	nsat	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title				n one son er ar	t che e bo: is bo nd a stee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) ANTHONY PERKINS PRESIDENT & CEO	8 90	х		х				48,808	169,677	12,410
(2) JEFFREY ARMOUR DIRECTOR	2 00	х						0	0	0
(3) LARRY SMITH DIRECTOR	2 00	х						0	0	0
(4) PHIL BURRESS CHAIRMAN	2 00	х						0	0	0
(5) TOM SHIELDS DIRECTOR	2 00	х						0	0	0
(6) BRIAN PHARRIS DIRECTOR	2 00	х						0	0	0
(7) ROBERT SCHWARZWALDER SENIOR VICE-PRESIDENT	5 70			х				20,123	121,389	19,805
(8) PAUL TRIPODI VP ADMINISTRATION	2 10			х				6,500	119,870	23,147
(9) PAUL FITZPATRICK VP DEVELOPMT	90			х				2,857	118,551	22,557
(10) THOMAS MCCLUSKY VP GOVT AFFAIRS & FRCA	11 80			х				36,967	88,179	20,065
(11) SHARON HELTON SR DIRECTOR EVENTS	16 90					х		55,073	75,594	13,887
(12) GIL MERTZ DIR DEVELOPMENT	1 10					х		3,246	117,671	15,000

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	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of ot compensati from the organization related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			MISC		organiza	
1b	Sub-Total							►		1				
С	Total from continuation sheets				•	•		P						
d	Total (add lines 1b and 1c) .							►	173,	,574	810,9	31		126,871
2	Total number of individuals (inc \$100,000 of reportable comper					ted	above) who	o received mor	e thar	ı			
											,		Yes	No
3	Did the organization list any for on line 1a? <i>If</i> " <i>Yes,"</i> complete Sc	hedule J for such	ındıvıd	ual	• •	•	•	•				3		No
4	For any individual listed on line organization and related organizindividual											4	Yes	
5	Did any person listed on line 1a services rendered to the organi									tion or •	individual for •	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
	Na	(A) me and business ad-	dress							Descrii	(B) otion of services		(C Comper	
325 S	CISION MANAGEMENT SPRINGSIDE DRIVE NN, OH 44333								CALL C		OPERATOR			230,889
2	Total number of independent con	cractors (includin	ng but r	not lir	nıted	d to	those	liste	d above) who r	eceiv	ed more than			

\$100,000 of compensation from the organization \blacktriangleright 1

Pait		Statement of Revenue			-		
		Enterphylogen		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
粪侔	1a	Federated campaigns 1a					
亞黃	ь	Membership dues 1b					
2,€	c	Fundraising events 1c					
£≝	d	Related organizations 1d					
<u>~</u>	e	Government grants (contributions) 1e					
<u>۾ جي</u>	f		 '1,828				
重量	'	similar amounts not included above					
皇吉	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ Total. Add lines 1a-1f	▶	2,471,828			
O @				2,171,020			
<u>a</u>		Business C	ode				
E E	2a						
Æ	b						
9	С	<u> </u>					
er M	d						
S	e						
Program Serwce Revenue	f	All other program service revenue					
چّ							
	g 3	Total. Add lines 2a-2f	-				
	3	Investment income (including dividends, interest	▶	18			18
		and other similar amounts)	L L	10			10
	4		ŀ				
	5	Royalties					
	6a	Gross rents (II) Real (III) Pelson	ııaı				
	ь	Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	►				
		(ı) Securities (ii) Othe	er				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
e E		events (not including					
듄		\$ of contributions reported on line 1c)					
é		See Part IV, line 18					
Other Revenue		a					
Ě	Ь	Less direct expenses b					
0	C C	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities	,Þ-				
	10a	Gross sales of inventory, less	ļ				
		returns and allowances .					
	١.	a					
	Ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
	4.	Miscellaneous Revenue Business C	ode				
	11a						
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
		T-1-1					
	12	Total revenue. See Instructions	- ▶	2,471,846	0	0	18

Joint costs. Check here ► 🗆 If following

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2011) Page **10** 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) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 115,126 79,437 14,966 20,723 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management 494,706 281,982 173,148 39,576 45,787 31,593 5,952 8,242 Legal 11,755 Accounting 8,111 1,528 2,116 Lobbying Professional fundraising See Part IV, line 17 . . 60,355 60,355 Investment management fees 361,588 291,141 54,853 g Other 15,594 Advertising and promotion . . . 1,500 1,500 12 Office expenses 63,922 29,404 33,879 13 639 14 Information technology 15 Royalties . . 16 350,398 17 350,398 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 15,598 15,598 31,939 31,939 20 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered above (List 24

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 55.958 2 2 47.996 Savings and temporary cash investments 3 3 28.547 4 6,134 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 78.312 9 1.000 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 162,817 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 55,130 106,514 227,948 17 17 Accounts payable and accrued expenses . 18 18 19 293,206 19 0 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 689,672 25 264,715 D 26 1,089,392 26 492,663 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -935,035 27 -437,533 Unrestricted net assets 8.460 28 0 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 -926.575 33 -437.533 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 162.817 55.130 34

Ра	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		2.4	171,84
2	Total expenses (must equal Part IX, column (A), line 25)	2			982,80
3	Revenue less expenses Subtract line 2 from line 1	3			189,04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-9	926,57
5	Other changes in net assets or fund balances (explain in Schedule O)	5			ı
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		-4	137,53
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i	hauss		103	
_	on a separate basis, consolidated basis, or both	35 u cu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493091004113

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

f the organization answered "Yes,'	' to Form 990, Part IV, Liı	ne 3, or Form 990-EZ, Par	rt V, line 46 (Political C	ampaign Activities),
hen				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then
- ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the organization
FAMILY	RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures
- 3 Volunteer hours

G

3

art I-B	Complete if the organizat	tion is exempt under section	501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955 2
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes." describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
 - Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) FRC ACTION POLITICAL ACTION COMMITTEE	801 G STREET NW WASHINGTON,DC 20001	26-2871441		
(2) VIRGINIA VALUES VOTERS POLITICAL ACTION COMMITTEE	5501 MERCHANTS VIEW SQ 736 HAYMARKET, VA 20169	27-0159860		
(3) FAITH FAMILY FREEDOM FUND	801 G STREET NW WASHINGTON, DC 20001	27-3573470		
(4) NH VALUE VOTERS PAC	PO BOX 10188 BEDFORD,NH 03110	27-3476300		
(5) CORNERSTONE ACTION PAC	PO BOX 10188 BEDFORD,NH 03110	27-3476068		

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. So of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. So of the excess over \$1,000,000 Fig. So of the excess over \$1,000			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$1,500,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,00	d	Otherexe	empt purpose expenditures					
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Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

che	edule C (Form 990 or 990-EZ) 2011				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has f (election under section 501(h)).	NOT f	iled F	orm	5768	3
		(a)		(b)	
		Yes	No	1	Amoun	it
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			4		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
C	Media advertisements?		ــــــ	╀		
d	Mailings to members, legislators, or the public?			ــــــ		
e	Publications, or published or broadcast statements?			ـــــــ		
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Identifier | Return Reference | Explanation

5

► Attach to Form 990. ► See separate instructions.

DLN: 93493091004113

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public Inspection

Name	of	the	org	ganiz	zatio	n
AMILY	RE	SEAR	CH	COU	NCIL	ACTION

	MILY RESEARCH COUNCIL ACTION			Empi	oyer identif	ication numi	er	
					805562			
Pa	Organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.				•		f the
		(a) Donor advis	ed funds	(b) Funds an	d other acco	unts	
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			or advi	sed	┌ Yes	Г	No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit					┌ Yes	Г	No
Pa	rt II Conservation Easements. Comple	ete if the organization ar	swered "Yes" t	o Form	990, Part	IV, line 7.		
1 2	Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a q easement on the last day of the tax year	eation or pleasure) F	reservation of ar	certified	l historic str	•	ea	
	easement on the last day of the tax year				Hold at t	he End of th	ο Vο:	a r
а	Total number of conservation easements			2a	ricia at t	ile Lila Oi tii	<u> </u>	41
ь	Total acreage restricted by conservation easeme	nts		2b				
c	Number of conservation easements on a certified		ın (a)	2c				
d	Number of conservation easements included in (c		(= /	2d				
3			had artarminate		0.0000017011	n during		
3	Number of conservation easements modified, trar	isieried, released, extiliguis	med, or terminate	ed by th	e organizacio	on during		
4	Number of states where property subject to cons	ervation easement is locate	d ►					
5	Does the organization have a written policy regard enforcement of the conservation easements it ho		, inspection, han	dling of	violations, a	nd ryes	Г	No
6	Staff and volunteer hours devoted to monitoring, i	inspecting and enforcing co	nservation easem	nents du	ırıng the yea	r ►		
7	Amount of expenses incurred in monitoring, insper ► \$	ecting, and enforcing conser	vation easement	s during	the year			
8	Does each conservation easement reported on lir	ne 2(d) ahove satisfy the re	nurements of sec	rtion				
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	ie z(d) above satisty the re	quirements of sec	2011		☐ Yes		No
9	In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organ						
oa ∣	Tt III Organizations Maintaining Collect			or Oth	ner Simila	r Assets.		
4 -	Complete if the organization answere If the organization elected, as permitted under SF	·		ant and	halance sho	et works of		
1a	art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, ed	ucation or resear	ch in fui			ce,	
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, educat ems						
	(i) Revenues included in Form 990, Part VIII, lin	ie 1			► \$			
	(ii) Assets included in Form 990, Part X				F \$			
2	If the organization received or held works of art, h	nistorical treasures, or othe	r sımılar assets fo	or financ	ial gain, pro			
-	following amounts required to be reported under S				_ ,,			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	cal Tr	easur	es, or O	ther	Similar A	sset	S (cor	itinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th	e foll	_		_		e of its colle	ction		
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın hov	v they	/ furthe	r the or	ganızatıon	's ex	empt purpose	ın.		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	ΓY	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other ass	ets n	ot	┌ ʏ	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	ble		г					
							-	_	Α	moun	t	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?							┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b)	Prior \	'ear	(c) Two	Years Back	(d)⊺	hree Years Back	(e)F	our Ye	ars Back
1a	Beginning of year balance							-				
Ь	Contributions							-		-		
С	Investment earnings or losses							_				
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs											
£	Administrative expenses							+		-		
f								+				
g -	End of year balance							<u> </u>				
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►											
За	Are there endowment funds not in the posses	sion of the organiza	atıon t	hat a	re held	d and ad	mınıstere	d for t	he	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	<u> </u>	1(i)		
h	(ii) related organizations				ulo D2				-	(ii) 3b		
4	Describe in Part XIV the intended uses of th							•		ן טכ		
	t VI Land, Buildings, and Equipme					<u> </u>						
	to the Land, Bandings, and Equipme	inci occionii 99	<u>0, 1 u</u>	\top	a) Cost o		(b)Cost or	othor	(c) Accumula	tod		
	Description of property					stment)	basis (ot		depreciatio		(d) Bo	ok value
1a	Land			+								
	Buildings			-								
	Leasehold improvements		•	\vdash								
	·		•	\vdash								
	Equipment		•	\vdash								
	Other			line	10(c)				<u> </u>			0
ora	i. Aud iiiles Ia-Ie (Coiuiiiii (u) Siloulu equal Fo	iiii 330, Fait Λ, COluli	ші (<i>D)</i>	, 11110	10(C).)	• •		•	Schedule			

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
			—
			—
			—
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		,	
			—
			$\overline{}$
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		

1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 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	2,471,846 1,982,804 489,042
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 1 Total revenue, gains, and other support per audited financial statements 2 a Net unrealized gains on investments	
A Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements Statements With Revenue per Return 1 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	489,042
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 - 8 9 10 Excess or (deficit) for the year per 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 2a a Net unrealized gains on investments 2a 4 b Donated services and use of facilities 2b 4 c Recoveries of prior year grants 2c 4 d Other (Describe in Part XIV) 2d 4 e Add lines 2a through 2d 2e 4 3 Subtract line 2e from line 1 3 4 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4c <td< td=""><td></td></td<>	
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 - 8 9 10 Excess or (deficit) for the year per 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 2a a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d 4d 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 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
6 Investment expenses 6 Orber (Describe in Part XIV) 7 Secret Secret Geficit) for the year per financial statements Combine lines 3 and 9 Total adjustments (net) Add lines 4 - 8 Secret Geficit) for the year per financial statements Combine lines 3 and 9 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Secret S	
7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Intervenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Total revenue, gains, and other support per audited. Financial Statements. With Revenue per Return 1 1 Total revenue, gains, and other support per audited financial statements	
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	489,042
Total revenue, gains, and other support per audited financial statements A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	· · · · · · · · · · · · · · · · · · ·
A Net unrealized gains on investments	2,471,846
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	C
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	2,471,846
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
5 Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	C
Total Revenue Add lines Salid Hel (11115 Should equal 1 of lines 12) 1 1 1 1 1 1 1	2,471,846
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	
Total expenses and losses per audited financial statements	1,982,804
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	(
3 Subtract line 2e from line 1	1,982,804
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	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	1,982,804
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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR INCOME TAX POSITIONS TAKEN THEREFORE, MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS THE FISCAL YEARS ENDING SEPTEMBER 30, 2009 THROUGH
		SEPTEMBER 30, 2012 REMAIN OPEN FOR EXAMINATION BY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493091004113

Supple

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public Inspection

OMB No 1545-0047

	7 71000		0110111133			Inspection
Name of the organization FAMILY RESEARCH COUNCII	ACTION				Employer ide	ntification number
FAMILY RESEARCH COUNCIL	ACTION				52-1805562	2
Part I Fundraising Ac	ctivities. Complet	e if the c	rganiza	tion answered "Yes"	to Form 990, Part I\	/, line 17.
1 Indicate whether the orga					· · · · · · · · · · · · · · · · · · ·	
a Mail solicitations	iiiizatioii raiseu iulius	tillough a	•	Solicitation of nor		
b Internet and e-mail s	olicitations		f	Solicitation of gov	= =	
c Phone solicitations	one reactions		a a	Special fundraisin	-	
d In-person solicitation	าร		9	,	g	
2a Did the organization have or key employees listed i						Γ _{Yes} Γ Ν
b If "Yes," list the ten higher to be compensated at lea						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	TELEBLIONE	Yes	No			
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DRIVE	TELEPHONE FUNDRAISING		No	138,158	59,491	. 78,667
AKRON, OH 44333						
Total				138,158	59,491	. 78,667
3 List all states in which the licensing						t from registration or
AZ, AR, CT, FL, HI, KY, MA, MI	N, NH, NJ, NM, NY, N	C,OR,PA	, SC, UT	,VA,WA,WI,CO,MO,	WV	

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
8	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	nn (d)		(
11	Net income summary Combine li	-	, ,		
art II					rted more than
	\$15,000 on Form 990-EZ, li		1 163 10 101111 990, 14	101 v , inic 15, 01 10p	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				1
2	Cash prizes				
3	Non-cash prizes				
3	Rent/facility costs				
	Other direct expenses				
-		–	 	—	
6	Volunteer labor	Г Yes Г No	│	Γ Yes	
		<u>'</u>		·	(
7	Direct expense summary Add line	s 2 through 5 in column	ı(d)		
8	Net gaming income summary Com	nbine lines 1 and 7 in co	lumn (d)		
Fn	ter the state(s) in which the organize	ation operates damind a	ctivities		
	the organization licensed to operate				. Fyes FNo
	"No," Explain				, , , , , , , , , , , , , , , , , , , ,
	vro any of the organization's gaming				
	ere any of the organization's gaming "Yes," Explain				· · Yes No
- • 1					

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

Compensation Information

DLN: 93493091004113

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization FAMILY RESEARCH COUNCIL ACTION **Employer identification number**

52-1805562

Pa	Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t					
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	Г	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust com _l	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs	section 53 4958-4(a)(3)? If "Yes," describe	_		<u>, , </u>
_		_		8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(i) Base	W-2 and/or 1099-MI (ii) Bonus & Incentive	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or		
		compensation	compensation	compensation	compensation			Form 990-EZ		
(1) ANTHONY PERKINS	(I) (II)	48,808 139,883	0	0 29,794	0 12,410	0	48,808 182,087	0 0		
(2) ROBERT SCHWARZWALDER	(I) (II)	20,123 116,589	0	0 4,800	0 4,805	0 15,000	20,123 141,194	0 0		

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization FAMILY RESEARCH COUNCIL ACTION

Employer identification number

Identifier	Return	Explanation
Identifier	Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	FRC HAS ONE CLASS OF MEMBERS MEMBERSHIP IS OPEN TO INDIVIDUALS WHO SUPPORT FAMILY RESEARCH COUNCIL ACTION'S PURPOSES AND POLICIES
	FORM 990, PART VI, SECTION B, LINE 11	ONCE FORM 990 HAS BEEN PREPARED, IT GOES TO FRCA'S TOP MANAGEMENT FOR REVIEW, AND THEN THE AUDIT COMMITTEE (INCLUDING LEGAL COUNSEL), AND THEN THE FULL FRCA BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	RESOLVING CONFLICTS OF INTEREST INVOLVING A DIRECTOR IF A DIRECTOR HAS AN ACTUAL CONFLICT OF INTEREST IN REGARD TO A MATTER OF BUSINESS PENDING BEFORE THE BOARD OF DIRECTORS AS TO THE BUSINESS OR MINISTRY OF FAMILY RESEARCH COUNCIL, THE AFFECTED DIRECTOR SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IN ANY VOTE ON SUCH MATTER, WHETHER BY THE BOARD OR ONE OF ITS COMMITTEES, THE VOTE OF THE AFFECTED DIRECTOR SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IN ANY VOTE ON SUCH MATTER, WHETHER BY THE BOARD OR DECTOR SHOULD NOT SHALL HE VOTE ON THE MATTER THE MINUTES SHALL REFLECT THE FACT THAT THE DIRECTOR DID NOT VOTE ON THE ISSUE IF A CONFLICT OF INTEREST ON THE PART OF A DIRECTOR AS TO A MATTER NOT PRUDING FOR APPROVAL BEFORE THE BOARD OF DIRECTORS IS DISCLOSED OR COMES TO THE KNOWLEDGE OF THE CHARRWAN OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, THE CHARRWAN SHALL EXPROSE HIS BEST JUDGMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE - APPROVAL OF A TRANSACTION IN WHICH THE DIRECTOR HAS BENEFITED. DIRECTLY OR INDIRECTLY, IF HE IS REASONABLY CERTAIN THAT THE BEST INTERESTS OF FAMILY RESEARCH COUNCIL WILL BE SERVED THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. TO FOLLOW, WHICH MAY INCLUDE - APPROVAL OF A TRANSACTION IN DIRECTOR. AND SENEPTIED, DIRECTLY OR INDIRECTLY, IF HE IS REASONABLY CERTAIN THAT THE BEST INTERESTS OF FAMILY RESEARCH COUNCIL WILL BE SERVED THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF TO THE FULL BOARD, FOR DECISION IN ALL CASES IN WHICH THE CHARMAN OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF TO THE FULL BOARD. FOR DECISION IN ALL CASES IN WHICH THE CHARMAN OF THE BOARD OF DIRECTORS OF TO THE FULL BOARD. FOR DECISION IN ALL CASES IN WHICH THE CHARMAN OF THE BOARD OF DIRECTORS WHAT ANY QUESTIONS ABOUT THE MATTER BOARD MEMBERS MAY HAVE. IN EACH INSTANCE, THE CHARMAN OF THE BOARD OF THE ESSUE AND THE AFFECTED DIRECTOR SHALL ANSWER ANY QUESTIONS ABOUT THE RATTER FOR THE BOARD OF DIRECTORS WITHIN A REASONAB
	FORM 990, PART VI, SECTION B, LINE 15A	DETERMINING COMPENSATION OF FRCA'S PRESIDENT DETERMINATION IS MADE BY FRC, A RELATED 501(C)(3) ORGANIZATION, AS THE FRCA PRESIDENT IS AN FRC EMPLOYEE. THE PROCESS AT FRC IS AS FOLLOWS THE CFO MAKES REFERENCE TO COMPENSATION INFORMATION CONTAINED IN THE FORMS 990 OF SIMILAR ORGANIZATIONS, ALONG WITH MARKET SURVEY DATA, AND COMPARES IT TO THE PRESIDENT'S CURRENT COMPENSATION. THE CFO THEN SUBMITS AN ANALYSIS TO FRC'S AUDIT COMMITTEE FOR THEIR REVIEW AND DECISION. THE AUDIT COMMITTEE REVIEWS, DISCUSSES, AND SETS THE PRESIDENT'S COMPENSATION. THE COMMITTEE THEN MAKES A CONTEMPORANEOUS RECORDING OF ITS DELIBERATION PROCESS. DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. AGAIN, THOSE PERSONS WHO PROVIDE SERVICES TO FRCA ARE FRC EMPLOYEES, AND THEIR COMPENSATION IS SET BY FRC. THE PROCESS IS AS FOLLOWS COMPENSATION CHANGES ARE ESTABLISHED BY THE FINANCE DEPARTMENT ON AN ANNUAL BASIS BASED ON AVAILABLE MARKET DATA. CHANGES ARE APPROVED BY THE PRESIDENT
	FORM 990, PART VI, SECTION C, LINE 19	FRC ACTION PROVIDES COPIES OF ITS 990, FINANCIAL STATEMENTS AND FORM 1024 UPON REQUEST IT ALSO WILL PROVIDE A COPY OF ITS CONFLICT OF INTEREST POLICY, BUT NOT ANNUAL RESPONSES FROM DIRECTORS FRCA DOES NOT DISCLOSE ITS GOVERNING DOCUMENTS
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

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DLN: 93493091004113

2011

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization FAMILY RESEARCH COUNCIL ACTION

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.

Department of the Treasury Internal Revenue Service

801 G STREET NW

801 G STREET NW

27-0159860

WASHINGTON, DC 20001

WASHINGTON, DC 20001

(4) FAITH FAMILY FREEDOM FUND

52-1805562 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization Yes (1) FAMILY RESEARCH COUNCIL TO REAFFIRM AND 801 G STREET NW PROMOTE THE TRADITIONAL DC 509(A)(1) 501(C)(3) No FAMILY UNIT WASHINGTON, DC 20001 52-1792772 (2) FAMILY RESEARCH COUNCIL ACTION PAC 801 G STREET NW FEDERAL PAC DC 527 Yes WASHINGTON, DC 20001 26-2871441 (3) VIRGINIA VALUES VOTER PAC

NON-FEDERAL PAC

INDEPENDENT

EXPENDITURE PAC

VA

DC

527

527

Yes

Yes

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets (h) Disproprtiona allocations?		rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V	Transactions With Related Organizations (Complete if the organization answer	ed "Yes" on Form 990, Pa	ort IV, line 34, 35, 3	35A, or 36.)						
Note.	Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No			
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations listed in Par	ts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
b Gift, 9	b Gift, grant, or capital contribution to related organization(s)									
c Gıft, g	grant, or capital contribution from related organization(s)				1c		No			
d Loans	s or loan guarantees to or for related organization(s)				1d		No			
e Loans	s or loan guarantees by related organization(s)				1e		No			
f Sale o	of assets to related organization(s)				1f		No			
g Purch	hase of assets from related organization(s)				1 g		No			
h Exch	ange of assets with related organization(s)				1h		No			
i Lease	e of facilities, equipment, or other assets to related organization(s)				1 i		No			
j Lease	e of facilities, equipment, or other assets from related organization(s)				1j		No			
k Performance of services or membership or fundraising solicitations for related organization(s)										
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)										
• Reimbursement paid to related organization(s) for expenses										
p Reim	bursement paid by related organization(s) for expenses				1р		No			
q Othe	r transfer of cash or property to related organization(s)				1q		No			
r Other	r transfer of cash or property from related organization(s)				1r		No			
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete thi	s line, including covered rela	tionships and transact	cion thresholds						
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	Method of dete	d) ermini olved		ount			
.) FAMILY RE	ESEARCH COUNCIL	L	12,570	COST						
2) FAMILY RE	ESEARCH COUNCIL	М	138,550	COST						
	ESEARCH COUNCIL	N	520,983	COST						
	ESEARCH COUNCIL	0	1,129,000	COST						
5)										
6)				1						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	egal domicile Predominant (state or foreign unrelated,		partners section to 501(c)(3) organizations?		section tot 501(c)(3) organizations?		partners section tot 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No					

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 52-1805562

Name: FAMILY RESEARCH COUNCIL ACTION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

) (Expenses \$ 474,331 including grants of \$) (Revenue \$ (Code FRC ACTION IS UTILIZING PERSONAL MEETINGS WITH LEGISLATORS, TV, RADIO AND INTERNET AD CAMPAIGNS, TARGETED GRASSROOTS MOBILIZATION, PETITIONS AND MORE TO ADVOCATE PRO-FAMILY POLICIES FRC ACTION COMMUNICATES TO GRASSROOTS SUPPORTERS ON A REGULAR BASIS THROUGH ACTION UPDATE EMAILS, ACTION ALERTS, AND ACTION PRESS RELEASES AT THE GRASSROOTS LEVEL, FRC ACTION WORKED DAILY TO PLACE STRONG PRESSURE ON SENATE AND HOUSE MEMBERS BY SCORING KEY VOTES, SENDING MILLIONS OF E-MAIL ALERTS TO VOTERS, AND WORKING WITH ALLIED ORGANIZATIONS OUR POWERFUL WEBCASTS ON RELIGIOUS LIBERTY ISSUES AND OBAMACARE. FEATURING NATIONAL LEADERS SUCH AS VIRGINIA ATTORNEY GENERAL KEN CUCCINELLI AND CONGRESSWOMAN MICHELE BACHMANN, EFFECTIVELY RAISED AWARENESS AMONG THE GRASSROOTS AND LEADERS ON KEY SOCIAL AND FISCAL ISSUES AT THE STATE LEVEL, WE TRACKED AND RAISED AWARENESS OF NUMEROUS BILLS THAT IMPACT FAMILIES THERE WERE 294 LIFE-RELATED BILLS CONSIDERED WITH OVER 75 BILLS PASSING IN STATE LEGISLATIVE CHAMBERS, ANOTHER 290 PIECES OF LEGISLATION RELATING TO MARRIAGE, FAMILY, AND BIBLICAL SEXUALITY WERE DEBATES --AND OVER 100 PASSED IN STATE LEGISLATIVE CHAMBERS, WE HELPED DEFEAT SPECIAL RIGHTS FOR HOMOSEXUALS IN KANSAS TO ACCOMPLISH OUR GOALS, FRC ACTION EMPLOYS VIRTUALLY EVERY FORM OF MODERN MEDIA AT THE FORE OF FRC ACTION'S EFFORTS IS OUR PRIMARY WEBSITE, WWW FRCACTION ORG FRC ACTION STAFF ALSO USE THE CLOAKROOM BLOG (WWW THECLOAKROOMBLOG COM) TO PROVIDE SUPPORTERS WITH INSIDE INFORMATION ON HAPPENINGS IN CONGRESS AND DAILY COMMENTARY ON TOPICS RELATED TO FAITH, FAMILY AND FREEDOM FRC ACTION PRODUCED VARIOUS INFORMATIONAL PRODUCTS, INCLUDING RESEARCH REPORTS, SPEECH TRANSCRIPTS, BOOKLETS, EMAIL ALERTS, AND TALKING POINTS AND BROCHURES FOR 20 YEARS, FRC ACTION HAS STOOD AS A CONSISTENT AND EFFECTIVE ADVOCATE OF THE FAMILY IT HAS ENDURED THE STORMS OF HOSTILE ADMINISTRATIONS, SOFTENING ECONOMIES, AND UNRELENTING OPPOSITION FROM SPECIAL INTEREST GROUPS WITH THE PRAYERS AND FINANCIAL SUPPORT OF FAMILIES ACROSS AMERICA, WE DEFEND AND ADVANCE A STANDARD OF FAITH, FAMILY AND FREEDOM WE REMIND OUR COUNTRYMEN OF THE BELIEFS THAT HAVE SUSTAINED US FOR OVER TWO CENTURIES, AND IN SO DOING WE STRENGTHEN THE FOUNDATIONS OF OUR GREAT REPUBLIC TRUSTING IN THE PROVIDENCE OF ALMIGHTY GOD TO GUIDE AND ESTABLISH THE WORK OF OUR HANDS, FRC ACTION WILL CONTINUE TO BE A CHAMPION FOR THE FAMILY. FOR MARRIAGE, FOR THE DIGNITY OF EACH HUMAN BEING, AND FOR THE UNALIENABLE RIGHTS ENDOWED TO US BY OUR CREATOR