

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



DLN: 93493039016026

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

20

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990 2014

OMB No 1545-0047

Open to Public Inspection

| A Fo | or the 2014 c | alendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015 | ; | • | |
|--------------------------------|---|---|---|--|---|
| | eck if applicabl dress change | C Name of organization FAMILY RESEARCH COUNCIL | | D Employe 52-179 | r identification number 2772 |
| | me change | Doing business as | | | |
| • | tial return | Number and street (or P O box if mail is not delivered to street address) Room/sui | te | E Telephone | e number |
| _ | urn/terminated | (202)3 | 93-2100 | | |
| | ended return olication pendin | City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001 | | G Gross rece | eipts \$ 15,581,337 |
| | | F Name and address of principal officer TONY PERKINS 801 G STREET | | ls a group re rdinates? | eturn for Yes 🔽 No |
| | | WASHINGTON, DC 20001 | H(b) Are a | all subordina ded? | tes |
| I Ta | x-exempt statı | IS | | | list (see instructions) |
| J W | ebsite: 🕨 V | /WW FRC ORG | H(c) Gro | up exemptioi | n number ► |
| | | on ▼ Corporation | L Year of fo | mation 1992 | M State of legal domicile DC |
| Governance | THE F. PARTI UPON TRADI AND P VALUI REAFF | describe the organization's mission or most significant activities AMILY RESEARCH COUNCIL'S PRIMARY EXEMPT PURPOSE IS TO RE CULARLY IN WASHINGTON, DC, THE TRADITIONAL FAMILY UNIT A WHICH IT IS BUILT FRC'S ACTIVITIES IN ACCOMPLISHMENT OF I' TIONAL FAMILY VALUES IN PRINT, BROADCAST AND OTHER MEDI UBLIC POLICY INITIATIVES WHICH STRENGTHEN AND FORTIFY THES,ESTABLISH AND MAINTAIN AN ACCURATE SOURCE OF STATISTICHMS THE IMPORTANCE OF THE FAMILY IN OUR CIVILIZATION, AN | ND THE JUD TS MISSION A,DEVELO JE FAMILY A STICAL AND | EO-CHRIST NARE TO PAND ADV ND PROMO RESEARCH | FIAN VALUE SYSTEM PROMOTE AND DEFEND OCATE LEGISLATIVE TE TRADITIONAL H INFORMATION WHICH |
| Activities & Go | 3 Numbe | this box if the organization discontinued its operations or disposed of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2014 (Part V, line 2a) . | | · . | et assets 3 7 4 6 5 97 |
| | | number of volunteers (estimate if necessary) | | — | 6 6 |
| | 7a Total u | inrelated business revenue from Part VIII, column (C), line 12 | | [| 7a 3,716 |
| | b Net un | related business taxable income from Form 990-T, line 34 | | | 7b -956 |
| | | | Pric | or Year | Current Year |
| ā | 1 | tributions and grants (Part VIII, line 1h) | | 13,731,09 912,64 | |
| Rayente | 1 | estment income (Part VIII, column (A), lines 3, 4, and 7d) | | 7,08 | <u> </u> |
| Ľ | 11 Othe | er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -2,92 | 9 82,468 |
| | | l revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | 14,647,88 | 8 15,420,182 |
| | 1 | nts and similar amounts paid (Part IX, column (A), lines 1–3) | 1 | 90,44 | |
| | | efits paid to or for members (Part IX, column (A), line 4) | | | 0 0 |
| . A. | 15 Sala | ries, other compensation, employee benefits (Part IX, column (A), lines | | 7,279,55 | 7 7,622,749 |
| Expenses | 5-1 16a Prof | U) essional fundraising fees (Part IX, column (A), line 11e) | | 241,78 | |
| Σ ⊕ | | fundraising expenses (Part IX, column (D), line 25) 1,227,204 | | 2.27.0 | 355,665 |
| Ţ | | er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 7,159,97 | 9 7,470,129 |
| | | l expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 14,771,76 | | |
| | | enue less expenses Subtract line 18 from line 12 | | -123,87 | |
| Net Assets or Fund Balances | | | Beginnin | g of Current Year | End of Year |
| Ass. | 1 | ll assets (Part X, line 16) | | 5,194,88 | |
| 7 E | | Il liabilities (Part X, line 26) | ' | 1,104,07 | |
| | | assets or fund balances Subtract line 21 from line 20 | | 4,090,80 | 9 4,004,295 |
| Unde my k | r penalties o | of perjury, I declare that I have examined this return, including accompand d belief, it is true, correct, and complete Declaration of preparer (other th | | | |
| | D = | **** Inature of officer | | 016-02-08 | |
| Sigr Her | e <u>PA</u> | Inature of officer UL TRIPODI VICE PRESIDENT, ADMINISTRATION pe or print name and title | | ate | |
| | 17 | Print/Type preparer's name Preparer's signature DEBORAH G KOSNETT DEBORAH G KOSNETT | | -cvi | TIN 00290720 |
| Paid | | Firm's name FTATE AND TRYON | | f-employed P n's EIN 🟲 52-1 | |
| | parer Only | Firm's address ► 2021 L STREET NW SUITE 400 | Pho | one no (202) 2 | 293-2200 |

WASHINGTON, DC 20036

√ Yes
√ No

MADE 106 LIVE TV AND CABLE NETWORK APPEARANCES, PLUS 581,613 ONLINE VIDEO VIEWS, HAD OVER 420 RADIO HITS ON PROMINENT STATIONS ACROSS AMERICA, PLACED 240 OP-EDS IN PUBLICATIONS NATIONWIDE, AND HOSTED OVER 400 MEMBERS OF THE MEDIA COVERING THE VALUES VOTER SUMMIT FRC'S "WASHINGTON WATCH WITH TONY PERKINS," A DAILY ONE-HOUR RADIO PROGRAM, IS NOW SYNDICATED BY THE USA RADIO NETWORK, AN INTERNATIONAL NEWS NETWORK WHOSE PROGRAMMING AIRS IN 96 OF THE NATION'S TOP 100 MEDIA MARKETS, WHICH INCLUDES SEVEN NEW METRO AREAS WITH A COMBINED POPULATION OF 13 MILLION. THE SHOW ALLOWS US TO CUT THROUGH THE MEDIA'S FILTER AND SPEAK DIRECTLY TO CONCERNED AMERICANS ABOUT HOW A BIBLICAL WORLDVIEW SHAPES PUBLIC POLICY TONY HAS HOSTED DOZENS OF MEMBERS OF CONGRESS AS WELL AS PROMINENT CONSERVATIVE LEADERS, AUTHORS, AND PASTORS, INCLUDING PHIL AND KAY ROBERTSON, FRANKLIN GRAHAM, 2016 PRESIDENTIAL CANDIDATES SEN TED CRUZ (R-TX), DONALD TRUMP, SEN MARCO RUBIO (R-FL), GOVERNOR MIKE HUCKABEE, AND SENATOR RICK SANTORUM, AS WELL AS FORMER CANDIDATES GOVERNOR BOBBY JINDAL, GOVERNOR RICK PERRY, GOVERNOR SCOTT WALKER AND SENATOR LINDSEY GRAHAM CONGRESSIONAL LEADERS SUCH AS MAJORITY WHIP STEVE SCALISE, REP JIM JORDAN, REP MARK MEADOWS, AND MANY OTHERS HAVE BEEN FREQUENTLY INTERVIEWED ON THE RADIO SHOW THE 2015 VALUES VOTER SUMMIT, CO-SPONSORED BY FRC AND FRC ACTION, SAW OVER 2,700 PEOPLE ATTEND IT INCLUDED A DYNAMIC LINE UP OF OVER 110 SPEAKERS, ATTRACTED OVER 210 REPORTERS, AND RECEIVED OVER 80,200 MENTIONS ON SOCIAL MEDIA SPEAKERS INCLUDED SEN MARCO RUBIO, SEN TED CRUZ, DONALD TRUMP, DR BEN CARSON, GOVERNOR RICK PERRY, DAVID DALEIDEN, AND KIM DAVIS THE INCREASING PROMINENCE OF THE VALUES VOTER SUMMIT AFFORDS FRC A TREMENDOUS PLATFORM FOR EDUCATING AMERICANS ABOUT THE VALUES THAT HAVE MADE OUR NATION GREAT FOR OVER 230 YEARS WE CONTINUE TO EFFECTIVELY REACH, EQUIP AND ENGAGE THE PUBLIC VIA SOCIAL MEDIA WE CURRENTLY HAVE 19,700 FOLLOWERS ON TWITTER, 158,000 FRC FACEBOOK PAGE LIKES, AND 2,100 INSTAGRAM FOLLOWERS WE ARE VOICING TRUTH AND ETERNAL VALUES INTO THE MARKETPLACE OF IDEAS

See Additional Data

4d Other program services (Describe in Schedule O)

> (Expenses \$ 3,747,723 including grants of \$ 10,110) (Revenue \$ 1,010,358)

12,947,388 Total program service expenses 🕨

| art TV | Check | list of | Required | Schedules |
|--------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|------------|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 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 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 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 for escrow or custodial account liability, 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^{\square} | 9 | | No |
| LO | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ | 10 | | Νo |
| L1 | 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, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| 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 | | No |
| е | 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 | | No |
| L2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| 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 and XII is optional | 12b | Yes | |
| L3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| L4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νo |
| 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, Parts I and IV | 14b | | No |
| L 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| L 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | No |
| L7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | 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 hospital facilities? If "Yes," complete Schedule H | 20a | | Νo |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 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), 501(c)(4), and 501(c)(29) 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 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 |
| | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 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? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, 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 | 35b | Yes | |
| 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 | Yes | |
| 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 11b and 19? | 38 | Yes | |

| Pd | Charlest School and Companies of the Charlest School and Charlest Schoo | | | _ |
|----------|--|----------|-----|-----------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | Yes | . l No |
| La | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 89 | | | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b | 1 ! | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 ' | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and | | | |
| | Tax Statements, filed for the calendar year ending with or within the year covered by this return | , | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | res | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| | | | | 110 |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | Νo |
| L | services provided to the payor? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| _ | contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time | | | |
| | during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| D | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| _ | year | - | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| | in which the organization is licensed to issue qualified health plans 13b | ا ا | | |
| C | Enter the amount of reserves on hand | <u> </u> | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| Form | 990 (2014) | | | Page 6 |
|------|---|------|--------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes See instructions. Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | 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 | | No |
| 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? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | even | ue Cod | e.) |
| | | | 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 | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this 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 | |
| _ | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Vec." describe | | | i ——— |

| 56 | ection B. Policies (This Section B requests information about policies not required by the Internal R | <u>event</u> | <u>ie coa</u> | <u>e.) </u> |
|-----|--|--------------|---------------|--|
| | | | 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 | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this 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? <i>If "Yes," describe in Schedule O how this was done</i> | 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 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 | | |

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AL , AK , AZ , AR , CA , CT , FL , GA , HI , IL , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
- 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. Check all that apply
 - Own website Another's website Vipon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►PAUL TRIPODI

801 G STREET WASHINGTON,DC 20001 (202)393-2100

<u>Part VIII</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 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 nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more pers | than on is | one bot | not box h an or/tr | office | ss er) | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|--------------|---------------|------------|-----------------------------|--------|---------------|---|--|--|
| (1) THOMAS R ANDERSON | 2 00 | х | | | | | | 0 | 0 | 0 |
| CHAIRMAN | | ^ | | | | | | 0 | 0 | 0 |
| (2) KIM C BENGARD DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| (3) ELSA PRINCE BROEKHUIZEN | 2 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (4) ANNE-MARIE FARRELL | 2 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (5) PAUL KEPES | 2 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (6) PAAVO ENSIO | 2 00 | | | | | | | _ | _ | _ |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (7) LOREN EATON | 2 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (8) ANTHONY PERKINS | 27 90 | | | , | | | | 156 524 | 60.150 | 12.107 |
| PRESIDENT & CEO | 12 10 | | | Х | | | | 156,524 | 68,150 | 13,197 |
| (9) STEPHEN W REED | 2 00 | | | ., | | | | | | |
| SECRETARY | 2 00 | | | Х | | | | 0 | 0 | 0 |
| (10) GENERAL JERRY BOYKIN | 35 50 | | | Ι,, | | | | 455 700 | 24.000 | |
| EXECUTIVE VICE PRESIDENT | 4 50 | | | Х | | | | 166,732 | 21,000 | 0 |
| (11) ROBERT SCHWARZWALDER | 40 00 | | | | | | | | _ | |
| SENIOR VICE PRESIDENT | 0 00 | | | Х | | | | 148,554 | 0 | 17,000 |
| (12) KENYN CURETON | 40 00 | | | ., | | | | 1.10.500 | | 17.000 |
| VP - CHURCH MINISTRIES | 0 00 | | | Х | | | | 143,698 | 0 | 17,000 |
| (13) PAUL TRIPODI | 37 40 | | | V | | | | 120.012 | 0.001 | 25 404 |
| VP - ADMINISTRATION, TRUSTEE | 2 60 | | | Х | | | | 128,012 | 8,991 | 25,491 |
| (14) DOUGLAS GILLQUIST | 38 20 | | | Х | | | | 115,871 | 5,543 | 24,516 |
| VP - DEVELOPMENT | 1 80 | | | | | | | 113,871 | 3,343 | 24,310 |
| | | | | | | | | | | Form 990 (2014) |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | ess er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|--|---|--|-----------------------|---|--------------|------------------------------|-----------|---|--|---|
| | for related organizations below dotted line) | Individual trustée or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (15) JOHN P DUFFY | 40 00 | | | х | | | | 113,500 | 0 | 23,997 |
| VP - COMMUNICATIONS (16) DAVID CHRISTENSEN | 0 00 40 00 | | | | | | | | | |
| VP - GOVT AFFAIRS | 0 00 | | | х | | | | 108,475 | 0 | 23,740 |
| (17) PATRICK FAGAN SR FELLOW & DIR MARRIAGE | 40 00 | | | | | х | | 164,908 | 0 | 26,988 |
| (18) DAVID PRENTICE SR FELLOW - LIFE SCIENCE | 40 00 | | | | | х | | 139,977 | 0 | 23,640 |
| (19) SHARON HELTON SR DIRECTOR - EVENTS | 25 60 14 40 | | | | | х | | 88,209 | 49,542 | 13,448 |
| (20) GIL MERTZ ASSISTANT TO THE PRESIDENT | 39 40 0 60 | | | | | х | | 125,614 | 1,930 | 17,000 |
| (21) CHRISTOPHER GACEK SR FELLOW - REG AFFAIRS | 40 00 0 00 | | | | | х | | 125,124 | 0 | 14,721 |

| 1b | Sub-Total | • | | | |
|----|---|---|-----------|---------|---------|
| c | Total from continuation sheets to Part VII, Section A | • | | | |
| d | Total (add lines 1b and 1c) | ► | 1,725,198 | 155,156 | 240,738 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►10

| Yes | N | <u>,o</u> |
|-----|----|-----------|
| | | |
| | No | 0 |
| | | |
| Yes | | |
| | N. | |
| ı | I | l N |

Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| TODD DEXTER AND ASSOCIATES 3705 STONINGTON PLANO, TX 75093 | CONSULTING-DIRECT MAIL | 395,502 |
| MDS COMMUNICATIONS CORP PO BOX 16006 PHOENIX, AZ 85011 | CALL CENTER OPERATOR | 343,017 |
| DIRECTMAILCOM 5351 KETCH ROAD PRINCE FREDERICK, MD 20678 | DIRECT MAIL | 179,097 |
| DEREKPACKARDCOM CO FRC 801 G STREET NW WASHINGTON, DC 20001 | VIDEO PRODUCTION | 176,337 |
| J KENNETH BLACKWELL CO FRC, 801 G STREET NW WASHINGTON, DC 20001 | CONSULTING | 162,000 |
| 2. Total number of independent contractors (including but not limited to those listed above) | who received more than | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\mathbb{F} 14 \)

| Part V | 4 🛊 🕴 | Statement o | | | | | | |
|---|--------|--------------------------------|---------------------------------------|-----------------------------|---------------------------|---|----------------------------------|--|
| | | Check If Sched | ule O contains a respoi | nse or note to any lir I | ne in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| w 80 | 1a | Federated cam | paigns 1a | 37,579 | | | | |
| ant un | ь | Membership du | es 1b | | | | | |
| GE mo | c | Fundraising eve | ents 1c | | | | | |
| ifts, ar A | d | Related organiz | rations 1d | | | | | |
| , Gi nila | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | , | All other contribution | ons, gifts, grants, and 1f | 14,284,915 | | | | |
| uti her | ' | sımılar amounts no | ot included above | | | | | |
| frik Of | g | Noncash contribution 1a-1f \$ | ons included in lines | | | | | |
| Con | h | Total. Add lines | s 1a-1f | 🔎 | 14,322,494 | | | |
| | | | | Business Code | | | | |
| Program Serwde Revenue | 2a | CONFERENCES & S | SEMINARS | 900099 | 1,010,358 | 1,010,358 | | |
| Rev | ь | | | | | | | |
| 93 | С | | | | | | | |
| er v | d | | | | | | | |
| E . | e | | | | | | | |
| ા | f | All other progra | im service revenue | | | | | |
| _₹ | g | Total. Add lines | s 2a-2f | | 1,010,358 | | | |
| | 3 | | ome (including dividen ar amounts) | | 4,862 | | | 4,862 |
| | 4 | | tment of tax-exempt bond | | | | | |
| | 5 | Royalties | | 🕨 | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents Less rental | 76,700 161,155 | | | | | |
| | D | expenses | · | | | | | |
| | C | Rental income or (loss) | -84,455 | | | | | |
| | d | Net rental inco | me or (loss) | | -84,455 | | | -84,455 |
| | 7a | Gross amount | (ı) Securities | (II) Other | | | | |
| | '" | from sales of assets other | | | | | | |
| | ь | than inventory Less cost or | | | | | | |
| | " | other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | d | | s) | | | | | |
| <u>ə</u> | 8a | Gross income f events (not inc | | | | | | |
| venu | | \$ of contributions | reported on line 1c) | | | | | |
| Ве | | See Part IV, lin | e 18 a | | | | | |
| Other Revenue | ь | less directey | penses b | | | | | |
| | c | | (loss) from fundraising | events 🛌 | | | | |
| | 9a | | rom gaming activities | | | | | |
| | | See Part IV, line 19 | | | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | l | | (loss) from gaming acti | | | | | |
| | 10a | Gross sales of | | | | | | |
| | | returns and allo | owances . a | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | С | | loss) from sales of inv | entory - | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | l . | MISCELLANEC | | 900099 | 156,030 | | 3 740 | 156,030 |
| | b | MAILING SERV | VICES | 561499 | 10,893 | | 3,716 | 7,177 |
| | c d | Δ II other royans | ue | | | | | |
| | e | | ue s 11a-11d | 🕨 | | | | |
| | 12 | | See Instructions . | | 166,923 | | | |
| | | | Sec instructions : | · · · · • | 15,420,182 | 1,010,358 | 3,716 | 83,614 |

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)

| Sectio | n 501(c)(3) and 501(c)(4) organizations must complete all columns. All | _ | | | |
|--------|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | Check if Schedule O contains a response or note to any line in this | | (B) | (c) | (D) |
| | t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 13,000 | 13,000 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 45,010 | 45,010 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 13,010 | 13,010 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,329,991 | 1,098,202 | 127,228 | 104,561 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 4,506,362 | 3,720,998 | 431,083 | 354,281 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 152,126 | 125,614 | 14,552 | 11,960 |
| 9 | Other employee benefits | 1,222,055 | 1,009,077 | 116,904 | 96,074 |
| 10 | Payroll taxes | 412,215 | 340,375 | 39,433 | 32,407 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | 52,012 | 42,947 | 4,976 | 4,089 |
| c | Accounting | 46,768 | 38,617 | 4,474 | 3,677 |
| d | Lobbying | , | | ., | |
| e | Professional fundraising services See Part IV, line 17 | 355,808 | | | 355,808 |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 777,755 | 642,209 | 74,401 | 61,145 |
| 12 | Advertising and promotion | 11,413 | 9,424 | 1,092 | 897 |
| 13 | Office expenses | 248,939 | 205,554 | 23,814 | 19,571 |
| 14 | Information technology | 148,304 | 122,458 | 14,187 | 11,659 |
| 15 | Royalties | , | , | , | |
| 16 | Occupancy | 1,593,832 | 1,316,061 | 152,469 | 125,302 |
| 17 | Travel | 1,324,694 | 1,093,828 | 126,723 | 104,143 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | 2,222,222 | | |
| 19 | Conferences, conventions, and meetings | 169,983 | 140,359 | 16,260 | 13,364 |
| 20 | Interest | | , | ,=_2 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 318,508 | 262,999 | 30,469 | 25,040 |
| 23 | Insurance | 124,480 | 102,786 | 11,908 | 9,786 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | , | , | , | · · · |
| а | RESEARCH AND CONSULTING | 1,307,447 | 1,079,586 | 125,073 | 102,788 |
| b | PUBLICATIONS AND MAILIN | 920,348 | 759,951 | 88,042 | 72,355 |
| c | VIDEO, TAPES, AND PRODU | 379,577 | 313,425 | 36,311 | 29,841 |
| d | EQUIPMENT RENTAL AND MA | 255,877 | 211,283 | 24,477 | 20,117 |
| е | All other expenses | -209,808 | 253,625 | -131,772 | -331,661 |
| 25 | Total functional expenses. Add lines 1 through 24e | 15,506,696 | 12,947,388 | 1,332,104 | 1,227,204 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ▼ if following SOP 98-2 (ASC 958-720) | | | | |
| | · · · · · · · · · · · · · · · · · · · | 975,826 | 840,538 | 0 | 135,288 |

Part X Balance Sheet

| Par | 't X | Balance Sheet Check if Schedule O contains a response or note to any line in t | this Part X | | | |
|-----------------|---------------|---|---|------------------------|-----------|------------------------|
| | | ancek ii benedule b contains a response or note to any line iii. | instance in the second | (A) | • | (B) |
| | | | | Beginning of year | | End of year |
| | 1 | Cash-non-interest-bearing | | 1,975 | 1 | 1,975 |
| | 2 | Savings and temporary cash investments | | 3,330,322 | 2 | 3,107,696 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 30,717 | 4 | 9,512 |
| | 5 | Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L | art II of | , | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elorganizations (see instructions) Complete Part II of Schedule | contributing employers mployees' beneficiary | | 6 | |
| Š | , | Notes and loans receivable, net | | | 7 | |
| 4 | 7 8 | | | | 8 | |
| | 9 | Inventories for sale or use | | 121,956 | | 147,451 |
| | 10a | Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 1 1 | , | 9 | 147,451 |
| | ь | Less accumulated depreciation | 10b 5,382,8 | – | 10c | 1,757,450 |
| | 11 | Investments—publicly traded securities | , , | 25.731 | 11 | 594 |
| | 12 | Investments—publicly traded securities | | 20,701 | 12 | 334 |
| | 13 | · | | | 13 | |
| | | Investments—program-related See Part IV, line 11 | | | 14 | |
| | 14 | Intangible assets | 10,755 | | 0 | |
| | 15 | Other assets See Part IV, line 11 | · · · · · · · · · · · · · · · · · · · | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 5,194,882 1,018,225 | | 5,024,678 985,707 |
| | 17 | Accounts payable and accrued expenses | | 1,018,225 | | 905,707 |
| | 18 | Grants payable | | 80,742 | 18 | 4 400 |
| | 19 | Deferred revenue | 80,742 | | 1,100 | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| တ္ | 21 | Escrow or custodial account liability Complete Part IV of Scho | | 21 | | |
| Liabilitie | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualr | | | | |
| <u> </u> | | persons Complete Part II of Schedule L | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third partie | | 5,106 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D | 0 | 25 | 33,576 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,104,073 | | 1,020,383 | |
| — s | | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. | | | | |
| anc | 27 | Unrestricted net assets | | 4,090,809 | 27 | 3,906,295 |
| <u> </u> | 28 | Temporarily restricted net assets | | 28 | 98,000 | |
| Ë | 29 | Permanently restricted net assets | | | 29 | · · |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34. | | | | |
| ō | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| SS | 32 | Retained earnings, endowment, accumulated income, or other f | | | 32 | |
| Net / | 33 | Total net assets or fund balances | | 4,090,809 | | 4,004,295 |
| ž | 34 | Total liabilities and net assets/fund balances | | 5,194,882 | 34 | 5,024,678 |
| | _ | rotar nabilities and het assets/fulla balalites | · · · · | 3, 194,002 | | Form 990 (2014) |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
|-----|--|----------|--------------|------|---------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 15,4 | 420,182 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 4,(| 090,809 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 4,0 | 004,295 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 区 |
| | | | | 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 |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | ewed o | n | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | b Were the organization's financial statements audited by an independent accountant? | | | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both | arate | | | |
| | Separate basis Consolidated basis 🔽 Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant? | ht of tl | he 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | ın | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | ne | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Software ID: Software Version:

EIN: 52-1792772

Name: FAMILY RESEARCH COUNCIL

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

(Code) (Expenses \$ 10.110) (Revenue \$ 3,747,723 including grants of \$ 1.010.358) OTHER PROGRAMS WITH VIGOROUS REPRESENTATION BEFORE CONGRESS, THE EXECUTIVE BRANCH, AND, WHEN APPROPRIATE, THE FEDERAL JUDICIARY, FRC PURSUES AN ACTIVE PROGRAM OF PUBLIC EDUCATION AND AWARENESS IN TANGIBLE WAYS, WE ARE ARMING POLICY MAKERS AND THE AMERICAN CITIZENRY WITH THE POWER WHICH KNOWLEDGE GIVES FRC HOLDS NUMEROUS LECTURES AND HOSTS CONFERENCES, GARNERING MEDIA ATTENTION FROM AROUND THE WORLD THESE EVENTS ARE SUBSEQUENTLY EDITED AND MADE AVAILABLE TO OUR CONSTITUENTS ON OUR WEBSITE FRC'S CHURCH MINISTRIES TEAM EQUIPS AND MOBILIZES OVER 55,000 PASTORS, PLUS THEIR MILLIONS OF CONGREGANTS, OVER 5,000 CHURCH-BASED CULTURE IMPACT TEAMS, AND OVER 56,000 PRAYER PARTNERS IN 2015, WE EXPANDED OUR WATCHMEN PASTORS GROUP TO OVER 9,500 EACH OF THESE PASTORS COMMITS TO PRAY FOR THE NATION, PREACH CHRISTIAN CITIZENSHIP MESSAGES, AND PARTNER WITH AT LEAST THREE OTHER PASTORS IN MAY, FRC HOSTED OUR 12TH ANNUAL NATIONAL "WATCHMEN ON THE WALL" CONFERENCE IN WASHINGTON, D.C. NEARLY 700 ATTENDEES FROM 43 STATES, DC AND NIGERIA GATHERED IN WASHINGTON, DC WHERE FRC EQUIPPED AND ENCOURAGED THEM TO BOLDLY STAND FOR TRUTH AND MORALITY IN THEIR CHURCHES WE HAD OUR SECOND NATIONAL HISPANIC PASTORS BRIEFING THIS YEAR, BRANCHING OUT INTO DALLAS, TX WHICH ATTRACTED OVER 80 ATTENDEES FROM A NUMBER OF STATES WE TRANSLATED THE EVENT AND KEY RESOURCES INTO SPANISH ON JUNE 28TH, THOUSANDS OF PASTORS IN ALL 50 STATES LED THEIR CHURCHES TO INTERCEDE FOR OUR NATION AS PART OF FRC'S 7TH ANNUAL CALL2FALL THIS YEAR'S EVENT TOOK ON A HEIGHTENED SENSE OF URGENCY IN LIGHT OF THE SUPREME COURT'S MARRIAGE RULING MORE THAN EVER. WE SEE OUR DESPERATE NEED FOR GOD'S MERCY ON OUR NATION ANNE GRAHAM LOTZ. KIRK CAMERON. JOEL ROSENBERG. DR RONNIE FLOYD AND OTHER CHRISTIAN LEADERS JOINED US FOR CALL2FALL ALLIES IN THE GROWING, NATIONWIDE PRAYER MOVEMENT PARTICIPATED AS WELL. INCLUDING THE NATIONAL DAY OF PRAYER. INTERCESSORS FOR AMERICA. THE CAPITOL HILL PRAYER PARTNERS, ONECRY, THE AWAKENING AMERICA ALLIANCE AND MANY OTHERS FRC'S TONY PERKINS AND GEN BOYKIN WERE INVITED TO DELIVER TWO OF EIGHT KEYNOTE ADDRESSES AT THE UNITED NATIONS HEADQUARTERS AT A SESSION TITLED "THE PERSECUTION OF CHRISTIANS GLOBALLY A THREAT TO INTERNATIONAL PEACE AND SECURITY." THEY CONTENDED THAT MEMBER NATIONS HAVE A MORAL AND LEGAL OBLIGATION TO PROTECT RELIGIOUS LIBERTY INTERNATIONALLY THIS INVITATION ILLUSTRATES THE CREDIBILITY AND PROMINENCE FRC HAS EARNED ON THIS TOPIC, AND IT ALSO CONTINUES TO EXPAND OUR PLATFORM AND IMPACT IN THIS CRITICAL BATTLE THANKS TO THE EFFORTS OF FRC AND OUR ALLIES, INCLUDING A BRIEFING FRC HOSTED ON CAPITOL HILL, CONGRESS REAUTHORIZED ABSTINENCE EDUCATION FUNDING AND INCREASED IT BY 50%, FROM \$50 MILLION TO \$75 MILLION--AN IMPORTANT VICTORY OVER THE LAST 30 YEARS. MANY PRO-FAMILY ORGANIZATIONS HAVE COME AND GONE. BUT THE CHALLENGES AND PRESSURES FACING CHRISTIANS AND OTHER PEOPLE OF GOOD WILL IN THE PUBLIC SQUARE HAVE REMAINED GREAT WITH THE FAITHFUL PRAYERS AND SUPPORT OF FAMILIES DEDICATED TO OUR MISSION. FRC HAS WEATHERED THE STORMS OF HOSTILE ADMINISTRATIONS, SOFTENING ECONOMIES, AND UNRELENTING OPPOSITION FROM SPECIAL INTEREST GROUPS WITH A BOLD VISION FOR GROWING THE INFLUENCE OF FAMILY RESEARCH COUNCIL. WE MOVE AHEAD WITH GREAT ANTICIPATION TRUSTING IN THE PROVIDENCE OF ALMIGHTY GOD TO GUIDE AND ESTABLISH THE WORK OF OUR HANDS, FRC EXISTS TO ADVANCE FAITH FAMILY AND FREEDOM IN PUBLIC POLICY AND PUBLIC OPINION MAY WE BE FOUND EVER FAITHFUL TO OUR TASK

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493039016026

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization
FAMILY RESEARCH COUNCIL

Employer identification number
52-1792772

| | | | | | | | 52-1792772 | | |
|-------|----------|--|----------------|----------------------------------|-------------------------|------------------------|--------------------------|----------------------|--|
| | rt I | | | Status (All organiza | | <u> </u> | | ns. | |
| The c | rganı | zation is not a private fo | oundation bec | ause it is (For lines 1 | through 11, ch | eck only one b | ox) | | |
| 1 | Г | A church, convention | of churches, o | r association of churc | hes described i | n section 170(| b)(1)(A)(i). | | |
| 2 | Γ | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | |
| 3 | Γ | A hospital or a cooper | atıve hospital | service organization of | described in sec | tion 170(b)(1 |)(A)(iii). | | |
| 4 | Γ | A medical research or | ganızatıon ope | erated in conjunction v | vith a hospital d | lescribed in se | ction 170(b)(1)(A)(iii |). Enter the | |
| | _ | hospital's name, city, | and state | | | | | | |
| 5 | ı | An organization opera | | | versity owned o | or operated by | a governmental unit d | escribed in | |
| | _ | section 170(b)(1)(A) | | | | | | | |
| 6 | <u> </u> | A federal, state, or loc | | | | | | | |
| 7 | 굣 | An organization that n | • | • | • • | om a governme | ental unit or from the g | jeneral public | |
| 8 | Г | described in section 1 A community trust des | | | | t II) | | | |
| 9 | , | An organization that n | | | | | butions, membership | fees, and gross | |
| | · | receipts from activitie | | | | | | | |
| | | its support from gross | | | | | | | |
| | | acquired by the organi | | | | | | | |
| 10 | Г | An organization organ | | | | | | | |
| 11 | , | An organization organ | • | • | • | • | | ut the purposes of | |
| | · | one or more publicly s | | | | | | | |
| | _ | the box in lines 11a th | | | | | | | |
| а | ı | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting | | | | | | | |
| | | organization You mus | | | | ty of the direct | ors or trustees of the | supporting | |
| b | Γ | Type II. A supporting | | | | with its suppo | orted organization(s), l | y having control or | |
| | · | management of the su | | | | | | | |
| | _ | must complete Part I | • | | | | 1.6 | | |
| С | ı | Type III functionally is supported organization | | | | | | grated with, its | |
| d | Г | Type III non-function | | | | | | anization(s) that is | |
| | • | not functionally integr | | | | | | | |
| | _ | (see instructions) Yo | | | | | | | |
| е | ı | Check this box if the c | | | | | s a Type I, Type II, T | ype III functionally | |
| f | | integrated, or Type II: Enter the number of si | | | | | | | |
| g | | Provide the following i | | | | | | | |
| 9 | | | | | 24 (10)(0) | | | | |
| | (i)Na | ame of supported | (ii) EIN | (iii) Type of | (iv) Is the org | ganızatıon | (v) A mount of | (vi) A mount of | |
| | | organization | | organization | listed in your | governing | monetary support | other support (see | |
| | | | | (described on lines | document? | | (see instructions) | ınstructıons) | |
| | | | | 1-9 above or IRC section (see | | | | | |
| | | | | instructions)) | | | | | |
| | | | | | No | | | | |
| | | | | | | | | 1 | |
| | | | | | | | | | |
| Total | | | | | | | | | |
| Tota | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 12,225,574 13,176,216 12,949,179 13,731,091 14,322,494 66,404,554 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 12,225,574 13,176,216 12,949,179 13,731,091 14,322,494 66,404,554 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,322,802 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 64,081,752 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (e) 2014 (d) 2013 (f) Total beginning in) 🟲 12,225,574 13,176,216 12,949,179 13,731,091 Amounts from line 4 14,322,494 66,404,554 Gross income from interest, dividends, payments received on securities loans, rents, royalties 211,513 186,510 150,641 173,506 81,562 803,732 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 43,687 6,859 7,730 5,687 163,207 227,170 capital assets (Explain in Part VI) 11 Total support Add lines 7 67,435,456 through 10 12 Gross receipts from related activities, etc (see instructions) 12 4,187,027 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 95 030 % Public support percentage for 2013 Schedule A, Part II, line 14 15 96 180 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

| Section A. All Supporting Organizations |
|---|
|---|

| Se | ection A. All Supporting Organizations | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) . | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| L0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | |
| l1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, | | | |
| | the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|--|----|-----|----|
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions. | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | 1 1 | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | _ | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other |
|-----|----|---|
| ype | [] | II non-functionally integrated supporting organizations must complete Sections A through E |

| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|---|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | Current Year |
|---|--------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Section D - Distributions | Current Year | | |
|---|-------------------------------|--|---|
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 A mounts paid to perform activity that directly furthexcess of income from activity | | | |
| 3 Administrative expenses paid to accomplish exemp | anızatıons | | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | nured) | | |
| | | | |
| 6 Other distributions (describe in Part VI) See instru | JCTIONS | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2014 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | (::) | (:::) |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009 | | | |
| b From 2010 | | | |
| c From 2011 | | | |
| d From 2012 | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| A pplied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010 | | | |
| b From 2011 | | | |
| c From 2012 | | | |
| d From 2013 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493039016026

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- 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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FAMILY RESEARCH COUNCIL 52-1792772 Part I-A 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 in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 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? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

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

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

| | Limits on Lobbying E (The term "expenditures" means an | | (a) Filing organization's totals | (b) Affiliated group totals |
|----|---|---|--|--|
| 1a | Total lobbying expenditures to influence public o | pinion (grass roots lobbying) | 112,865 | |
| b | Total lobbying expenditures to influence a legisla | 149,898 | | |
| C | Total lobbying expenditures (add lines 1a and 1b | 262,763 | | |
| d | O ther exempt purpose expenditures | | 15,335,030 | |
| e | Total exempt purpose expenditures (add lines 1 | 15,597,793 | | |
| f | Lobbying nontaxable amount Enter the amount f columns | 929,890 | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| | Grassroots nontaxable amount (enter 25% of lin | e 1f) | 232,473 | |
| _ | Subtract line 1g from line 1a If zero or less, ente | • | 0 | |
| | Subtract line 1f from line 1c If zero or less, ente | | 0 | |
| _ | If there is an amount other than zero on either lir | | 0 reporting | □ Ves □ No |

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | |
|-------|--|----------|-----------------|----------|------------------|------------------|--|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total | | | | |
| 2a | Lobbying nontaxable amount | 850,272 | 829,268 | 900,091 | 929,890 | 3,509,521 | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,264,282 | | | | |
| c | Total lobbying expenditures | 358,934 | 250,113 | 269,233 | 262,763 | 1,141,043 | | | | |
| d | Grassroots nontaxable amount | 212,568 | 207,317 | 225,023 | 232,473 | 877,381 | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,316,072 | | | | |
| f | Grassroots lobbying expenditures | 170,741 | 112,525 | | 112,865 | 510,153 | | | | |

| (b) Amount | No |
|----------------|---------|
| Amount | No |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| - | |
| | |
| | |
| | |
| | |
| or section |)(5), o |
| Yes | |
| 1 | |
| 2 | |
| 3 | |
| or section | |
| Part III- | R (b) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| [-A, lines 1 a | Part II |
| | |
| | |
| | |
| | |
| | |
| I | Part I |

| Part IV Supplemental Information (continued) | | | | | | | |
|--|-------------|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493039016026

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Name of the organization FAMILY RESEARCH COUNCIL **Employer identification number** 52-1792772

| | | | | J 2 . | 1/32//2 |
|--------|------------------|---|---|----------|--|
| Pa | rt I | Organizations Maintaining Donor Adv | | unds | or Accounts. Complete if th |
| | | organization answered "Yes" to Form 990 | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total r | number at end of year | (a) beneficially and | | (2) Tunus una sener accounts |
| 2 | | gate value of contributions to (during year) | | | |
| 3 | | gate value of grants from (during year) | | | |
| , 1 | | • • • • • • • | | | |
| | | gate value at end of year | | <u> </u> | |
| 5 | | e organization inform all donors and donor adviso are the organization's property, subject to the or | - | ıor advı | rsed ☐ Yes ☐ No |
| 5 | used | e organization inform all grantees, donors, and do only for charitable purposes and not for the benef rring impermissible private benefit? | | | |
| Pai | t II | Conservation Easements. Complete if | the organization answered "Yes" t | o Forn | n 990, Part IV, line 7. |
| 1 | ☐ Pr | se(s) of conservation easements held by the org eservation of land for public use (e g , recreation otection of natural habitat eservation of open space | or education) | | ically important land area d historic structure |
| 2 | | lete lines 2a through 2d if the organization held a nent on the last day of the tax year | qualified conservation contribution in t | he forn | n of a conservation |
| | | | | | Held at the End of the Year |
| а | Total | number of conservation easements | | 2a | |
| b | Total | acreage restricted by conservation easements | | 2b | |
| c | Numb | er of conservation easements on a certified histo | oric structure included in (a) | 2c | |
| d | | er of conservation easements included in (c) acq ic structure listed in the National Register | uired after 8/17/06, and not on a | 2d | |
| 3 | Numb | er of conservation easements modified, transferr | ed. released. extinguished. or terminate | d by th | ne organization during |
| | | x year 🛌 | , · · · · · · · · · · · · · · · · · · | , | |
| | | · — — | | | |
| 1 | | er of states where property subject to conservati | | | |
| 5 | | the organization have a written policy regarding t ement of the conservation easements it holds? | the periodic monitoring, inspection, hand | dling of | violations, and Yes No |
| 5 | Staff a | and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation easer | nents c | during the year |
| 7 | A mou | nt of expenses incurred in monitoring, inspecting | , and enforcing conservation easements | s durino | g the year |
| ′ | ▶ \$ _ | , , , , | , | • | , |
| 3 | Does | each conservation easement reported on line 2(o ection 170(h)(4)(B)(ii)? | d) above satisfy the requirements of sec | tion 17 | 70(h)(4)(B)(ı) |
| 9 | In Par baland | rt XIII, describe how the organization reports cor ce sheet, and include, if applicable, the text of the ganization's accounting for conservation easeme | e footnote to the organization's financial | | • |
| ar | | Organizations Maintaining Collection Complete of the organization answered "Y | s of Art, Historical Treasures, | or Otl | her Similar Assets. |
| 1a | works | organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide, in Part XIII, the text of the footnote t | 16 (ASC 958), not to report in its rever ts held for public exhibition, education, | or rese | arch in furtherance of public |
| b | works | organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide the following amounts relating to thes | ts held for public exhibition, education, | | |
| | (i) Re | venue included in Form 990, Part VIII, line 1 | | | ► \$ |
| | (ii) As | ssets included in Form 990, Part X | | | ► \$ |
| 2 | | organization received or held works of art, historing amounts required to be reported under SFAS | | | cial gain, provide the |
| а | | nue included in Form 990, Part VIII, line 1 | | | ▶ \$ |

b Assets included in Form 990, Part X

| | Organizations Maintaining Collections of A | Art, His | tori | <u>cal Tre</u> | easu | res, or Oth | er Similar <i>i</i> | <u>Asse</u> | ts (co | ntınued) |
|--------------|--|------------|----------------|--|---------|---|--------------------------------------|-----------------|--|----------|
| | Using the organization's acquisition, accession, and other recollection items (check all that apply) | cords, ch | neck | any of th | ne foll | owing that are | a sıgnıfıcant ı | ise of | ıts | |
| a [| Public exhibition | d | Γ | Loan o | rexc | hange program | S | | | |
| ь「 | Scholarly research | e | Γ | Other | | | | | | |
| c 「 | Preservation for future generations | | | | | | | | | |
| | Provide a description of the organization's collections and ex Part XIII | plaın hov | w the | y further | the c | organization's e | exempt purpos | e in | | |
| | During the year, did the organization solicit or receive donation seems to be sold to raise funds rather than to be maintained | | | | | | mılar | г | Yes | □ No |
| Part | IV Escrow and Custodial Arrangements. Com | plete if | the | organiz | atıor | | Yes" to Forn | | | , 140 |
| | Part IV, line 9, or reported an amount on Form s the organization an agent, trustee, custodian or other inter | | | | | or other assets | not | | | |
| | ncluded on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete t | the follov | vina t | able | | | | 1 | Yes | No |
| | res, explain the arrangement in rate x111 and complete t | | ,,,,, | | | | | Amou | ınt | |
| C | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| _ | Ending balance | | | | | 1f | | | | |
| | Did the organization include an amount on Form 990, Part X, | line 21, | for e | scrow or | cust | odıal account l | ıabılıty? | Г | Yes | ┌ No |
| Ь. | f "Yes," explain the arrangement in Part XIII Check here if | the expl: | anati | on has h | een r | rovided in Par | tXIII | | | Γ |
| Part | | | | | | | | | • | |
| | (a)Current year | |) Prior | | | wo years back (| | _ |) Four ye | ars back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities and programs | | | | | | | | | |
| f . | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current year end bal- | ance (lın | e 1g | , column | (a)) l | held as | | | | |
| a i | Board designated or quasi-endowment ► | | | | | | | | | |
| b i | Permanent endowment 🗠 | | | | | | | | | |
| | Femporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% | | | | | | | | | |
| | Are there endowment funds not in the possession of the organ | nızatıon ' | that | are held | and a | dmınıstered fo | r the | | | |
| | organization by | | | | | | Г | 25(i) | Yes | No |
| | (i) unrelated organizations | | • | | | | — | Ba(i) Ba(ii) | | |
| | f "Yes" to 3a(II), are the related organizations listed as requi | red on S | Sched | · · · Iule R? | | | · · · · <u>·</u> | 3b | <u> </u> | |
| | Describe in Part XIII the intended uses of the organization's | | | | | | L | | | |
| Part | VI Land, Buildings, and Equipment. Complete 11a. See Form 990, Part X, line 10. | ıf the o | rgar | ızatıon | ansv | vered 'Yes' to | Form 990, | Part | IV, lır | ne |
| | Description of property | | | Cost or one of the contract of | | (b)Cost or othe basis (other) | r (c) Accumula depreciatio | | (d) Boo | ok value |
| 1a La | and | | | | | 221,42 | 4 | _ | | 221,424 |
| | uildings | | | | | 1,753,25 | | ,919 | | 881,334 |
| b B | | | | | | | | - | | 001,00. |
| | easehold improvements | | | | | 735,55 | 5 482 | 2,934 | | 252,621 |
| c Le | pasehold improvements | | | | | 735,55 4,430,06 | | 2,934 7,992 | | - |
| c Le | · | · · | | | | | | | | 252,621 |

| Part VII Investments—Other Securities. Co | mplete if the organization | answered 'Yes' to Form 990, Part IV, line 11b. |
|---|------------------------------|--|
| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | - | |
| Part VIII Investments—Program Related. C | Complete if the organization | on answered 'Yes' to Form 990, Part IV, line 11c |
| See Form 990, Part X, line 13. | (h) Dook volve | (c) Method of valuation |
| (a) Description of investment | (b) Book value | Cost or end-of-year market value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | F | |
| | | 0, Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Desc | ription | (b) Book value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total (Column (b) must equal form 000, Part V, cal (B) line | 15) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org | | to Form 990. Part IV. line 11e or 11f. See |
| Form 990, Part X, line 25. | | |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | | |
| DUE TO FRC ACTION | 33,576 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 33,576 | |
| 2 Liebilitis feminarentena ten menituaren In Deut VIII. munit | d | - |

| Par | | venue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line : | | ts With Revenue p | oer Re | turn Complete if |
|------|--|--|---------|-------------------|---------|------------------|
| 1 | | support per audited financial statements | | | 1 | 15,867,337 |
| 2 | A mounts included on line 1 but | not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) or | investments | 2a | | | |
| b | Donated services and use of fac | ılıtıes | 2b | 286,000 | 1 | |
| c | Recoveries of prior year grants | | 2c | | 1 | |
| d | Other (Describe in Part XIII) | | 2d | 161,155 |] | |
| e | Add lines 2a through 2d . | | · · · | | 2e | 447,155 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 15,420,182 |
| 4 | Amounts included on Form 990, | Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not includ | led on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| C | Add lines 4a and 4b | | | | 4c | 0 |
| 5 | | kc. (This must equal Form 990, Part I, line | | | 5 | 15,420,182 |
| Part | | penses per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line | | nts With Expenses | s per R | Return. Complete |
| 1 | | udited financial statements | | | 1 | 15,953,851 |
| 2 | | not on Form 990, Part IX, line 25 | | | | <u> </u> |
| а | | ilities | 2a | 286,000 | | |
| b | Prior year adjustments | | 2b | | 1 | |
| c | Other losses | | 2c | | 1 | |
| d | Other (Describe in Part XIII) | | 2d | 161,155 | 1 | |
| e | Add lines 2a through 2d | | | | 2e | 447,155 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 15,506,696 |
| 4 | Amounts included on Form 990, | Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not includ | ed on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| C | Add lines 4a and 4b | | | | 4c | 0 |
| 5 | Total expenses Add lines 3 and | 4c. (This must equal Form 990, Part I, \lim | ne 18) | | 5 | 15,506,696 |
| Part | XIII Supplemental Info | rmation | | | | |
| Part | | art II, lines 3, 5, and 9, Part III, lines 1a nes 2d and 4b, and Part XII, lines 2d and | | | | any additional |
| | Return Reference | Explanation | | | | |
| | XI, LINE 2D - OTHER STMENTS | RENT EXPENSE REPORTED IN PART VI | II 161, | 155 | | |
| | XII, LINE 2D - OTHER STMENTS | RENT EXPENSE REPORTED IN PART VI | II 161, | 155 | | |
| | | | | | | |
| | | | | | | |

| Jenedale 2 (1 31111 33 3) 23 13 | | r age 3 | | | |
|------------------------------------|----------------|----------------|--|--|--|
| Part XIII Supplemental Information | on (continued) | | | | |
| Return Reference | Explanation | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| l | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493039016026

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Inspection**

Name of the organization

Employer identification number

| АМ | IILY RESEARCH COUNCIL | | | | | | |
|-----------|---|----------------------|---------------------------|---|--------------------------------------|--|--|
| _ | | itiaa Camalata | .£ | | | 52-1792772 | 17 |
| <u>'a</u> | rt I Fundraising Activ filers are not requir | | | janizatio | n answered "Yes" to | Form 990, Part IV, I | ine 17. Form 990-EZ |
| 1 | Indicate whether the organ | ızatıon raısed funds | through ar | ny of the f | ollowing activities Che | ck all that apply | |
| а | Mail solicitations | | | е | Solicitation of non- | government grants | |
| b | ✓ Internet and email solid | cıtatıons | ernment grants | | | | |
| C | Phone solicitations | | , events | | | | |
| d | In-person solicitations | | | | | | |
| 2a | Did the organization have a or key employees listed in | | | | | | Ves I No |
| b | If "Yes," list the ten highes to be compensated at least | | | undraise | rs) pursuant to agreeme | nts under which the fun | draiser is |
| (| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrais custo cont | Did ser have ody or rol of outions? | (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 |
| | | | Yes | No | | | |
| 1 | TODD DEXTER AND ASSOCIATES (TDA) 3705 STONINGTON DRIVE | FUNDRAISING | | No | 3,514,710 | 156,547 | 3,358,163 |
| | PLANO, TX 75093 | | | | | | |
| 2 | MDS COMMUNICATIONS CORPORATION PO BOX 16006 | FUNDRAISING | | No | 455,115 | 199,261 | 255,854 |
| | PHOENIX, AZ 85011 | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | + | | | | |
| , | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Γota | | | 1 | | | 355,808 | 3,614,017 |

registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

| Pa | rt I | Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g | aising event contribu | tion answered "Yes" to tions and gross income | Form 990, Part IV, li e on Form 990-EZ, lir | ne 18, or reported les 1 and 6b. List |
|-------------|------|---|----------------------------|--|--|--|
| | | 3 1 3 | (a) Event #1 | (b) Event #2 | (c) O ther events | (d) Total events (add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | (3) |
| Revenue | 1 | Gross receipts | | | | |
| φΛΦ | 2 | Less Contributions | | | | |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| ဟ | 5 | Noncash prizes | | | | |
| suse | 6 | Rent/facility costs | | | | |
| Expenses | 7 | Food and beverages . | | | | |
| Direct | 8 | Entertainment | | | | |
| ᇫ | 9 | Other direct expenses . | | | | |
| | 10 | Direct expense summary Add line | es 4 through 9 in colum | n (d) | | () |
| | 11 | Net income summary Subtract lir | | | | |
| Par | t II | | | "Yes" to Form 990, Pa | irt IV, line 19, or rep | orted more than |
| | | \$15,000 on Form 990-EZ, lin | (a) Bingo | (b) Pull tabs/Instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | (a) billigo | bingo/progressive bingo | | col (a) through col |
| <u>~</u> | 1 | Gross revenue | | | | |
| နှင့် မေ | 2 | Cash prizes | | | | |
| Expenses | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| Direct | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ✓ Yes | Г Yes% Г No | │ Yes | |
| | 7 | Direct expense summary Add lines | s 2 through 5 ın column | (d) | • | |
| | 8 | Net gaming income summary Subt | ract line 7 from line 1, c | column (d) | | |
| 9 | E n | ter the state(s) in which the organiza | tion conducts gaming a | ctivities | | |
| а | | the organization licensed to conduct | | • | | Г _{Yes} Г _{No} |
| b | If" | 'No," explain | | | | |
| | | | | | | |
| 10a b | | ere any of the organization's gaming l | icenses revoked, suspe | ended or terminated during | | |
| | | | | | | |

| Sche | edule G (Form 990 or 990-EZ) 2014 | | | | Page 3 |
|------|---|--------------------------|---|--------------------|-----------------|
| 11 | Does the organization conduct gaming | activities with nonn | members? | T _{Yes} [| |
| 12 | Is the organization a grantor, beneficia | ry or trustee of a tru | ust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming | ,, | | Г _{Yes} Г | — No |
| 13 | Indicate the percentage of gaming acti | | 1 1 | , | |
| а | The organization's facility | | 13a | | % |
| b | An outside facility | | | | % |
| 14 | Enter the name and address of the pers | on who prepares th | ne organization's gaming/special events books and records | | |
| | Name ▶ | | | | |
| | Address ► | | | | |
| 15a | Does the organization have a contract | with a third party fro | om whom the organization receives gaming | | |
| 154 | | | | ┌ Yes 「 | – _{No} |
| b | If "Yes," enter the amount of gaming re amount of gaming revenue retained by | • | the organization > \$ and the | | |
| c | If "Yes," enter name and address of the | e third party | | | |
| | Name ► | | | | |
| | Address 🏲 | | | | |
| 16 | Gaming manager information | | | | |
| | Name 🟲 | | | | |
| | Gaming manager compensation 🕨 \$ | | ······ | | |
| | Description of services provided | | | | |
| | Director/officer | _ Employee | ☐ Independent contractor | | |
| 17 | Mandatory distributions | | | | |
| а | Is the organization required under state | e law to make charıt | table distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | | Γ _{Yes} [| Γ _{No} |
| b | Enter the amount of distributions requi | red under state law | distributed to other exempt organizations or spent | | |
| | ın the organization's own exempt activi | | · | | |
| Pa | | | explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr | | |
| | Return Reference | | Explanation | | |
| | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

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

Attach to Form 990.

DLN: 93493039016026 OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

52-1792772 **General Information on Grants and Assistance**

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|------------------------------|---|---|--|---------------------------------------|
| (1) COALITION FOR AMERICA 603 FAIRWAY DRIVE WEST CHESTER,PA 19382 | 52-1096056 | 501C4 | 8,000 | | | | OPERATIONS |
| (2) MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DR SUITE 600 RESTON,VA 20191 | 54-1429009 | 501C3 | 5,000 | | | | OPERATIONS |

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
| (1) INTERN STIPENDS | 27 | 45,010 | | | |

| Part IV Supplen | nental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |
|------------------|---|
| Return Reference | Explanation |
| PART I, LINE 2 | GENERALLY SPEAKING, FRC PROVIDES GRANTS TO SECTION 501(C)(3) ORGANIZATIONS THAT IT IS FAMILIAR WITH, IN TERMS OF |
| | MISSION AND PROGRAMS FRC REQUESTS THAT GRANTEES UTILIZE GRANTS IN ACCORDANCE WITH THEIR DECLARED MISSION FRC |
| | DOES NOT FURTHER MONITOR GRANTS BEYOND INVESTIGATING AN ORGANIZATION'S MISSION AND ACTIVITIES BEFOREHAND |

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493039016026

OMB No 1545-0047

(Form 990)

Schedule J

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization FAMILY RESEARCH COUNCIL

Employer identification number

| | 52-17927 | 7 2 | | |
|----|---|-----------|----------|----|
| Pa | art I Questions Regarding Compensation | | | |
| | | | Yes | No |
| La | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in For 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these ite | | | |
| | First-class or charter travel Housing allowance or residence for personal us | ·e | | |
| | Travel for companions Payments for business use of personal residen | ce | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | | |
| | directors, trustees, officers, including the CLO/Lizecutive Director, regarding the Items checked in line 14. | 2 | \vdash | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Par | t III | | |
| | ▼ Compensation committee | | | |
| | | | | |
| | Form 990 of other organizations Approval by the board or compensation commi | ttee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing org or a related organization | anızatıon | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | Νo |
| b | , | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| 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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 3 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," descr | uho. | | |
| | in Part III | 8 | | Νo |
| • | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regula section 53 4958-6(c)? | tions | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MIS | | | (D) Nontaxable | (E) Total of columns | (F) Compensation in | |
|---|------|--------------------------|--|--------|--------------------------------|----------------|----------------------|--|--|
| | | (i) Base compensation | (ii) Bonus & (iii) Other reportable compensation | | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred in prior Form 990 | |
| 1 ANTHONY PERKINS, PRESIDENT & CEO | (i) | 137,148 | 0 | 19,376 | 9,194 | 0 | 165,718 | 0 | |
| | (ii) | 59,714 | 0 | 8,436 | 4,003 | 0 | 72,153 | 0 | |
| 2 GENERAL JERRY BOYKIN, EXECUTIVE VICE PRESIDENT | (i) | 166,732 | 0 | 0 | 0 | 0 | 166,732 | 0 | |
| EXECUTIVE VICE FRESIDENT | (ii) | 21,000 | 0 | 0 | 0 | 0 | 21,000 | 0 | |
| 3 ROBERT SCHWARZWALDER, SENIOR | (i) | 148,554 | 0 | 0 | 0 | 17,000 | 165,554 | 0 | |
| VICE PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 KENYN CURETON, VP - | (i) | 143,698 | 0 | 0 | 0 | 17,000 | 160,698 | 0 | |
| CHURCH MINISTRIES | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5 PAUL TRIPODI, VP - | (i) | 120,078 | 0 | 7,934 | 7,934 | 15,884 | 151,830 | 0 | |
| ADMINISTRATION, TRUSTEE | (ii) | 8,434 | 0 | 557 | 557 | 1,116 | 10,664 | 0 | |
| 6 PATRICK FAGAN, SR FELLOW & DIR MARRIAGE | (i) | 154,920 | 0 | 9,988 | 9,988 | 17,000 | 191,896 | 0 | |
| TELEOW & DIR MARKIAGE | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 DAVID PRENTICE, SR FELLOW - LIFE SCIENCE | (i) | 117,331 | 0 | 22,646 | 6,640 | 17,000 | 163,617 | 0 | |
| rellow - tire science | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8 SHARON HELTON, SR DIRECTOR - EVENTS | (i) | 73,481 | 0 | 14,728 | 4,065 | 4,547 | 96,821 | 0 | |
| | (ii) | 41,270 | 0 | 8,272 | 2,283 | 2,553 | 54,378 | 0 | |

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference **Explanation**

Schedule J (Form 990) 2014

AS TO

SHALL

OF DIREC

OF THE

COUNSEL

COMMITT

OF THE

BOARD

INTERES

DIRECT

SHALL BE FO

CHAIRMAN OF

CORPORATI

CONFLICT

KNOWLEDG

SENIOR

INCLUDE -

COUNCIL

REFER

BOARD, FO

EXECUTIV

EMPLOY

HAVE

COMPENSATI

MARKET SURV

SUBMITS AN

CONTEMPOR

OFFICERS A

ON AN ANN

REQUEST I

RESPONSES FR

REVIE

FORM 990, PART VI, SECTION B, LINE

FORM 990, PART VI, SECTION C, LINE

15A

19

PART XII, LINE 2C

DIRECTLY OR I

EXECUTIVE, THE

MEMBERS UPON

DIRECTORS O

PARTICULAR TR

BOARD MEMBERS

ANSWER A

SUCH MATTE

MINUTES SHALL

APPROPRIATE CO

DIRECTOR HAS B

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493039016026

Inspection

Employer identification number 52-1792772

Name of the organization FAMILY RESEARCH COUNCIL 990 Schedule O, Supplemental Information Return Reference **Explanation** FORM 990, PART VI, SECTION B, LINE FORM 990, PART VI, SECTION B, LINE 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

THE BUSINESS OR MINISTRY OF FAMILY RESEARCH COUNCIL, THE AFFECTED DIRECTOR SHALL

NY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IN ANY VOTE ON

R, WHETHER BY THE BOARD OR ONE OF ITS COMMITTEES, THE VOTE OF THE AFFECTED DIRECTOR

REFLECT THE FACT THAT THE DIRECTOR DID NOT VOTE ON THE ISSUE. IF A CONFLICT OF INTEREST

N THE PART OF A DIRECTOR AS TO A MATTER NOT PENDING FOR APPROVAL BEFORE THE BOARD

TORS IS DISCLOSED OR COMES TO THE KNOWLEDGE OF THE CHAIRMAN OF THE AUDIT COMMITTEE

BOARD OF DIRECTORS, THE CHAIRMAN SHALL EXERCISE HIS BEST JUDGMENT ABOUT THE

URSE TO FOLLOW, WHICH MAY INCLUDE --APPROVAL OF A TRANSACTION IN WHICH THE

FOR ADVICE, OR --REFERRAL OF THE ISSUE TO THE AUDIT COMMITTEE OF THE BOARD OF

EE OF THE BOARD DETERMINES THAT THERE IS A CONFLICT OF INTEREST CONCERNING A

R TO THE FULL BOARD, FOR DECISION IN ALL CASES IN WHICH THE CHAIRMAN OF THE AUDIT

ANSACTION INVOLVING A DIRECTOR, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION

MAY HAVE IN EACH INSTANCE, THE CHAIRMAN OF THE BOARD OF DIRECTORS SHALL REPORT THE

NCE OF A CONFLICT OF INTEREST AND HIS ACTIONS CONCERNING IT TO THE REMAINDER OF THE

LLOWED BY THE VICE CHAIRMAN OF THE BOARD OF DIRECTORS IN REGARD TO ANY CONFLICT OF

T INVOLVING THE CHAIRMAN OF THE BOARD OF DIRECTORS IF THE CHAIRMAN OF THE BOARD OF

THE BOARD) DETERMINES IN REGARD TO A MATTER REPORTED AS A CONFLICT OF INTEREST THAT

FLICT EXISTS, HE NEED NOT NOTIFY THE BOARD OF DIRECTORS BUT THE SECRETARY OF THE

REQUEST RESOLVING CONFLICTS OF INTEREST INVOLVING AN EMPLOYEE OR EXECUTIVE IF A

OF INTEREST ON THE PART OF AN EMPLOYEE OR EXECUTIVE IS DISCLOSED OR COMES TO THE

EXECUTIVE OR SUPERVISOR SHALL, IN THE CASE OF AN EMPLOYEE, REFER THE MATTER TO THE

STAFF AND, IN THE CASE OF AN EXECUTIVE, THE SUPERVISOR SHALL REFER THE MATTER TO THE

TIVE COMMITTEE FOR RESOLUTION ABOUT THE APPROPRIATE COURSE OF ACTION, WHICH MAY

NDIRECTLY, IF HE IS REASONABLY CERTAIN THAT THE BEST INTERESTS OF FAMILY RESEARCH

RAL OF THE ISSUE TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OR TO THE FULL

WILL BE SERVED THEREBY, OR -- REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR --

R DECISION IN SUCH CASES, IF THE AUDIT COMMITTEE OF THE BOARD DETERMINES THAT THERE IS

CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN EMPLOYEE OR

E, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED

EE OR EXECUTIVE SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER BOARD MEMBERS MAY

DETERMINING COMPENSATION OF FRC'S PRESIDENT AND CEO THE CFO MAKES REFERENCE TO

ON INFORMATION CONTAINED IN THE FORMS 990 OF SIMILAR ORGANIZATIONS, ALONG WITH

EY DATA, AND COMPARES IT TO THE PRESIDENT'S CURRENT COMPENSATION THE CFO THEN

ANALYSIS TO FRC'S AUDIT COMMITTEE FOR THEIR REVIEW AND DECISION THE AUDIT COMMITTEE

WS, DISCUSSES, AND SETS THE PRESIDENT'S COMPENSATION THE COMMITTEE THEN MAKES A

ANEOUS RECORDING OF ITS DELIBERATION PROCESS DETERMINING COMPENSATION OF OTHER

ND KEY EMPLOYEES COMPENSATION CHANGES ARE ESTABLISHED BY THE FINANCE DEPARTMENT

UAL BASIS BASED ON AVAILABLE MARKET DATA CHANGES ARE APPROVED BY THE PRESIDENT

FRC PROVIDES COPIES OF ITS 990, 990-T, FORM 1023, AND FINANCIAL STATEMENTS UPON

T ALSO WILL PROVIDE A COPY OF ITS CONFLICT OF INTEREST POLICY, BUT NOT ANNUAL

OM DIRECTORS FRC DOES NOT DISCLOSE ITS GOVERNING DOCUMENTS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

-APPROVAL OF A TRANSACTION IN WHICH THE EMPLOYEE OR EXECUTIVE HAS BENEFITED,

E OF THE EXECUTIVE TO WHOM AN EMPLOYEE REPORTS, OR TO THE SUPERVISOR OF AN

ON SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE TO THE BOARD

OF DIRECTORS WITHIN A REASONABLE TIME FOLLOWING HIS DECISION THESE PROCEDURES

ORS (OR THE VICE CHAIRMAN, IN THE CASE OF CONFLICTS OF INTEREST INVOLVING THE

ISSUE AND THE AFFECTED DIRECTOR SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER

ENEFITED. DIRECTLY OR INDIRECTLY, IF HE IS REASONABLY CERTAIN THAT THE BEST INTERESTS

AMILY RESEARCH COUNCIL WILL BE SERVED THEREBY, OR --REFERRAL OF THE ISSUE TO LEGAL

NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE VOTE ON THE MATTER THE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493039016026

2014

OMB No 1545-0047

Open to Public . Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FAMILY RESEARCH COUNCIL

Employer identification number

52-1792772

| Part I Identification of Disregarded Entities Complete | ıf the organızatıon a | answered "Yes" on | Form 990, Pa | rt IV, line 33. | |
|--|-----------------------|------------------------------|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state | (d) Total income | (e) End-of-vear assets | (f) Direct controlling |
| Marie, address, and Liv (ii applicable) of distegative entity | I minary activity | or foreign country) | TOTAL INCOME | Lilu oi yeai assets | ontity |

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|------------------|-----------------------|--------------|--------------------|--------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state | Total income | End-of-year assets | Direct controlling |
| | | or foreign country) | | | entity |
| | | | | | |
| | | | | | |
| | | | | | |

Part II 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section | g) 512(b) ontrolled aty? |
|--|--|---|----------------------------|--|--------------------------------------|---------|-----------------------------------|
| | | | | | | Yes | No |
| (1) FAMILY RESEARCH COUNCIL ACTION 801 G ST NW | NON-PROFIT AND TAX- EXEMPT LEGISLATIVE ACTION ARM OF FRC | DC | 501(C)(4) | | | Yes | |
| WASHINGTON, DC 20001 52-1805562 | | | | | | | |
| (2) FAMILY FAITH AND FREEDOM FOUNDATION 801 G ST NW | SUPPORTING ORGANIZATION TO FRC | DC | 501(C)(3) | 509(A)(3) | | Yes | |
| WASHINGTON, DC 20001 52-2075175 | | | | | | | |

Yes No

Yes

No

| (a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr | Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. | | | | | | | | | | |
|--|----------|---|------------------|---|---------------------------------|--|--|----------------------|------------------------------|--|----------|---------------------------------------|
| | | Name, address, and EIN of | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income(related, unrelated, excluded from tax under sections 512- | | Share of end-of-year | Disproprtionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 | managing | (k) Percentage ownership |

| 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) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
|---------------------------|------------------|-------------------|--------------------|----------------|----------------|---------------|------------|-------------|--|
| Name, address, and EIN of | Primary activity | Legal | Direct controlling | Type of entity | Share of total | Share of end- | Percentage | Section 512 | |
| related organization | | domicile | entity | (C corp, S | ıncome | of-year | ownership | (b)(13) | |
| | | (state or foreign | | corp, | | assets | | controlled | |
| | | country) | | or trust) | | | | entity? | |
| | | | | | | | | Yes No | |
| | | | | | | | | | |

(5) FRC ACTION

(6) FRC ACTION

| Part V | Transactions With Related Organizations Complete if the organizations | ganızatıon answered " | Yes" on Form 990, P | Part IV, line 34, 35b, or 36. | | | | | |
|--|---|---|-------------------------------|---|--------|-----|----|--|--|
| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No | | |
| 1 During | the tax year, did the organization engage in any of the following transactions \boldsymbol{v} | with one or more related o | rganızatıons lısted ın P | arts II-IV? | | | | | |
| a Re | eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ei | ntity | | | 1a | Yes | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | |
| c Gıf | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| d Loa | ns or loan guarantees to or for related organization(s) | | | | 1d | | No | | |
| e Loa | ns or loan guarantees by related organization(s) | | | | 1e | | No | | |
| f Div | dends from related organization(s) | | | | 1f | | No | | |
| g Sa | e of assets to related organization(s) | | | | 1g | | No | | |
| h Pu | h Purchase of assets from related organization(s) | | | | | | | | |
| i Exc | hange of assets with related organization(s) | | | | 1i | | No | | |
| j Lea | se of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No | | |
| | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| • Sharing of paid employees with related organization(s) | | | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | | | | | | |
| r Oth | er transfer of cash or property to related organization(s) | | | | 1r | | No | | |
| s Otl | er transfer of cash or property from related organization(s) | | | | 1s | | No | | |
| 2 If t | e answer to any of the above is "Yes," see the instructions for information on w | who must complete this lin | ie, including covered re | elationships and transaction thresholds | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount in | nvolve | d | | | |
| 1) FRC AC | TION | Α | 191 | CALCULATED RATE | | | | | |
| 2) FRC AC | TION | L | 12,896 | ACTUAL EXPENSE | | | | | |
| 3) FRC AC | TION | N | 64,951 | ACTUAL EXPENSE | | | | | |
| 4) FRC AC | TION | 0 | 497,419 | ACTUAL EXPENSE | | | | | |

90,403

710,000

ACTUAL EXPENSE

ACTUAL EXPENSE

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

| 1 <u> </u> | | | | | | | | | | | | | | |
|---|--------------------------------|----------------------------------|---|-------------------|---|------------------------------------|--|---------------------------------|--------|---|---|----|---------------------------------------|--|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile (state or foreign | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | so 50 organ | (e) all partners section 01(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionat allocations? | 7 | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
| | <u> </u> | <u> </u> | 514) | Yes | No | 1 | <u> </u> | Yes | No | <u> </u> | Yes | No | | |
| | | | | | | | | | \Box | 1 | | | | |

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Additional Data

Software ID:

Software Version:

EIN: 52-1792772

Name: FAMILY RESEARCH COUNCIL

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) A mount Involved | (d) Method of determining amount involved |
|-------------------------------------|--|--------------------------------|---|
| FRC ACTION | А | 191 | CALCULATED RATE |
| FRC ACTION | L | 12,896 | ACTUAL EXPENSE |
| FRC ACTION | N | 64,951 | ACTUAL EXPENSE |
| FRC ACTION | 0 | 497,419 | ACTUAL EXPENSE |
| FRC ACTION | Р | 90,403 | ACTUAL EXPENSE |
| FRC ACTION | Q | 710,000 | ACTUAL EXPENSE |