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DLN: 93493299008256

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)

 \blacktriangleright 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

OMB No 1545-0047

2015

Open to Public Inspection

			lendar year, or tax year beg C Name of organization	jinning 07-01-2015 , and ending	06-30-201	5	1		
	eck if a dress cl	applicable hange	THE FOUNDATION FOR A CHR CIVILIZATION INC	ISTIAN				-	lentification number
	me cha	-	Doing business as				23-73	3257	78
	tıal retu	_	THE AMERICAN TFP AMERICA	NEEDS FATIMA			5.7-1		
Fir	nal	rmınated	Number and street (or P O bo PO BOX 787	ox if mail is not delivered to street address	s) Room/suit	e	E Telepho		
	nended		City or town, state or province	e, country, and ZIP or foreign postal code			(705)	304-	-1112
Application pending			ROSSVILLE, KS 665330787	G Gross r	eceipts	s \$ 10,700,943			
			F Name and address o	f principal officer		H(a) Is th	- his a group	retui	rn for
			RAYMOND E DRAKE PO BOX 787			subo	ordinates?		ΓYes Γ Νο
			ROSSVILLE, KS 6653	30787			all subordı uded?	nates	s [Yes [No
	av-avan	mpt status	F01/0/(2) F F01/0/ /) ◀ (insert no)	F27		-		t (see instructions)
		•	ORG, ANF ORG, TFPSTU		327	H(c) Gro	up exempt	ion n	umber 🟲
	m of or		Corporation Trust Assumary	ociation Other -		L Year of f	omation 19	73	M State of legal domicile NY
Pe				ssion or most significant activities					
Governance	P	ROPERT	Y TO SPREAD THE MESS	ISTIAN CIVILIZATION BY DEFE AGE OF OUR LADY OF FATIMA 1 R 14,108 PUBLIC SQUARE ROSA	THROUGH	OUT AMER	ICA FOR	THIS	SEND, THE
Sovell	2	Check th	ıs box দ ıf the organizatio	on discontinued its operations or d	Isposed of	more than 2	25% of its	net a	ssets
26 26	2	Number	of voting members of the go	verning body (Part VI, line 1a) .				з	7
Activities &				pers of the governing body (Part VI				4	1
<u>₹</u>			nber of individuals employe				5	82	
đ	6	Total nur				6	45		
				om Part VIII, column (C), line 12				7a	0
	b N	let unrela	ited business taxable incon	ne from Form 990-T, line 34 .				7b	0
		C b	h /D //	TT l 1 h.\		Pri	or Year	003	Current Year
9				II, line 1h)			9,456,893		10,160,113
Revenue	10			olumn (A), lines 3, 4, and 7d)			12,5		10,520
æ	11			(A), lines 5, 6d, 8c, 9c, 10c, and			444,	947	297,683
	12	Totalı 12)	revenue—add lines 8 throug	h 11 (must equal Part VIII, colum	nn (A), line		9,950,	555	10,530,470
	13		and similar amounts paid	(Part IX, column (A), lines 1-3)			475,	720	523,836
	14	Benefi	ts paıd to or for members (F	Part IX, column (A), line 4)				0	0
88	15	Saları 5–10)	es, other compensation, em	A), lines		2,205,	074	2,401,534	
Expenses	16a	Profes	ssional fundraising fees (Pa	rt IX, column (A), line 11e)			486,298		391,420
ਡੋ	b		ndraising expenses (Part IX, colui	· · · · · · · · · · · · · · · · · · ·					
	17			(A), lines 11a-11d, 11f-24e) .			6,472,	-	7,065,154
	18			(must equal Part IX, column (A), line 18 from line 12			9,639,	_	10,381,944
<u>ኞ</u>		KCVEII	an interest of Subtract	20		Beginning	of Current	\neg	End of Year
Not Assets or Fund Balances	20	Total '	assets (Part X, line 16) .				7,333,		7,636,482
A Asi	21		iabilities (Part X, line 16)				388,	-	461,307
25	22		sets or fund balances Sub		6,944,	-	7,175,175		
Unde my k	nowle	alties of	pelief, it is true, correct, and	e examined this return, including a d complete Declaration of prepare					
		****					2016-10-24		
Sigi		Signa	ature of officer				Date		
Her	е		AMIN A HIEGERT SECRETARY/TR or print name and title	EASURER					
			rınt/Type preparer's name VILLIAM E TURCO CPA	Preparer's signature WILLIAM E TURCO CPA	Da		eck if	PTIN P003	69217
Pai		-	ırm's name ► RSM US LLP				m's EIN 🕨 4		
	pare	er	ırm's address ► 9737 WASHINGT	ONIAN BLVD 400			one no (301		
US	On	יין עיין	GAITHERSBURG,	MD 208787340					

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

. ▼Yes 「No

Form	λ ₂ ου (2012)	age 🛮
Par	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	.[▽
1	Briefly describe the organization's mission	
OFT OFI	SOCIETY IS A CIVIC, CULTURAL AND NONPARTISAN ORGANIZATION WHICH, INSPIRED BY THE TRADITIONAL TEACHI E SUPREME MAGISTERIUM OF THE ROMAN CATHOLIC CHURCH, WORKS IN A LEGAL AND PEACEFUL MANNER IN THE RE EAS TO DEFEND AND PROMOTE THE PRINCIPLES OF PRIVATE OWNERSHIP, FAMILY AND PERENNIAL CHRISTIAN VALU THEIR TWOFOLD FUNCTION INDIVIDUAL AND SOCIAL	EALM
	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 2,048,975 including grants of \$ 27,617) (Revenue \$)	
	DIRECT MAIL CAMPAIGNS AMERICA NEEDS FATIMA WAS THE FOUNDATIONS MAIN DIRECT MAIL CAMPAIGN THIS YEAR IT'S GOAL IS TO SPREAD THE FATIMA MESSAGE OF PRAYER AND CONVERSION THROUGHOUT AMERICA THIS YEAR, AN ESTIMATED TOTAL OF 1 5 MILLION LETTERS WERE SENT TO CURRENT AMERICA FATIMA CAMPAIGN MEMBERS IN A TOTAL OF 13 MAILINGS AS PART OF THE DIRECT MAIL OUTREACH, OVER ONE HUNDRED THOUSAND OF EACH OF THE FOLLOWING ITEMS WERE DISTRIBUTED DURING THE YEAR DEVOTIONAL FATIMA CALENDARS, FATIMA CAR SHRINE, RETURN TO ORDER AUDIO CD, ROSARIE AND ST BENEDICT MEDALS CRUSADE MAGAZINE IS ALSO MAILED SIX TIMES A YEAR TO APPROXIMATELY 120,000 PEOPLE AMERICA NEEDS FATIMA ALSO DISTRIBUTED 1 5 MILLION PICTURES OF OUR LADY OF FATIMA AS PART OF ITS EFFORT TO ENTHRONE MARY IN EVERY HOME MAILINGS WERE ALSO DONE ENCOURAGING DEVOTION TO THE IMMACULATE HEART AND ST MICHAEL	ГНЕ
4b	(Code) (Expenses \$ 1,789,797 including grants of \$ 19,459) (Revenue \$ 33,142) PUBLICATIONS THE FOUNDATION PUBLISHED CRUSADE 6 TIMES DURING THE YEAR, AND EACH ISSUE IS SENT TO APPROXIMATELY 130,000 PEOPLE THE FOUNDATION CONTINUED THE EXTENSIVE EFFORT TO PROMOTE THE BOOK RETURN TO ORDER FROM A FRENZIED ECONOMY TO AN ORGANIC CHRISTIAN SOCIETY A CONDENSED PAPERBACK EDITION AND AUDIO CD VERSION WERE PUBLISHED THIS YEAR GLORIES OF MARY AND HOLY MARY WERE PUBLISHED TYPEAR THE BOOK OF CONFIDENCE, FATIMA A MESSAGE MORE URGENT THAN EVER, AND THE VIRGIN MARY WERE REPRINTED A TOTAL OF 71,293 BOOKS RELATED TO THE FURTHERANCE OF THE VALUES OF CHRISTIAN CIVILIZATION WERE DISTRIBUTED DURING THE FISCAL YEAR THE FOUNDATION CONTINUED MAINTAIN FOUR MAIN WEBSITES THE TFP SITE, TFP ORG, THE AMERICA NEEDS FATIMA SITE, WWW ANF ORG, THE TFP STUDENT ACTION WEBSITE, TFPSTUDENTACTION ORG, AND THE RETURN TO ORDER SITE, RETURNTOORDER ORG SEVERAL SMALLER SITES AND BLOGS PUBLISH CONTENT PRODUCED BY FOUNDATION THESE SITES AND BLOGS RECEIVED MORE THAN 300,000 UNIQUE VISITORS EACH MONTH GENERALLY ONE ARTICLE OR POSITION PAPER IS PUBLISHED EACH WEEK ON THE TFP SITE THE OTHER SITES PUBLISH INFORMATION ABOUT THE ACTIVITIES OF EACH CAMPAIGN	то
4-	(Code) (Europeas t 1.170.222 maluding grapts of t 440 \ (Dayanya t)	
4 c	(Code) (Expenses \$ 1,178,232 including grants of \$ 410) (Revenue \$) PUBLIC WITNESSES THE PUBLIC SQUARE ROSARY CRUSADE CONTINUED IN 2015 ON OCTOBER 11, 2015, THERE WERE 16,323 ROSARY RALLIES IN PUBLIC FOR ACROSS AMERICA AN ESTIMATED 290,000 PEOPLE PRAYED THE ROSARY FOR AMERICA ON THAT DAY MANY HELD BANNERS THAT MADE IT CLEAR TO PASSE WHAT THEY WERE DOING AND WHY AMERICA NEEDS FATIMA VOLUNTEERS MADE THOUSANDS OF CALLS RECRUITING THESE CAPTAINS MANY ALSO SIGNED ON THE WEBSITE TFP CARAVANS TRAVELED THROUGH NORTH CAROLINA AND OHIO RAISING AWARENESS OF THE IMPORTANCE OF TRADITIONAL MARRIAGE MANY PEOPLE ACCEPTED THE FLYER "10 REASONS WHY HOMOSEXUAL "MARRIAGE" IS HARMFUL AND MUST BE OPPOSED AND VOICED SUPPORT WHEN THEY THE CARAVAN'S POSTERS AND BANNERS AT BUSY STREET CORNERS THE INTERNET IS ALSO A POWERFUL METHOD TO ENCOURAGE AND EDUCATE THE PUBL ABOUT MANY ISSUES AMERICA NEEDS FATIMA AND TFP STUDENT ACTION DID AN ONLINE PETITION AGAINST A BLACK MASS AT THE OKLAHOMA CIVIC CENTIFICATIONS WERE ALSO DONE TO SEVERAL CATHOLIC UNIVERSITIES WHO HOSTED SPEAKERS AND EVENTS CONTRARY TO CATHOLIC TEACHING	RSBY UP Y SAW LIC
	See Additional Data	
4d	Other program services (Describe in Schedule O) (Expenses \$ 3,067,815 including grants of \$ 476,351) (Revenue \$ 126,145)	
4e	Total program service expenses ► 8,084,819	

Form 990 (2015)
Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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	9		No
10	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 V 😼	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
C	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	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	Yes	
16	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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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		No
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		No
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		
С	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		
	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		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		No
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		
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		No
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	

	990 (2015)					Page 5					
Pal	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v								
					Yes	No					
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	56								
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0								
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	ors and reportable	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	2a	8 2								
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes						
	Did the organization have unrelated business gross income of \$1,000 or more during If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation of the state of the sta			3a 3b		No					
	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)?										
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		Νo					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	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?										
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?										
7											
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?										
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
·	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?										
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		Νo					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		Νo					
g	If the organization received a contribution of qualified intellectual property, did the o required?		ration file Form 8899 as	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd i	the organization file a	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sines:	s holdings at any time	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 rela	ated p	erson?	9b							
10	Section 501(c)(7) organizations. Enter										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter										
	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state ${}^{\circ}N$ additional information the organization must report on Schedule O	ote. S	ee the instructions for	13a							
ь	Enter the amount of reserves the organization is required to maintain by the states	436									
r	In which the organization is licensed to issue qualified health plans	13b 13c									
	Did the organization receive any payments for indoor tanning services during the tax		?	14a		Νo					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b							

Part VI	Governance	, Management,	and	Disclosure
	OUT CHILDING	, management,	ullu	Disclosure

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

Se	ection A. Governing Body and Management	<u> </u>		,
<u> </u>	etion A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	7		
	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 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations other officer, director, trustee, or key employee?	ship with any	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other			No
4	Did the organization make any significant changes to its governing documents since the prior Form filed?	990 was 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets? . 5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	ppoint one or 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, or persons other than the governing body?	stockholders, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken year by the following	during the		
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by t	he Internal Reven		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?			No
	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes? 10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing both the form?	dy before filing 11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 .			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that rise to conflicts?	<u>12b</u>		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this was done $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	"Yes," describe 12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approve independent persons, comparability data, and contemporaneous substantiation of the deliberation a			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrantaxable entity during the year?	gement with a 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps to safegorganization's exempt status with respect to such arrangements?	guard the		
Se	ection C. Disclosure	100		
.7	List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CT, F MA, MD, ME, MI, MS, OH, OK, OR, PA, RI, S	MN, NC, ND, NJ,	NH, NM	,NY,

- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶BENJAMIN A HIEGERT 1358 JEFFERSON ROAD SPRING GROVE, PA 17362 (717) 225-7197

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- 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	more pers and	than on is	one bot ect	not box h ar or/tr	checl c, unle n office rustee	ess er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) RAYMOND E DRAKE	50 00								_	_
PRESIDENT AND DIRECTOR	0 30	X		X				0	0	0
(2) JOHN W HORVAT	50 00									_
VICE-PRESIDENT AND DIRECTOR	0 30	×		Х				0	0	0
(3) GARY J ISBELL DIRECTOR	40 00	х						57,780	0	0
(4) LUIZ A FRAGELLI DIRECTOR	24 00	х						47,229	0	0
(5) CPRESTON NOELL III	40 00								_	_
DIRECTOR	0 30	×						24,570	0	0
(6) ROBERT E RITCHIE DIRECTOR	50 00	х						О	0	0
(7) ANTONIO FRAGELLI DIRECTOR	50 00	х						53,236	0	0
(8) BENJAMIN A HIEGERT SECRETARY-TREASURER	40 00			х				48,600	0	0
					\vdash					

art VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (conti
--

organizations below dotted line) Data of the composition of the co		(A) Name and Title	(B) A verage hours per week (list any hours	more t	than o	one l both	oox, an	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount of compen from	ated of other sation the
c Total from continuation sheets to Part VII, Section A			below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MI3C)		relat	ed
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A					<u> </u>								
c Total from continuation sheets to Part VII, Section A					<u> </u>								
c Total from continuation sheets to Part VII, Section A					<u> </u>								
c Total from continuation sheets to Part VII, Section A					<u> </u>								
c Total from continuation sheets to Part VII, Section A					<u> </u>								
c Total from continuation sheets to Part VII, Section A					<u> </u>								
c Total from continuation sheets to Part VII, Section A		01711											
d Total (add lines 1b and 1c)													
\$100,000 of reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee								Þ		231,415	0		0
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee	2							d abov	e) wl	ho received more th	an		
on line 1 a 2. If "Voc." complete Cabadula I for such individual	_	Diddle										Yes	No
, , ,	3											3	No

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

	Yes	No
3		Νo
4		Νo
		110
5		No

Section B. Independent Contractors

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
	FUNDRAISING CONSULTANT, LIST RENTAL	268,106
701 LEE RD		
CHESTERBROOK, PA 19087		
DONOR CARE CENTER INC	TELEMARKETING FUNDRAISING	144,856
4535 STRAUSSER ST NW		
NORTH CANTON, OH 44720		

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

Part V		Statement of Revenue		th Dt.VIII			_
		Check if Schedule O contains a respo	nse or note to any lin	(A)	(B)	(C)	
				Total revenue	Related or	Unrelated	Revenue
					exempt	business	excluded from
					function revenue	revenue	tax under sections
							512-514
တည	1a	Federated campaigns 1a					
tributions, Gifts, Grants Other Similar Amounts	ь	Membership dues 1b					
0 E	l c	Fundraising events 1c					
£ \ <u>₹</u>							
Gif Ilar	d	Related organizations 1d					
E, E	e	Government grants (contributions) 1e					
Contributions, Giffs, and Other Similar A	f	All other contributions, gifts, grants, and 1f	10,159,113				
b at		similar amounts not included above					
<u>‡</u> ŏ	g	Noncash contributions included in lines 1a-1f \$					
Cont	h	Total. Add lines 1a-1f		10,160,113			
9			P 0 1				
e C			Business Code				
Program Serwce Revenue	2a	REGISTRATION FEES	900099	61,795	61,795		
22	Ь	SALES OF PRINTS POSTER	511190	359	359		
ည်	С						
erv.	d						
S =	e						
<u>ra</u>	f	All other program service revenue					
ွို့ န							
	g	Total. Add lines 2a-2f		62,154			
	3	Investment income (including dividen and other similar amounts)		10,761			10,761
	4	Income from investment of tax-exempt bond	-				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents 50	(11) 1 010011111				
	Ь	Less rental 0 expenses					
	c	Rental income 50					
	d	or (loss) Net rental income or (loss)		50			50
	-	(i) Securities	(II) Other				
	 7a	Gross amount	(ii) o circi				
		from sales of assets other					
		than inventory					
	ь	Less cost or					
	ן י	other basis and	241				
	l c	sales expenses Gain or (loss)	-241				
	d	Net gain or (loss)		-241			-241
άs	 8a	Gross income from fundraising	-				
ž		events (not including					
		\$					
å.		of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a					
Other Revenue	ь	Less direct expenses b					
-	c	Net income or (loss) from fundraising					
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		а					
		Less direct expenses b					
		Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
		a a	267,365				
	ь	Less cost of goods sold b	170,232				
		Net income or (loss) from sales of inv		97,133	97,133		
		Miscellaneous Revenue	Business Code				
	11a	MAILING LIST	532000	183,562			183,562
	ь	INSURANCE PROCEEDS	900099	12,359	+		12,359
			900099	4,579			4,579
	C .	OTHER REVENUE	300039	7,3/9			1,3/3
	d	All other revenue					
	e	Total. Add lines 11a-11d	· · · •	200,500			
			-				

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) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 252,330 252,330 2 Grants and other assistance to domestic individuals See Part IV, line 22 8,570 8,570 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 262,936 262,936 Benefits paid to or for members Compensation of current officers, directors, trustees, and 230,981 18,854 key employees . . . 181,551 30,576 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 2,004,284 1,575,362 163,602 Other salaries and wages . . . 265,320 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 166,269 130,527 13,747 21,995 11 Fees for services (non-employees) Management 24,265 16,690 3,687 3,888 41,845 41,845 Accounting Lobbying Professional fundraising services See Part IV, line 17 391,420 391,420 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) 676,570 576,764 18 99,788 amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 80,778 78,151 2,627 13 4,377,129 3,350,203 60,686 Office expenses 966,240 174,491 9,499 14 200,984 16,994 Information technology 15 Royalties . Occupancy 16 462,577 399,871 23,420 39,286 17 609,245 579,883 8,527 20,835 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 65,736 65,724 12 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 240,584 206,141 10,089 24,354 23 65,468 97,880 28,274 4,138 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) TAXES & OTHER FEES 130,411 155,203 11,791 13,001 **DUES & SUBS** 21,497 19,243 1,771 483 BAD DEBT 8,488 8,488 d ACCRETION 2,373 2,015 174 184 e All other expenses Total functional expenses. Add lines 1 through 24e 25 10,381,944 8.084.819 395.984 1,901,141 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) 3,451,811 3.028.769 423.042

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 458,518 571,361 1 1 2 2.475.982 2 1.876.056 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 87.804 4 163.339 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 293,601 441,192 8 582,524 8 494,251 203.257 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 5,745,602 Complete Part VI of Schedule D 10a b 10b 2.539.527 2,717,945 10c 3,206,075 Less accumulated depreciation 11 11 595.426 12 677,201 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 61.896 63.068 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,333,014 16 7,636,482 349.869 420.365 17 17 18 18 298 596 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 37,973 40,346 25 388,140 26 461,307 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 6.944.874 7,175,175 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 6,944,874 7,175,175 33

Total liabilities and net assets/fund balances

7.636.482

7.333.014

34

1 01111	7550 (2013)				aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,!	530,470
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,3	381,944
3	Revenue less expenses Subtract line 2 from line 1	3		:	148,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		6,9	944,874
5	Net unrealized gains (losses) on investments	5			81,775
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		7,:	175,175
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reasonate basis, consolidated basis, or both	rewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accounta	ight nt?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n In			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		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 audit		3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7325778

Name: THE FOUNDATION FOR A CHRISTIAN

CIVILIZATION INC

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

(Code) (Expenses \$	986,589	ıncludıng grants of \$	18,510) (Revenue \$	64,350)
DISSEMINATION	OFIDEAS				
(Code) (Expenses \$	798,255	ıncludıng grants of \$	201,659) (Revenue \$)
ADULT FORMATION	ON PROGRAMS				

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

FUI III 990, Part	t III - 4 Program Servic	e Accompli	sillients (See the Ths	ti uctions)	
(Code) (Expenses \$	449,805	including grants of \$) (Revenue \$)
STUDIES					
(Code) (Expenses \$	719,250	including grants of \$	256,182) (Revenue \$	27,596)
YOUTH FORMAT	ION PROGRAMS				

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

01111 330, 1 dit 111	+ i rogram servic	e Accompil	simicitis (occ the first)	actions,	
(Code) (Expenses \$	113,916	including grants of \$) (Revenue \$	34,199)
SEMINARS					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493299008256

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

	OUNDA ZATION	TION FOR A CHRISTIAN INC					23-7325778	
Pai	rt I	Reason for Publi	c Charity S	tatus (All organiza	itions must co	mplete this p	part.) See instructio	ns.
Γhe o	rganı	zation is not a private fo	oundation beca	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(l	b)(1)(A)(i).	
2	Г	A school described in	•			-		
3	Ė	A hospital or a cooper						
4	Ţ.	A medical research or) Enterthe
•	'	hospital's name, city,		racea iii conjunction v	vicii a nospicar c	ieseribea iii se		J. Enter the
5	Γ	An organization opera 170(b)(1)(A)(iv). (Co	ated for the be	-	iversity owned	or operated by	a governmental unit d	escribed in section
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in s e	ection 170(b)(1	L)(A)(v).	
7 8	▽	An organization that n described in section 1 A community trust des	70(b)(1)(A)(v scribed in sect	vi). (Complete Part II ion 170(b)(1)(A)(vi)) (Complete Par	tII)	_	
9	_	from gross investmen organization after Jun	es related to it it income and e 30, 1975 S	s exempt functions—s unrelated business ta ee section 509(a)(2).	subject to certa xable income (l (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 3 1 tax) from businesse	331/3% of its support
10	<u>_</u>	An organization organ						
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a)(1) or section	509(a)(2) See sect io	n 509(a)(3). Check
а	Γ	Type I. A supporting o supported organization	organization op n(s) the power	erated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganization(s), typical	ly by giving the
b	Γ	organization You must Type II. A supporting management of the su must complete Part IV	organization s pporting organ	upervised or controlle	d in connection			
c	Г	Type III functionally i	•		n operated in c	onnection with	and functionally inted	rated with, its
-	•	supported organization						,,
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
	_	(see instructions) Yo i					T I T II T.	
е	,	Check this box if the contegrated, or Type III					s a rype i, rype ii, r	ype III functionally
f	Ente	r the number of support						
g		Provide the following i						
9				out the pupperton orga	241.01.(0)			
Nam	ie of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Isted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
					1 1 1 2 3	140		1
Total								

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 **(c)**2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 8,100,347 8,052,891 8,964,186 9,456,893 10,160,113 44,734,430 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 8,100,347 8,052,891 8,964,186 9,456,893 10,160,113 44,734,430 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 44,734,430 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 8,100,347 Amounts from line 4 8,052,891 8,964,186 9,456,893 10,160,113 44,734,430 Gross income from interest, dividends, payments received 8,606 5,788 7,112 8,334 10,811 40,651 on securities loans, rents, royalties and income from sımılar 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 capital assets (Explain in Part VI) 11 Total support. Add lines 7 44,775,081 through 10 Gross receipts from related activities, etc (see instructions) 12 2,939,864 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, 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 99 910 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 99 910 % 16a 33 1/3% support test - 2015. 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 **▶**▽ 33 1/3% support test -2014. 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—2015. 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 - 2014. 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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, 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 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			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		ı
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		
4 a	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		ı
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	4b		
c	by or in connection with its supported organizations. 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) ? 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		ı
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? If "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		
0a	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		l
	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		<u> </u>
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		_

Pai	Supporting Organizations (continued)			
Se	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		
Se	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		
Se	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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
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		
Ŀ	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	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
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 furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

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	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493299008256

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" on 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
- ◆ 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" on 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" on 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** THE FOUNDATION FOR A CHRISTIAN CIVILIZATION INC. 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 1 2 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? If "Yes," describe in Part IV 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

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6				

reporting section 4911 tax for this year?

chedale e (i	01111 9 3 0 0 1 9 3 0 0 1 2 7 2 0 1 3	raye
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Fo	rm 5768 (election
	under section 501(h)).	

		······································
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

		ying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	3,393	3	
b	Total lobbying expenditures to influence a legis			
С	Total lobbying expenditures (add lines 1a and 1	3,393	3	
d	Other exempt purpose expenditures		10,378,553	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	10,381,944	
f	Lobbying nontaxable amount Enter the amount		669,097	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	167,274	
h	Subtract line 1g from line 1a If zero or less, en	(
i	Subtract line 1f from line 1c If zero or less, ent	er -0-	(
j	If there is an amount other than zero on either l	1720	I	

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.)

┌ Yes ┌No

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 558,409 616,606 631,957 669,097 2,476,069 Lobbying ceiling amount 3,714,104 (150% of line 2a, column(e)) 13,212 3,393 Total lobbying expenditures 16,605 139,602 157,989 167,274 Grassroots nontaxable amount 153,401 618,266 Grassroots ceiling amount 927,399 (150% of line 2d, column (e)) Grassroots lobbying expenditures 13,212 3,393 16,605

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige S
<i></i>	1	(a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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DLN: 93493299008256

2015

OMB No 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

	nent of the Treasury Revenue Service	Information about Schedule D (F Attach to Form 99 Form 990) and its instr		s.gov/fo	rm990.		to Pub pection	
Nar	ne of the organi	zation	,		Ŧ Ĺ	yer identific			<u> </u>
THE	FOUNDATION FOR					25778			
Pa		izations Maintaining Donor					ts.		
	Comple	ete if the organization answere	ed "Yes" on Form 990	, Part IV, line 6.					
•	Total numbe	r at end of year	(a) Donor advised fun	ds	(b) F	unds and ot	her acc	ounts	
2	Aggregate v year)	alue of contributions to (during							
3		alue of grants from (during year)							
ļ	Aggregate v	alue at end of year							
5	Did the organiz	ration inform all donors and donor a rganization's property, subject to t			or advise	ed		es 「I	No
3	used only for conferring impe	ation inform all grantees, donors, a haritable purposes and not for the l ermissible private benefit?	benefit of the donor or d	onor advisor, or for ar	ny other (•	ΓY		No
² ar	t III Conse	rvation Easements. Comple	te if the organization	answered "Yes" o	n Form	990, Part	IV, lın	e 7.	
	Preservation Protection Preservation	conservation easements held by the on of land for public use (e g , recre of natural habitat on of open space 2 a through 2d if the organization by	ation or education)	Preservation of an Preservation of a c	certified l	nistoric stru	ıcture	area	
•		ne last day of the tax year	iela a qualifica conscivi	acion concribacion in c		Held at t		of the Ve	
а	Total number o	f conservation easements			2a	neiu at ti	ile Ella (or the re	aı
b		restricted by conservation easeme	nts		2b				
c		servation easements on a certified		ded in (a)	2c				
d	Number of cons	servation easements included in (c ire listed in the National Register		` '	2d				
3	Number of cons	servation easements modified, trar	nsferred, released, extin	guished, or terminate	d by the	organızatıo	n durıng	the .	
	tax year ►								
ŀ	Number of stat	es where property subject to conse	ervation easement is loc	ated >					
5		nization have a written policy regard enforcement of the conservation e		rıng, ınspection, hand	dling of	Γ,	res [- No	
i	Staff and volun year	teer hours devoted to monitoring, i	nspecting, handling of v	ıolatıons, and enforcı	ng conse	ervation eas	ements	during t	he
	A mount of exp	 enses incurred in monitoring, inspe	octing handling of violat	ions, and enforcing of	onservat	ion azcama	nte duri	ng the ve	32r
′	► \$		eting, nananing of violat	ions, and emoreing ex	onscrvac	ion caseme	incs duit	ng the ye	Jui
3		servation easement reported on lir on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e requirements of sec	tion 170	_	Yes [- No	
)	balance sheet,	escribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to the or						
ar		izations Maintaining Collecters if the organization answere			or Othe	er Similaı	Asse	ts.	
.a	If the organizat works of art, his	cion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footr	AS 116 (ASC 958), no assets held for public e	t to report in its rever xhibition, education,	or resear	ch in furthe			
b	works of art, his	tion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public e						
(ided on Form 990, Part VIII, line 1			▶ \$				
		ed in Form 990, Part X			- \$		55,4	33	
2	If the organizat	cion received or held works of art, h			-				
	following amou	nts required to be reported under S	FAS 116 (ASC 958) re	lating to these items					

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	111	Organizations Maintaining (continued)	Collections of A	Art, His	storica	l Tre	asures, (or Ot	her Similar A	ssets	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other red	cords, ch						e of its	
а	▽ P	ublic exhibition		d	┌ Lo	an or	exchange p	orogra	ms		
b	┌ s	cholarly research		е	Γο	ther					
c	▽ P	reservation for future generations									
4	Provid Part X	de a description of the organization's (III	s collections and ex	plaın hov	w they fu	rther t	the organiza	atıon's	exempt purpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather tha							sımılar Ves	√ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV,	, line 9, oi	r repo	rted an amour	nt on Forr	n 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todıan or other ınteı	rmediary	for cont	rıbutıc	ons or othe	rasset	ts not Yes	┌ No	
ь	If"	Yes," explain the arrangement in Pa	ort XIII and complet	te the fol	llowing ta	able			Am	ount	
c		ginning balance						1c			
d		ditions during the year					ļ	1d			
e		tributions during the year					Ī	1e			
f		ling balance					Ī	1f			
2a		ie organization include an amount or	n Form 990. Part X.	line 21.	for escr	ow or c	ı ustodıal ad	count	liability? Yes	Г №	
b		s," explain the arrangement in Part									Г
	t V										
			(a)Current year	(b) Pr	nor year	b (c	:)Two years b	oack (d) Three years back	(e)Four ye	ars back
1a	Begin	ining of year balance									
b	Contr •	ributions · · · · · · ·									
С	Net ir losse	nvestment earnings, gains, and s									
d	Grant	s or scholarships									
е		r expenditures for facilities rograms									
f	• Admi	nistrative expenses									
g		fyear balance									
2		de the estimated percentage of the o	current vear end bal	ance (lir	ne 1a. co	Lumn ((a)) held as				
- а		designated or quasi-endowment 🕨	arrent year end bar	41100 (111	19, 00		(4)) 11014 45				
b		anent endowment -									
	Temp	orarıly restricted endowment ►	-hldl 1000/								
3a	A re th	ercentages on lines 2a, 2b, and 2c : nere endowment funds not in the pos ization by		nızatıon	that are	held a	nd admınıs	tered 1	for the	Yes	No
		related organizations								(i)	140
L		lated organizations s" on 3a(ii), are the related organizations.								(ii) Bb	<u> </u>
д 4		s on 3a(II), are the related organiza- Tibe in Part XIII the intended uses o								טי	<u> </u>
	t VI	Land, Buildings, and Equip	ment.				lina 112 C	`00 F0	urm 000 Dart V	/ line 10	
		Complete if the organization a Description of property	niswereu 1es (O		(a) ost or othe	r basıs	(b) Cost or othe	er basıs	Accumulated		k value
1a	_and				(investine	:IIL)	 	r) 195,802			495,802
	Buildin						1	992,907		23	1,792,284
		old improvements		.			1		, ,,=		<u> </u>
_		nent		. \vdash			4	435,209	272,64	2	162,567
- ()thar						1,	221 694	1 066 26		755 433

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

3,206,075

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or catego	ry	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests (3)Other			
(A) INVESTMENTS IN PRECIOUS METALS		677,201	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	P	677,201	
Part VIII Investments—Program Related. Complete if the organization answer	ed 'Ves' on Form 990	Dart IV line 11c	
(a) Description of investment	ed Tes On Torrin 990	(b) Book value	e Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Þ		
Part IX Other Assets. Complete if the organization (a) Des	<u>tion answered 'Y es' on I</u> scription	Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	rganization answered	l 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
ASBESTOS REMOVAL FROM BUILDINGS	40,3	46	
		\dashv	
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 40,3	46	
2. Liability for uncertain tax positions. In Part XIII, prov	vide the text of the foot	note to the organization's	financial statements that reports the

10,381,944

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per I	Return
1	Total revenue, gains, and other support per audited financial statements	1	10,835,382
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 81,775		
b	Donated services and use of facilities		1
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	134,680
3	Subtract line 2e from line 1	3	10,700,702
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		-
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-170,232
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,530,470
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,552,359
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	170,415
3	Subtract line 2e from line 1	3	10,381,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	40	٦

Part XIII Supplemental Information

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

Total expenses $\,$ Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART III, LINE 4	THE OBJECTS IN THE COLLECTION SERVE TO DECORATE THE BUILDINGS IN A TRADITIONAL AND SERIOUS MANNER THE COLLECTION INCLUDE A LIFE SIZE SPANISH STATUE OF THE VIRGIN MARY, PAINTINGS, A CLOCK, A SILVER TEA SET, STATIONS OF THE CROSS, SUIT OF ARMOR, AND A METAL RELIQUARY THESE ITEMS ARE KEPT AT THE ORGANIZATION'S HEADQUARTERS WHERE GUESTS ARE RECEIVED
PART X, LINE 2	FCC AND WHCS ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME, AS DEFINED BY THE INTERNAL REVENUE SERVICE DURING THE YEAR ENDED JUNE 30, 2016, THE FOUNDATION HAD NO TAXABLE UNRELATED BUSINESS INCOME AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS THE FOUNDATION FILES INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS	RELATED ENTITY ACTIVITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 52,905
PART XI, LINE 4B - OTHER ADJUSTMENTS	COGS REPORTED ON LINE PART VIII, LINE 10B -170,232
PART XII, LINE 2D - OTHER ADJUSTMENTS	RELATED ENTITY ACTIVITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 183 COGS REPORTED ON LINE PART VIII, LINE 10B 170,232

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493299008256

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

offices in the region with large of the region (by type) (e.g., agents, and independent contractors in region) (1) See Add'l Data (2) (3) (4)	Name of the organization THE FOUNDATION FOR A CHRISTIA	A N			Employer ident	Employer identification number			
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	CIVILIZATION INC				23-7325778				
and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?					14b.				
assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region independent contractors in region (by type) (e.g., agents, and independent contractors in region) (1) See Add'l Data (2) (3) (4) (5) (5) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	and other assistance, the gra	✓ Yes							
(a) Region (b) Number of offices in the region of large production in region (b) type) (e g , fundraising, program service, describe specific type of service(s) in region (log) traction in region (log) type) (e g , fundraising, program service, describe specific type of service(s) in region (log) traction in region (log) type) (e g , fundraising, program service, describe specific type of service(s) in region (log) traction in region (log) tr			ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other			
offices in the region offices in the region offices in the region of service, agents, and independent contractors in region of services, investments, grants to recipients located in the region of services, in region of services,	3 Activites per Region (The follow	ing Part I, line 3	3 table can be du	uplicated if additional spa	ace is needed)				
(2) (3) (4) (5) 3a Sub-total b Total from continuation sheets 0 0 0 333	(a) Region	offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments			
(3) (4) (5) 3a Sub-total b Total from continuation sheets 0 0 33	(1) See Add'l Data		-						
(4) (5) 3a Sub-total b Total from continuation sheets 0 0 0 33	(2)								
(5) 3a Sub-total b Total from continuation sheets 0 0 0 33	(3)								
3a Sub-total 0 0 33 b Total from continuation sheets 0 0 33	(4)								
b Total from continuation sheets 0 0	(5)								
b Total from continuation sheets 0 0	3a Sub-total	0	0			337,746			
	b Total from continuation sheets	0	0			0			
c Totals (add lines 3a and 3b) 0 0 33	c Totals (add lines 3a and 3b)	0	0			337,746			

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	section	section and EIN (if	section grant and EIN (if	section grant cash grant and EIN (if	section grant cash grant cash disbursement	section grant cash grant cash of non-cash and EIN (if disbursement assistance	section grant cash grant cash of non-cash of non-cash and EIN (if disbursement assistance assistance

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				I .			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	۱マ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	্	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	্ব	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	√	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	1 THE GRANTEE IS REQUIRED TO PROVIDE AN AUDITED NARRATIVE AND FINANCIAL REPORT TO THE FOUNDATION ON THE USE OF THE GRANT FUNDS SUCH REPORTS MUST INCLUDE A NARRATIVE ACCOUNT OF WHAT WAS ACCOMPLISHED BY THE EXPENDITURE OF THE GRANT FUNDS, A FINANCIAL STATEMENT OF EXPENDITURES, COPIES OF PUBLICATIONS RESULTING FROM THE GRANT, ETC. THE REPORTS MUST BE ATTESTED TO BY THE APPROPRIATE FINANCIAL OFFICER OF THE GRANTEE ORGANIZATION AND A CERTIFIED PUBLIC ACCOUNTANT IN HIS OPINION LETTER, THE CERTIFIED PUBLIC ACCOUNTANT SHOULD CLEARLY STATE THAT THE GRANT FUNDS WERE EXPENDED FOR THE PURPOSES FOR WHICH THE GRANTEE ORGANIZATION REQUESTED THE SAME 2. THE GRANTEE IS REQUIRED TO MAINTAIN RECORDS OF RECEIPTS AND EXPENDITURES AND TO MAKE ITS BOOKS AND RECORDS AVAILABLE FOR INSPECTION BY THE FOUNDATION WHEN SO REQUESTED 3. THE GRANTEE SHALL ACKNOWLEDGE BY LETTER THE RECEIPT OF THE GRANT FUNDS. IF THE SE ARE MADE AVAILABLE IN INSTALLMENTS, EACH INSTALLMENT SHALL BE SO ACKNOWLEDGED.

Additional Data

Software ID: Software Version:

EIN: 23-7325778

Name: THE FOUNDATION FOR A CHRISTIAN

CIVILIZATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING		160,350
NORTH AMERICA	0	0	GRANTMAKING		72,586
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		30,000

Form 990 Schedule F I	<u>Part I - Activit</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDING AND SPEAKING AT CONFERENCE AND PRAYER VIGILS	58,606
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ATTENDING CONFERENCES AND DELIVERING PRAYER PETITIONS	15,576
NORTH AMERICA	0	0	PROGRAM SERVICES	HELPING CAMPAIGN TO SPREAD DEVOTION TO OUR LADY	628

Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	
		SOUTH AMERICA	GENERAL SUPPORT	142,400	WIRE TRANSFER				
		SOUTH AMERICA	GENERAL SUPPORT	10,000	WIRE TRANSFER				
		SOUTH AMERICA	GENERAL SUPPORT	7,950	CASH PAYMENT				
		NORTH AMERICA	GENERAL SUPPORT	72,586	WIRE TRANSFER				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	30,000	WIRE TRANSFER			

DLN: 93493299008256

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

	E FOUNDATION FOR A CHRISTIAN	Employer Identification number
	VILIZATION INC	23-7325778
Pa	Fundraising Activities. Complete if form 990-EZ filers are not required to	he organization answered "Yes" on Form 990, Part IV, line 17. complete this part.
1	Indicate whether the organization raised funds thro	ugh any of the following activities Check all that apply
а	Mail solicitations	e Solicitation of non-government grants
b	Internet and email solicitations	f ☐ Solicitation of government grants
c	Phone solicitations	g
d	I ✓ In-person solicitations	
2a	Did the organization have a written or oral agreem or key employees listed in Form 990, Part VII) or services?	ent with any individual (including officers, directors, trustees entity in connection with professional fundraising Yes No
b	If "Yes," list the ten highest paid individuals or er to be compensated at least \$5,000 by the organi	tities (fundraisers) pursuant to agreements under which the fundraiser is ation

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol 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 DMW WORLDWIDE LLC 701 LEE RD CHESTERBROOK, PA 19087	CONSULTING, DIRECT MAIL AND DATA ANALYSIS		No	527,380	235,968	291,412
DO NOR CARE CENTER INC 4535 STRAUSSER ST NW NORTH CANTON, OH 44720	TELEMARKETING		No	348,927	155,452	193,475
3						
4						
5						
6						
7						
8						
9						
10						
Total	•		>	876,307	391,420	484,887

³ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, CA, CO, CT, FL, GA, IL, HI, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN,

chedule G	G (Form 990 or 990-EZ) 2015	Pag
Part II	Fundraising Events.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$1	
	fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gro	SS
	receipts greater than \$5,000.	

	receipts greater than \$5,000	/ <u>-</u>			
		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
<u>₹</u>					
Revenue	1 Gross receipts				
ا شا	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
Expenses	7 Food and beverages				
	_				
<u>a</u>	8 Entertainment				
Direct	9 Other direct expenses				
△	10 Direct expense summary Add lines	1 through 9 ın column (d	d)		
	11 Net income summary Subtract line 1	.0 from line 3, column (d)		
Par	t III Gaming.	1 1157 11	5 000 B 171/ I		+4.5.000
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	: 19, or reported moi	re than \$15,000 on
	·		(I-) Dull to be /To a to ut		(1)
Reveirue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gamıng (add col
ĕve					(a) through col (c))
æ	1 Gross revenue				
S					
	2 Cash prizes				
Direct Expense	3 Noncash prizes				
E E	5				
₩.	4 Rent/facility costs				
۵	5 Other direct expenses				
		┌ Yes %	┌ Yes %	厂 Yes%	
	6 Volunteerlabor	□ No	┌ No	┌ No	
	7 Direct expense summary Add lines	2 through 5 in column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9	Enter the state(s) in which the organiza				
а	Is the organization licensed to conduct	gaming activities in ea	ch of these states?) 1es 110
b	If "No," explain				
10a	Were any of the organization's gaming l				 □Yes □No
					, ,
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ)	201

11

Does the organization conduct gaming activities with nonmembers?

Page .

┌Yes ┌No

formed to administer charitable gaming? Tyes No	12	Is the organization a grantor	r, beneficiary or trustee of a trust	or a member of a partnership or other entity	
a The organization's facility b An outside facility 13a 13b 13b 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► 15a 15		formed to administer charita	ble gamıng?		□Yes □No
b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	13	Indicate the percentage of g	aming activity conducted in		
Name	а	The organization's facility			13a %
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No	b	An outside facility		:	.ізь %
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No	14	Enter the name and address	of the person who prepares the c	organization's gaming/special events books an	d records
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name 🟲			
Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No		Address 🟲			
b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$ C If "Yes," enter name and address of the third party Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ►\$ Description of services provided	15a				
amount of gaming revenue retained by the third party C If "Yes," enter name and address of the third party Name Address Address Gaming manager information Name Gaming manager compensation Spaning manager compensation Spaning manager compensation Spaning manager compensation The provided Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Tyes Better the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		revenue?			□Yes □No
C If "Yes," enter name and address of the third party Name Address Address Address Gaming manager information Name Gaming manager compensation Superior Supe	b	If "Yes," enter the amount o	f gaming revenue received by the	e organization 🕨 \$ and t	he
Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$		amount of gaming revenue re	etained by the third party 🟲 \$		
Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor The manager companization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	c	If "Yes," enter name and add	dress of the third party		
Supplemental Information Supplemental Information Supplemental Information Supplemental Information Part IV Supplemental Information Provide the explanations required by Part I, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		Name 🟲			
Name Gaming manager information Name Gaming manager compensation \$ Description of services provided					
Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	16				
Description of services provided Director/officer		Name 🕨			
Director/officer					
If Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? If yes No Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		Description of services prov	ıded		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer	☐ Employee	☐ Independent contractor	
retain the state gaming license? Test No	17	Mandatory distributions			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	а	Is the organization required	under state law to make charitab	ole distributions from the gaming proceeds to	
In the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		retain the state gaming licer	ıse?		┌Yes ┌No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	b	Enter the amount of distribut	tions required under state law dis	stributed to other exempt organizations or spen	t
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		ın the organization's own exe	empt activities during the tax yea	ar ⊳ \$	
<u>'</u>	Pai	Part III, lines 9, 9b	o, 10b, 15b, 15c, 16, and 17b		
		Return Reference		Explanation	
Schedule G (Form 990 or 990-EZ) 2				Schedule	e G (Form 990 or 990-EZ) 2015

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Schedule I | 0 | 0 | 0 |

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

tes

2015

OMB No 1545-0047

DLN: 93493299008256

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Attach to Form 990.

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

terrar revenue service							
ame of the organization HE FOUNDATION FOR A CHF	PISTIAN					Employer identific	cation number
IVILIZATION INC	CISTIAN					23-7325778	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization mainstrain the selection criteria used Describe in Part IV the organization.	to award the grants ganızatıon's procedu	or assistance? res for monitoring the i		United States		·	ר Yes ΓNα
			<mark>omestic Governments.</mark> (dditional space is needd		ızatıon answered "Yes" o	on Form 990, Part IV, line	≥ 21, for any recipient
(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) ST LOUIS DE MONTFORT ACADEMY INC PO BOX 787 ROSSVILLE,KS 66533	23-2821348	501(C)(3)	252,330				GENERAL SUPPORT FOR EDUCATION AND RELIGIOUS PROGRAMS
						Í	
						1	
							+
Enter total number of sectEnter total number of othe		_				. .	1

Schedule I	(Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) STIPENDS TO PRIESTS FOR MASSES	11	6,100			
Part IV Supplemental Informat	Droude the infe	rmation required in D	art I line 2 Dart III	column (b) and any other	additional information

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
•	AUDITED FINANCIAL AND NARRATIVE REPORTS DESCRIBING THE USE OF GRANT FUNDS FOR THE PURPOSES OF THE GRANT ARE
	REQUIRED FOR ORGANIZATIONS THAT ARE NOT RECOGNIZED AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) THESE REPORTS ARE NOT REQUIRED FOR ORGANIZATIONS THAT ARE RECOGNIZED AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3)

Schedule I (Form 990) 2015

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DLN: 93493299008256

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

2015

Department of the Treasury Internal Revenue Service

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

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THE FC	e of the organization FOUNDATION FOR A CHRISTIAN IZATION INC										Employer identification number							
civiliz Part		ss Benefi	t Tra	ansaction	S (section	501(c)(3) so	ection 501(c)	(4), and 501(d		3-732 organi		only)						
ar c					red "Yes" o	n Form 990,	Part IV, line 2	25a or 25b, or	Form 9				40b					
1	(a) Nam	ie of disqualif	ied p	erson	(b) Re	elationship between disqualified person and organization			d (4	•	cription		(d) Corr	ected				
						Or	ganization			tran	saction		Yes	No				
														_				
												-						
2 F	nter the a	mount of tax	ıncıı	rred by orda	ınızatıon ma	anagers or dis	caualified ners	ons during the	Vear	under	section	•						
							•		. ,		> \$							
3 E	nter the a	mount of tax	, ıf ar	ny, on line 2	, above, rei	mbursed by tl	he organizatio	n			> \$							
			-			·	_											
Part		ans to and					0 53 5	l 20 F.		0 D-	T. ()							
						" on Form 99 90, Part X, lin		line 38a, or Fo	orm 99	o, Pai	rt IV, IIr	1e 26, 0	rifthe					
		<u>'</u>				, , , , , , , , , , , , , , , , , , ,												
• •	lame of rested			(d) Loan or from th		(e)Original principal	(f) Balance due	(g) defa		Appro		(i)Wrı agreen						
	rson				on	loan	organizatio		amount	due	ueia	uitr	by boa		agreen	ientr		
											committee?							
					То	From			Yes	No	Yes	No	Yes	No				
							1							 				
						1								+-				
														_				
						1							+	┼				
						+	+						1	\vdash				
otal				▶ \$														
art I	iii Gra	nts or Ass	sista		efitina Tr	iterested F	Persons											
								rt IV, line 27										
(a)	Name of ı	nterested		Relationshi		(c) A mount	of assistance	e (d) Type	ofassı	stanc	e (e)	Purpos	e of ass	ıstanc				
	perso	n	ınte	rested pers organiza														
				Organiza	LIOII													
											_							
			l															

Part IV Business Transactions					
Complete if the organizati	<u>on answered "Yes" on </u>	<u>Form 990, Part IV, lır</u>	<u>ie 28a, 28b, or 28c.</u>		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) ANNE L DRAKE	FAMILY MEMBER OF DIRECTOR	14,162	EMPLOYEMENT		No
(2) CHARLES M DRAKE	FAMILY MEMBER OF DIRECTOR	52,400	EMPLOYEMENT		No
(3) WILLIAM G DRAKE	FAMILY MEMBER OF DIRECTOR	32,874	EMPLOYEMENT		No
(4) JOHN E RITCHIE	FAMILY MEMBER OF DIRECTOR	31,440	EMPLOYEMENT		No
(5) KEVIN E RITCHIE	FAMILY MEMBER OF DIRECTOR	13,713	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493299008256

OMB No 1545-0047

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

Name of the organization THE FOUNDATION FOR A CHRISTIAN CIVILIZATION INC **Employer identification number** 23-7325778

Return Reference	Explanation
FORM 990, PART I, LINE 6, EXPLANTION OF VOLUNTEER ESTIMATE	APPROXIMATELY 45 FULL-TIME VOLUNTEERS OVER 100 PEOPLE VOLUNTEERED FOR ONE TO TWO WEEK PERIODS MAKING CALLS TO RECRUIT ROSARY RALLY CAPTAINS AT THE VOLUNTEER CENTER MANY OTHERS VOLUNTEER ON A PART-TIME BASIS THROUGHOUT THE YEAR
FORM 990, PART VI, SECTION A, LINE 2	ANTONIO FRAGELLI AND LUIZ ANTONIO FRAGELLI - FAMILY RELATIONSHIF
FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION IS NON-PROFIT ORGANIZATION WITH CORPORATE MEMBERS THERE IS ONLY ONE CLASS OF MEMBERS THE MEMBERS ANNUALLY ELECT THE BOARD OF DIRECTORS AND MAY ACCEPT NEW MEMBERS O R REMOVE MEMBERS THEY MAY ALSO REMOVE DIRECTORS AND OFFICERS A MAJORITY OF THE MEMBERS M AY AMEND THE BYLAWS OF THE ORGANIZATION MEMBERS ARE PROHIBITED FROM SHARING IN CORPORATE EARNINGS
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS IS ELECTED BY THE CORPORATE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	PER NEW YORK STATE LAW, THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO SIGN OFF ON THE DISSOLUTION OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11	THE TREASURER PREPARES THE FORM 990, AND A FINAL COPY OF THE 2015 FORM 990 WAS PROVIDED TO EACH BOARD MEMBER THE BOARD OF DIRECTORS WILL REVIEW THE 990 AT ITS MONTHLY MEETING IN D ECEMBER
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICTS OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, AND THEIR FAMILY MEMBERS THE BOARD OF DIRECTORS MAKES THE DETERMINATION IF A CONFLICT OF INTEREST EXISTS AND REVIEWS A CTUAL CONFLICTS A MEMBER OF THE BOARD WHO RECEIVED COMPENSATION FROM THE FOUNDATION FOR S ERVICES IS PRECLUDED FROM DISCUSSING AND VOTING ON MATTERS PERTAINING TO THE COMPENSATION OF OTHER VOTING MEMBERS OF THE BOARD OF DIRECTORS A EACH DIRECTOR ANNUALLY SIGNS A STATE MENT AFFIRMING THEY HAVE RECEIVED COPY OF THE CONFLICTS OF INTEREST POLICY, READ AND UNDER STOOD IT, AGREE TO COMPLY, AND UNDERSTANDS THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES B THE BOARD ANNUALLY REVIEWS IF COMPENSATION AGREEMENTS AND BENEFITS ARE REASONABLE WHETHER TRANSACTIONS AND/OR ARRANGEMENTS WITH INTER ESTED PERSONS CONFORM TO THE CONFLICTS OF INTEREST POLICY, AND WHETHER AGREEMENTS WITH OTH ER CHARITABLE ORGANIZATIONS, EMPLOYEES, AND THIRD PARTY PAYORS FURTHER THE FOUNDATIONS CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT
FORM 990, PART VI, SECTION B, LINE 15 FORM 990, PART VI, SECTION	THE FOUNDATION'S PRESIDENT IS A FULL-TIME VOLUNTEER NO DOCUMENTS AVAILABLE TO THE PUBLIC
C, LINE 19	INO DOCUMENTO AVAILABLE TO THE FOOLIG

► Attach to Form 990.

DLN: 93493299008256

SCHEDULE R (Form 990)

Name of the organization THE FOUNDATION FOR A CHRISTIAN

Department of the Treasury

Internal Revenue Service

CIVILIZATION INC

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part 1V, line 33, 34, 35b, 36, or 37.

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

2015

Employer identification number

23-7325778

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(a)	(b)	(c)	(d)	(e)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	(c) Legal domicile (state or foreign country)	Total income	End-of-yea	assets	Direc	ct controlling entity		
Part II Identification of Related Tax-Exempt Organizations dur	ing the tax year.			n Form 9	990, Part	IV, line			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec		(e) lic charity sta ection 501(c)		(f) Direct controlling entity	Section (13) co ent	ntroll ity?
1)WESTERN HEMISPHERE CULTURAL SOCIETY INC 358 JEFFERSON ROAD	SUPPORTING ORGANIZATION	NY	501(C)(3) LINE 11		LINE 11A, I			Yes	No No
SPRING GROVE, PA 17362 .3-3171782						N/	'A		
2)ST LOUIS DE MONTFORT ACADEMY INC O BOX 787	BOARDING SCHOOL	PA	501(C)(3)	LINE	2	N/	/Δ		No
						'''			$oxed{oxed}$
ROSSVILLE, KS 665330787 23-2821348									1
ROSSVILLE, KS 665330787 23-2821348									
ROSSVILLE, KS 665330787 23-2821348									
ROSSVILLE, KS 665330787 23-2821348									
ROSSVILLE, KS 665330787 23-2821348									

Jenedale IV (1 0111 330 y 2013										raye
	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.										
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(F
	Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disproprtionate	Code V-UBI	General or	Percei
	related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocations?	amount in box	managing	owne
			(state or	entity	unrelated,		assets		20 of	partner?	

Name, add related	lrèss, and EIN of organization		Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	total income	Share of total income	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ations?	e Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		or Percentage g ownership					
					311,			Yes	No		Yes	No									
		_	_						·				_								

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

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

Part V	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?				
a Rece	ipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No
b Gıft,	grant, or capital contribution to related organization(s)				1b	Yes	
c Gıft,	grant, or capital contribution from related organization(s)				1c	Yes	
d Loan	s or loan guarantees to or for related organization(s)				1d		No
e Loan	s or loan guarantees by related organization(s)				1e		No
f Divid	ends from related organization(s)				1f		No
g Sale	of assets to related organization(s)				1 g		No
h Purc	nase of assets from related organization(s)				1h		No
i Exch	inge of assets with related organization(s)				1i		No
j Leas	of facilities, equipment, or other assets to related organization(s)				1j		No
k Leas	e of facilities, equipment, or other assets from related organization(s)				1k		No
I Perfo	mance of services or membership or fundraising solicitations for related organization(s) $oldsymbol{.}$				11	Yes	
m Perfo	mance of services or membership or fundraising solicitations by related organization(s) $oldsymbol{.}$				1m		No
n Sharıı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Shar	ng of paid employees with related organization(s)				10	Yes	
p Reim	bursement paid to related organization(s) for expenses				1 p		No
q Reim	bursement paid by related organization(s) for expenses				1q		No
r Othe	transfer of cash or property to related organization(s)				1r		No
s Othe	r transfer of cash or property from related organization(s)				1s		No_
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ır	nvolved	
1)ST LOUIS	DE MONTFORT ACADEMY INC	В	252,330	CASH			

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

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
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Part VII Supplemental Information

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

Return Reference Explanation

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