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Form **990**

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

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

▶ 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

A	For the	2015 calendar year, or tax year beginning OCT 1, 2015 and	ending J	<u>UN 30, 2016</u>				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	FAMILY RESEARCH COUNCIL ACTION						
	Name change			52-1	805562			
	inrtial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
Final return/		801 G STREET	(202					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	860,129.			
	Amend	WASHINGTON, DC 20001		H(a) is this a group re				
L	Application pendin	F Name and address of principal officer: ANTHONI FERRINS		for subordinates	? Yes X No			
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status. 501(c)(3) X 501(c) (4) ◀ (Insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)			
		e: FRCACTION.ORG	1	H(c) Group exemptio				
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1992] N	A State of legal domicile: DC			
y wry		<u> </u>	UCATE	THE PUBLIC	ON			
Governance	<u> </u>	TRADITIONAL FAMILY VALUES.	JOCALD	THE PODEIC	ON .			
Ę	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
Ž	<u> </u>	Number of voting members of the governing body (Part VI, line 1a)		3	7			
		Number of independent voting members of the governing body (Part VI, line 1b)		<u>4</u>	6			
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	0			
Ž	6	Total number of volunteers (estimate if necessary)		6	7			
Ą	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	·	7b	0.			
		Contributions and grants (Part VIII Inc. 1b)	. ⊢	Prior Year 1,508,683.	Current Year 857,646.			
9	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	7	0.	057,040.			
Revente	10	Program service revenue (Part VIII, line 2g)		314.	413.			
ă	11 8	Other revenue (Part VIII, column (A), lines 5, 4d, active of and 1/e) () 9 2016		300.	2,070.			
			ήĢ)—	1,509,297.	860,129.			
_	13	Grants and similar amounts paid (Part IX, column (A), line (3) CEN, UT	J&	3,038.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
u	1 45 1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	103,460.			
Fynansas	16a	Professional fundraising fees (Part IX, column (A), line 11e)		12,507.	22,062.			
Š	<u>В</u>	Total fundraising expenses (Part IX, column (D), line 25) 56,96	<u> 1.</u>	en ei ei oftan	a tia fa# f i i i i			
ű] 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,407,311.	638,007.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,422,856.	763,529.			
		Revenue less expenses. Subtract line 18 from line 12		86,441.	96,600.			
S Of	Second		Be	ginning of Current Year	End of Year			
ssets	rd .	Total assets (Part X, line 16)	·	455,251.	590,263.			
et As	9	Total liabilities (Part X, line 26)	<u> </u>	270,266.	308,678.			
ã	7 22 O	Net assets or fund balances. Subtract line 21 from line 20		184,985.	281,585.			
_								
		ties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is			
<u> </u>	5, 00/100	A A 1	ıcıi bi ehai ei i	nas any knowledge.				
Sig	ın İ	Signature of officer lauch		Date				
He		$\mathbf{r} = \mathbf{r} + \mathbf{r} + \mathbf{r}$	ISTRAT	PION Date 1/3/1/	•			
		Type or print name and title						
		Print/Type preparer's name Preparer's signature //		Date Check	PTIN			
Print/Type preparer's name Paid DEBORAH G. KOSNETT Print/Type preparer's name Preparer's signature DEBORAH G. KOSNETT Print/Type preparer's name Preparer's signature DEBORAH G. KOSNETT Print/Type preparer's name Preparer's signature Date Check Print/Type preparer's name Preparer's signature DEBORAH G. KOSNETT								
	· 1	Firm's name TATE AND TRYON		Firm's EIN ▶	52-1855942			
Use	Only	Firm's address 2021 L STREET, NW SUITE 400						
_	WASHINGTON, DC 20036 Phone no. (202) 293-2200							
		S discuss this return with the preparer shown above? (see instructions)	_		X Yes No			
532	001 12-16	-15 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2015)			

	1990 (2015) FAMILY RESEARCH COUNCIL ACTION 52-1805562	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
•	FRC ACTION SUPPORTS:	
	1. CONSTITUTIONAL AND LEGAL PROTECTIONS FOR LIFE IN ALL STAGES FROM	
	CONCEPTION TO NATURAL DEATH.	
	2.PREFERENCE IN PUBLIC POLICIES FOR HETEROSEXUAL MARRIAGE AND THE	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
		-
	revenue, if any, for each program service reported. (Code) (Expenses \$ 55,738 • including grants of \$) (Revenue \$	
4a	(Code) (Expenses \$	 /
		16
	TEACHINGS OF THE BIBLE THAT IT WOULD BE DIFFICULT TO SUPPORT THEM IF	
	FAITH IN THESE TEACHINGS WOULD CEASE TO BE PRACTICALLY UNIVERSAL IN (OUR
	COUNTRY."	
	CALVIN COOLIDGE, 30TH PRESIDENT OF THE UNITED STATES OF AMERICA	
	OVERVIEW:	
	FOUNDED IN 1992, FRC ACTION IS THE NON-PROFIT AND TAX-EXEMPT	
	LEGISLATIVE ACTION ARM OF FAMILY RESEARCH COUNCIL. ITS MISSION IS TO	<u> </u>
	EDUCATE BOTH THE GENERAL PUBLIC AND CULTURAL LEADERS ABOUT TRADITIONAL	AL.
	AMERICAN VALUES AND TO PROMOTE THE PHILOSOPHY OF THE FOUNDING FATHERS	
	CONCERNING THE NATURE OF ORDERED LIBERTY.	
4b	F1 150	
40	(Code) (Expenses \$	
	FRC ACTION UNDERSTANDS THAT IN ORDER TO GET AMERICA BACK ON THE RIGHT	
	TRACK, WE NEED STRONG PRO-FAMILY CONSERVATIVES IN CONGRESS AND THE	
	STATES. THERE WERE A NUMBER OF RACES FRC ACTION WORKED TO IMPACT	
	THROUGH ADS, ENDORSEMENTS, AND GRASSROOTS MOBILIZATION. FRC ACTION PA	\ <u>C</u>
		<u>1C</u>
	ENDORSED AND SUPPORTED A NUMBER OF CANDIDATES AND FRC ACTION MOUNTED	
	"GET OUT THE VOTE" EFFORTS.	
	THE ENTIRE NATION WATCHED IN DISBELIEF LAST YEAR WHEN THE "HOUSTON	
	FIVE" PASTORS HAD THEIR SERMONS AND OTHER PRIVATE COMMUNICATIONS	
	SUBPOENAED BECAUSE THEY STOOD UP TO MAYOR PARKER'S RADICAL PROPOSAL A	AND
	PETITIONED FOR A RIGHT TO VOTE ON IT.	
4c	(Code) (Expenses \$ 46,555. including grants of \$) (Revenue \$)
	VALUE VOTER SUMMIT:	
	CNN HAS NAMED OUR ANNUAL VALUES VOTER SUMMIT (VVS) "ONE OF THE	
	CONSERVATIVE MOVEMENT'S MARQUEE ANNUAL EVENTS" AND SEAN HANNITY CALLS	3D
	IT "THE PREMIER CONSERVATIVE EVENT NOW IN THE COUNTRY."	
	THE 2015 VVS SAW OVER 2,700 PEOPLE ATTEND. IT INCLUDED A DYNAMIC LINE	3
	UP OF OVER 110 SPEAKERS AND ATTRACTED OVER 210 REPORTERS. SPEAKERS	
	INCLUDED SEN. MARCO RUBIO, SEN. TED CRUZ, DONALD TRUMP, DR. BEN CARSO	ON .
	BRIGITTE GABRIEL, STAR PARKER, DAVID DALEIDEN AND MANY OTHER NATIONAL	
	RECOGNIZED CONSERVATIVE LEADERS.	
	VECOCUTEED COMPERANTIAE REWNERS.	
	THE ETGGAL VEAD 2016 EDG AGETON'S MEAN MOINTED AN INCREASED REPORT OF	
	IN FISCAL YEAR 2016, FRC ACTION'S TEAM MOUNTED AN INCREASED EFFORT TO	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 418,826. including grants of \$) (Revenue \$ 2,070.)	
<u>4e</u>	Total program service expenses ► 572,275.	
	Form 9	90 (2015)

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SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2015)

17 X

16

18

X

Х

17

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

complete Schedule G. Part III

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

Eal	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 17 if "Yes," complete Schedule I, Parts I and II	21		$_{X}$
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
4	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			
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	-	
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	255		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
		27		x
	of any of these persons? If "Yes," complete Schedule L, Part III	21		 ^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ľ	
_	instructions for applicable filing thresholds, conditions, and exceptions)	200	i	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30	 	^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	ŀ	х
	If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	000		x
	Schedule N, Part II	32	 	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		^
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	X	₩
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	X
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	-	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	—	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Har				—-
	Check if Schedule O contains a response or note to any line in this Part V		T	
_		3	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	 		
_	· · · · · · · · · · · · · · · · · · ·	~	ļ ·	
С		10	x	
0-	(gambling) winnings to prize winners?	1	+	
Za	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	o	1	
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		╅~~	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	t	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 52		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country		1	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b		5b		X
С	1	5c		
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the page 10 may 1	ayor? 7a	↓	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	₩	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	┼	—
d				
e		7e	┼	₩
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+	—
g			+-	\vdash
h		-C? 7h	+	\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		i '
9	sponsoring organization have excess business holdings at any time during the year?	-	+	
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b	T	
10	Section 501(c)(7) organizations. Enter			
a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,
b				l
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	4	$oxed{oxed}$
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	$+\!-$	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	┿	↓ —
	Note. See the instructions for additional information the organization must report on Schedule O]
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1
	organization is licensed to issue qualified health plans	\longrightarrow	1	
c		- 	+-	X
14a		14a		+^-
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	m 990	(2015)
		1 01	255	(EU 10)

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FAMILY RESEARCH COUNCIL ACTION 52-1805562 Form 990 (2015) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions ĪΫ Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management				144
566	and Management			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	7[103	140
14	If there are material differences in voting rights among members of the governing body, or if the governing				l .
	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	6			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any				
2		other	2		х
_	officer, director, trustee, or key employee?		-		
3	Did the organization delegate control over management duties customarily performed by or under the direct support of a transfer of the control over management duties customarily performed by or under the direct support	pervision	ا ۽		х
	of officers, directors, or trustees, or key employees to a management company or other person?	- 10	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ea,	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	}	_	Х	
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	or	_		.
	more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	rs, or			v
_	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the very bound of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the very bound of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the very bound of the organization contemporate the properties of the organization contemporate the organization	lowing:		7,7	'
а	The governing body?		_8a	X	
b	Each committee with authority to act on behalf of the governing body?	-	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	e	_		37
500	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	L	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	de.)		V	Na
40-	Did the american have lead shorters branches as afflicted?	Г	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff	filiatas	10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	illiates,	10b		
11a		ling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		114		
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13		12a	х	
u		٠,	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." descri		122		
_	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?	ľ	13	Х	
14	Did the organization have a written document retention and destruction policy?	Ì	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	х	
b	Other officers or key employees of the organization	ľ	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ľ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		- 1		
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ, AR, CT, FL, HI, KY,	MA, MN, NH,	NJ,	NM,	NY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s only) av	aılable)	
	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedi	ule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the control of the conflict of the conf	erest policy, and f	ınancı	al	
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords 🕨		_	

PAUL TRIPODI - (202) 393-2100

801 G STREET, NW, WASHINGTON, DC 20001

SEE SCHEDULE O FOR FULL LIST OF STATES

Rart VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **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 tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	n nor any related o	d organization compensat					sate	sated any current officer, director, or trustee				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one box, unless person is both an		one	Reportable	Reportable	Estimated					
	hours per			box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	\vdash	er an	a a a	recto	i/uus	100)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	Đ TO	e e			zated	ł	organization	(W-2/1099-MISC)	from the		
	related organizations	ustee	trust		8	ineu:	ł	(W-2/1099-MISC)		organization and related		
	below	ual tr	hona		yoloy	t con	٦			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		·	Organizations		
ANTHONY PERKINS	11.30											
PRESIDENT/CEO/CHAIRMAN	28.70	Х		X				67,280.	171,443.	13,637.		
PHIL BURRESS	2.00							İ				
DIRECTOR	0.00	X						0.	0.	0.		
JEFFREY ARMOUR	2.00											
DIRECTOR	0.00	X					L	0.	0.	0.		
LARRY SMITH	2.00]						
DIRECTOR	0.00	Х					_	0.	0.	0.		
TOM SHIELDS	2.00							_	_	_		
DIRECTOR		Х	Ш				_	0.	0.	0.		
BRIAN PHARRIS	2.00							_	_	_		
DIRECTOR	0.00	X			_	_	_	0.	0.	0.		
MARK SMITH	2.00	l							_	_		
DIRECTOR	0.00	Х					<u> </u>	0.	0.	0.		
STEVEN REED	2.00	Į	ļ				1	_	_	_		
SECRETARY	2.00			X	_	L		0.	0.	0.		
WILLIAM BOYKIN	4.50	ļ								_		
EXECUTIVE VICE PRESIDENT	35.50	<u> </u>	L_	X			<u> </u>	22,400.	175,192.	0.		
PAUL TRIPODI	2.40	ļ	'					0.660	404 000	00 000		
VP - ADMINISTRATION, TREASURER	37.60		<u> </u>	X	ļ	-	<u> </u>	8,660.	134,993.	27,863.		
DOUGLAS GILLQUIST	1.60	ļ			ŀ			- 400	100 010	06 504		
VP - DEVELOPMENT	38.40		_	X	├-	⊢	<u> </u>	5,120.	123,013.	26,794.		
GIL MERTZ	6.20		ĺ '		ĺ	ĺ.,		00.500	112 140	10 000		
ASSISTANT TO THE PRESIDENT	33.80	<u> </u>	┝	_		X		20,600.	113,149.	18,900.		
BRADLEY PIKKAART	0.60	ļ			ŀ			1 770	110 700	25 270		
SENIOR DIRECTOR - IT	39.40	_	<u> </u>	<u> </u>	┝	X	-	1,778.	110,700.	25,878.		
		ł										
		\vdash	\vdash	H	\vdash	-	-					
			L		L							
										<u> </u>		
		\vdash	<u> </u>	-	\vdash	├	\vdash					
	<u> </u>	1	1		ľ		ł	1		ı		
						1		1				

532007 12-16-15

532008 12-16-15

Form	า 99	0 (2		LY RESEAR	CH COUNC	L ACTION		52-180	5562 Page 9
Pa	rt V	/III	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
تَ ق			Fundraising events	1c					
ifts			Related organizations	1d					
2 2			Government grants (contribut						
Sig			All other contributions, gifts, gran						
iti Per		•	similar amounts not included abo	, I	857,646.				
O 를			Noncash contributions included in lines						
e d		_	Total. Add lines 1a-1f	1a-11 p		857,646.			
<u> </u>			Total: Add lines 1a-11		Business Code	007,70200			
•	,	а			Busiliess Code				
Program Service Revenue									
že,								·	
E S		C							
gra Re		d		-	_				
ro		e	All all						
-		f	All other program service reve	enue		·			
_			Total. Add lines 2a-2f				·····	***	
	3		Investment income (including	aiviaenas, intere		413.			413.
			other similar amounts)		>	413.			413.
	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties		P				
			_	(i) Real	(ii) Personal				}
	6		Gross rents			·			
			Less rental expenses		ļ				
			Rental income or (loss)		l				
			Net rental income or (loss)		_				
	7	а	Gross amount from sales of	(i) Securities	(ıı) Other				
			assets other than inventory						
		þ	Less cost or other basis						
	ŀ		and sales expenses		_				
		С	Gain or (loss)	<u> </u>	L				
	l	d	Net gain or (loss) -						
ē	8	а	Gross income from fundraisin		}				
enc	ŀ		including \$	of					
ě			contributions reported on line	1c) See					
Other Revenue	1		Part IV, line 18	a					
돌			Less direct expenses	b			i i		
_	l		Net income or (loss) from fund						
	9	а	Gross income from gaming a	ctivities See					
			Part IV, line 19	а					
			Less direct expenses	b					
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less	returns					1
	l		and allowances	а	<u></u>				1
	1		Less cost of goods sold	b	L				
	<u> </u>	С	Net income or (loss) from sale		,▶	- <u></u> -			
	<u> </u>		Miscellaneous Revenu		Business Code				
	11	а	MICELLANEOUS RE	EVENUE	900099	2,070.	2,070.		
		b							ļ
	1	C			<u> </u>				
		đ	All other revenue						
	l	е	Total. Add lines 11a-11d		▶ :	2,070.			

413.

Total revenue. See instructions.

2,070.

Form 990 (2015) FAMILY RESEARCH COUNCIL ACTION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3.	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	103,460.	63,187.	32,879.	7,394.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				_
11	Fees for services (non-employees)				
а	Management	20 762	22 446	4 (02	2 624
	Legal	39,762.	32,446. 52.	4,692.	2,624.
	Accounting	12,601.	54.	12,549.	
d	Lobbying	22 062			22 062
е	Professional fundraising services. See Part IV, line 17	22,062.			22,062.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	215 005	100 072	10,164.	5,849.
	column (A) amount, list line 11g expenses on Sch O.)	215,085. 2,166.	199,072. 2,166.	10,104.	3,043.
12	Advertising and promotion	33,853.	20,442.	13,408.	3.
13	Office expenses	33,033.	20,332.	13,400.	
14	Information technology		_		<u> </u>
15	Royalties	-			
16	Occupancy	14,834.	14,834.		 -
17	Travel	14,034.	14,034.		-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	10,000.	10,000.		
19 20	Interest	20,0000			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,339.		1,339.	
24	Other expenses, Itemize expenses not covered	,	**	,	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DROCECTNO CERTITORO	171,939.	105,011.	54,640.	12,288.
b	DUDI TOUTNO	76,050.	71,714.	743.	3,593.
C	POSTAGE & FREIGHT	52,333.	49,088.	700.	2,545.
d	TOTITO MATURE C DENIENT C	4,340.	3,975.	174.	191.
	All other expenses	3,705.	288.	3,005.	412.
25	Total functional expenses. Add lines 1 through 24e	763,529.	572,275.	134,293.	56,961.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

532010 12-16-15

Part		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	375,16		563,385
	3	Pledges and grants receivable, net		3	
Į	4	Accounts receivable, net	20,09	1. 4	
	5	Loans and other receivables from current and former officers, dire			
ŀ		trustees, key employees, and highest compensated employees. C	omplete		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as de			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	-		
ŀ		employers and sponsoring organizations of section 501(c)(9) volume			
ا ب		employees' beneficiary organizations (see instr) Complete Part II of	of Sch L	6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,42	l. 9	26,421
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			1
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	4.5.5
	15	Other assets See Part IV, line 11	33,57		457
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	455,25		590,263
	17	Accounts payable and accrued expenses	266,06	17	91,672
	18	Grants payable		18	045 005
	19	Deferred revenue	4,20) 19	217,006
	20	Tax-exempt bond liabilities		20	5
	21	Escrow or custodial account liability Complete Part IV of Schedule		21	
န္	22	Loans and other payables to current and former officers, directors			
≝		key employees, highest compensated employees, and disqualified	persons	[,	
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related t			
- 1		parties, and other liabilities not included on lines 17-24). Complete	Part X of		
		Schedule D	270 26	25	200 670
	26	Total liabilities. Add lines 17 through 25	270,26	5 • 26	308,678
		Organizations that follow SFAS 117 (ASC 958), check here ▶	X and		
es		complete lines 27 through 29, and lines 33 and 34.	104.00	_ _	201 505
<u>ا</u> ۾	27	Unrestricted net assets	184,98		281,585
<u> </u>	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check h	ere 🟲 🔛		
9		and complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other fur		32	201 FOF
	33	Total net assets or fund balances	184,98		281,585
	34	Total liabilities and net assets/fund balances	455,25	1. 34	590,263

Form	990 (2015) FAMILY RESEARCH COUNCIL ACTION	52-18055	5 <u>62</u>	Page	_e 12
Pa	rt XI Reconciliation 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	860		
2	Total expenses (must equal Part IX, column (A), line 25)	2	763		
3	Revenue less expenses Subtract line 2 from line 1	3		,60	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184	,98	55.
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	ł			
	column (B))	10	281	<u>,58</u>	<u> 5.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		r		Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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?	ļ	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a		İ	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	}			
b	Were the organization's financial statements audited by an independent accountant?	ļ	2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to	pasis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?].	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	e Audit		ļ	
	Act and OMB Circular A-133?].	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	9 90 (2	2015)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of organization

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

2015
Open to Public Inspection

Employer identification number

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

Section 501(c)(4), (5), or (6) organizations Complete Part III

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

FAMILY	RESEARCH COUNCIL A	CTION		52-1805562
Part I-A Complete if the org	anization is exempt under	section 501(c) or	is a section 527 org	janization.
 Provide a description of the organiz Political expenditures Volunteer hours 	ation's direct and indirect political o	campaign activities in l	Part IV ▶\$	
Part I-B Complete if the org	anization is exempt under	section 501(c)(3)	•	
1 Enter the amount of any excise tax	incurred by the organization under	section 4955	▶\$	
2 Enter the amount of any excise tax			▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 foi	this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
<u>_</u>	anization is exempt under			<u>(3).</u>
1 Enter the amount directly expended	I by the filing organization for section	on 527 exempt function	n activities > \$	
2 Enter the amount of the filing organ	ization's funds contributed to other	organizations for sect		
exempt function activities			▶\$	
3 Total exempt function expenditures	Add lines 1 and 2 Enter here and	on Form 1120-POL,		
line 17b			▶\$	
4 Did the filing organization file Form				Yes No
5 Enter the names, addresses and en made payments For each organiza contributions received that were pro- political action committee (PAC) If	tion listed, enter the amount paid fi comptly and directly delivered to a s	om the filing organizat	non's funds Also enter the ization, such as a separate	amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
FRC ACTION POLITICAL	WASHINGTON, DC			
ACTION COMMITT	20001	26-2871441	0.	0.
	HAYMARKET, VA			
	20169	27-0159860	0.	0.
FAITH FAMILY FREEDOM	_			
	20001	27-3573470	0.	0.
	P.O. BOX 10188	08 0486065	_	
	BEDFORD, NH 03110	27-3476300	0.	0.
	P.O. BOX 10188	00 040666	_	
PAC	BEDFORD, NH 03110	27-3476068	0.	0.

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15 SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2015 F. Part II-A Complete if the organ section 501(h)).	AMILY RESE	EARCH COUNCI mpt under section	L ACTION n 501(c)(3) and file	52-: d Form 5768 (e	1805562 Page 2 lection under
	on helongs to an aff	filiated group (and list in	Part IV each affiliated	aroup member's nan	ne address FIN
expenses, and share	_		Traitive aon amiliated ;	group momber onan	10, 434.555, 2111,
. — ' '	, ,	and "limited control" pro	vicione anniv		
Limits	on Lobbying Expe	·		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(orass roots lobbying)			
b Total lobbying expenditures to influe	•				·
-	-	dy (direct lobbying)	1	-	
· · · · ·	s ra and rb)				·
d Other exempt purpose expenditures		.n	ļ		
e Total exempt purpose expenditures (
f Lobbying nontaxable amount Enter			11		
If the amount on line 1e, column (a) or (bbying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500	· · · · ·	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	0,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
				·····	
g Grassroots nontaxable amount (ente	•		-		
h Subtract line 1g from line 1a If zero			•		
i Subtract line 1f from line 1c If zero o			Į		
j If there is an amount other than zero		line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this ye					Yes No
(Some organizations tha	t made a section 5	veraging Period Under 501(h) election do not rate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 FAMILY RESEARCH COUNCIL ACTION 52-1805562 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)			
of the lobbying activity	Yes	No	Amo	ount		
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						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>				
c Media advertisements?						
d Mailings to members, legislators, or the public?		_				
 Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? 						
Declaration of the state of the						
g Direct contact with legislators, their starts, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-		
i Other 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?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tion			
			Yes	No		
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is		
Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical					
expenses for which the section 527(f) tax was paid).		1				
a Current year		2a				
b Carryover from last year		2b				
c 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 ex						
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				
Part IV Supplemental Information	n liet) Dert II	A lines 1 s	nd 2 (aaa			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounstructions), and Part II-B, line 1 Also, complete this part for any additional information	p lisy, Part II	-A, illies i a	nu z (see			
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	ORMATIO	ON:				
FRC ACTION POLITICAL ACTION COMMITTEE						
801 G STREET, NW WASHINGTON, DC 20001						
VIRGINIA VALUES VOTERS POLITICAL ACTION COMMITTEE						
5501 MERCHANTS VIEW SQ #736 HAYMARKET, VA 20169						
532043	Schedi	ule C (Form	990 or 990	D-EZ) 2015		

10-05-15

Schedule C (Form 990 or 990-EZ) 2015 FAMILY RESEARCH COUNCIL ACTION	52-1805562	Page 4
Schedule C (Form 990 or 990-EZ) 2015 FAMILY RESEARCH COUNCIL ACTION [Part IV] Supplemental Information (continued)		
FAITH FAMILY FREEDOM FUND		
FAITH FAMILIT FREEDOM FOND		
801 G STREET, NW WASHINGTON, DC 20001		
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

▶ Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

FAMILY RESEARCH COUNCIL ACTION

Employer identification number 52-1805562

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fui	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e g , recreation or e	education) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a c	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of wolations, and enforcing conservation a	asements during the year
,	S	and emoreing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(l	3)ጠ
Ü	and section 170(h)(4)(B)(ii)?	o sailery are requirements or eseasin requirement	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements		33
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015

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Sche		RESEARCH CO							05562			
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or (Other S	imila	r Assets	(continu	ed)		
3	Using the organization's acquisition, accessing	on, and other record	s, check a	any of the f	ollowing that a	re a signif	icant u	ise of its c	ollection it	∍ms		
	(check all that apply)											
а	Public exhibition	d	ı □∟∟	oan or excl	hange program	ıs						
b	Scholarly research	е	· 🗌 c	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organization	's exempt	purpo	se in Part	XIII			
5	During the year, did the organization solicit o	r receive donations o	of art, hist	torical treas	sures, or other	sımılar as:	sets		_			
	to be sold to raise funds rather than to be ma								Yes	No		
Par	t IV Escrow and Custodial Arran	-	ete if the	organızatıoı	n answered "Y	es" on Fo	rm 990), Part IV, I	ine 9, or			
	reported an amount on Form 990, Pai								_			
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for co	ontributions	s or other asset	ts not incl	uded		7			
	on Form 990, Part X?							L.	」 Yes	L No		
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble								
									Amount			
С	Beginning balance						1c	_				
d	Additions during the year		1d	_								
e	Distributions during the year						1e					
f	Ending balance						1f		7			
	Did the organization include an amount on F						,	L	J Yes	∐ No		
Par	If "Yes," explain the arrangement in Part XIII.											
Fai	t V Endowment Funds. Complete						Throc	voore book	(a) Four v	nore book		
	B	(a) Current year	(b) Pr	or year	(c) Two years	nack [[a]	inree	years back	(e) Four y	ars back		
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
đ	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
1	Administrative expenses											
	g End of year balance											
	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as											
a b	a Board designated or quasi-endowment ►% b Permanent endowment ► %											
	Temporarily restricted endowment											
·	The percentages on lines 2a, 2b, and 2c sho											
32	Are there endowment funds not in the posse	•	ation that	are held an	nd administered	d for the o	rganiz	ation				
- Ou	by						· 3		ſγ	es No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Sc	hedule R?					3b			
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ınds.								
Pai												
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a S	ee Form 990, F	⊃art X, line	e 10	_				
-	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acci	ımulat	ed	(d) Book	/alue		
		basıs (investr	ment)	basis	(other)	depre	ciation					
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
е	Other											
<u>Tota</u>	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X. colum	n (B). line 1	0c.)					<u> </u>		

Schedule D (Form 990) 2015

532053 09-21-15 Schedule D (Form 990) 2015

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Attach to Form 99				1	Open to Public Inspection
Name of the organization	about Schedule G (Form 990 or 990-EZ) and its	instru	ctions is at www.irs.g	<u> </u>	entification number
_	RESEARCH COUNCIL A	ACTIO	N		52-1805	
	Complete if the organization answ			n Form 990, Part IV, I		
required to complete this par	t .			, ,		
1 Indicate whether the organization rais	sed funds through any of the followi	ing activ	ities	Check all that apply.		
a X Mail solicitations			_	overnment grants		
b X Internet and email solicitations	=		-	nment grants		
c X Phone solicitations	g Specia	al fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written	•		-		stees or X Ye	г.
key employees listed in Form 990, F	•			-		·
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		suant to	agree	ements under wnich i	ine fundraiser is to t	oe .
Compensated at least \$5,000 by the	T					•
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by) organization
		contrib	itions?		listed in col (i)	organization
TODD DEXTER & ASSOCIATES		Yes	No			
(TDA) - 3705 STONINGTON	FUNDRAISING		х	410,707.	4,606.	406,101.
MDS COMMUNICATIONS						
CORPORATION - 545 WEST	FUNDRAISING		х	64,507.	16,668.	47,839.
THE RICHARD NORMAN COMPANY -						
44084 RIVERSIDE PARKWAY #350,	FUNDRAISING	-	Х	38,302.	788.	37,514.
						·
	į					
	+					<u> </u>
		+				
				İ		
	<u> </u>					
Total				513,516.	22,062.	491,454.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	It is exempt from re	egistration
or licensing AZ, AR, CT, FL, HI, KY, MA,	MNI NIU NIT NIM NIV NIC	OD D	17 (20 IIM 173 WA	WT CO MO	Tatt 7
AZ, AR, CT, FL, HI, KI, MA,	MN, NH, NO, NM, NI, NC,	UK, E	Α,	C, UI, VA, WA	., WI, CO, MO,	WV
						
<u> </u>		_				
LIIA F. D. D	tion and the Instructions for Form	000	^^		Cabadula O (Causa)	000 az 000 EZI 201E

SEE PART IV FOR CONTINUATIONS

532081 09-14-15

	edu irt	e G (Form 990 or 990-EZ) 2015 FAMILY	RESEARCH COU	NCIL ACTION		1805562 Page 2
Pe	irt i	Fundraising Events. Complete if the of fundraising event contributions and gr			-	
		3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue						
Rev	1	Gross receipts				<u> </u>
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
seuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through			>	
Pa	irt	Net income summary Subtract line 10 from I II Gaming. Complete if the organization	ine 3, column (d) answered "Yes" on Form	990. Part IV. line 19. or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a		, , . ,	•	
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 595	bingo/progressive bingo	(-, gg	col. (a) through col. (c))
Rev	1	Gross revenue				
	Ė					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%		Yes%	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u> </u>	
		ter the state(s) in which the organization condi		etatas?		Yes No
		the organization licensed to conduct gaming a No," explain				fes No
	_					
		ere any of the organization's gaming licenses re Yes," explain	•	• .		Yes No
~	_					
	_	<u>-</u>				
5220	^^ ^	. 44 45			Cahadula C /Eas	m 900 or 900-E71 2015

Sch	edule G (Form 990 or 990-EZ) 2015 FAMILY RESEARCH COUNCIL ACTION 52-	<u> 1805562</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
b	An outside facility	13b	%
14	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?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
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		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	ines 9, 9b, 10	0b, 15b,
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAISER: TODD DEXTER & ASSOCIATES (TDA)		
7 1) NAME OF FORDIAGEN. TODO DENTER & RESOCIATED (1911)		
<u>(I</u>) ADDRESS OF FUNDRAISER: 3705 STONINGTON DRIVE, PLANO, TX 750	93	
_			
<u>(I</u>) NAME OF FUNDRAISER: MDS COMMUNICATIONS CORPORATION		
<u>(I</u>) ADDRESS OF FUNDRAISER: 545 WEST JUANITA AVE, MESA, AZ 85210		
<u>(I</u>) NAME OF FUNDRAISER: THE RICHARD NORMAN COMPANY		
	Oakadula O.E.	000 00	0 57) 0045

Schedule G (Form 990 or 990-EZ) FAMILY RESEARCH COUNCIL ACTION	52-1805562 Page
Part IV Supplemental Information (continued)	
T) ADDDEGG OF TIMEDATGED	
I) ADDRESS OF FUNDRAISER:	
44084 RIVERSIDE PARKWAY #350, LANSDOWNE, VA 20176	
14004 KIVEKSIDE PARKWAI #350, DANSDOWNE, VA 201/6	
	<u></u>
	
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SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

FAMILY RESEARCH COUNCIL ACTION

Employer identification number 52-1805562

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			;
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			;
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	- 10		
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and officers, including the OLO/Executive birector, regulating the terms checked in the Fu			_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
_	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			,
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			į
	Form 990 of other organizations Approval by the board or compensation committee			ł
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5				
_	contingent on the revenues of			,
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		l	
	not described on lines 5 and 67 lf "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	 	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		l	1
	Regulations section 53.4958-6(c)?	9	1	<u> </u>

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

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(a)-(h)(a)	in column (b) reported as deferred on prior Form 990
ANTHONY PERKINS	9	67,280.	0	0	0	0	67,280.	0
PRESIDENT/CEO/CHAIRMAN	: ≣	166,943	0	4,500.	13,637.		185,080.	0
WILLIAM BOYKIN	ε	22,	0	0	0		•	0
EXECUTIVE VICE PRESIDENT	: ≘		0	0	0	0	175,192.	0
PAUL TRIPODI	Ξ		0	0	0	0	8	0
VP - ADMINISTRATION, TREASURER	: €	134,	0	0	8,963.	18,900.	162,	0
DOUGLAS GILLQUIST	Ξ		0.	0.		0	2 '	0
VP - DEVELOPMENT	(E)	123,013.	0.	0.	7,894.	18,900.	149,807.	0.
	Ξ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2015	FAMILY RESEAF	RESEARCH	RCH COUNCIL ACTION	ACTION	52-1805562
Part III Supplemental Information					
Provide the information, explanation, or descriptions required	or description:		t, lines 1a, 1b, 3	or Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	this part for any additional information

	CEO IS DETERMINED BY THE FAMILY	501(C) ORGANIZATION. THE RELATED	IN SETTING COMPENSATION:				ITTEE						Schedule J (Form 990) 201
SCHEDULE J, PART I, QUESTION 4:	COMPENSATION FOR THE ORGANIZATION'S CEO IS	RESEARCH COUNCIL, A RELATED SECTION 501(C)	l	l	FORM 990 OF OTHER ORGANIZATIONS	COMPENSATION SURVEY OR STUDY	APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE						

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 52-1805562 FAMILY RESEARCH COUNCIL ACTION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRADITIONAL FAMILY.
3.A STRONG NATIONAL DEFENSE AND FOREIGN POLICY ROOTED IN NATIONAL
INTERESTS AND IDEALS.
4.TAX AND FISCAL POLICIES THAT STRENGTHEN RATHER THAN WEAKEN AMERICA'S
FAMILIES.
5.RESTORATION OF THE CONSTITUTIONAL BALANCE IN RELATIONS BETWEEN CHURCH
AND STATE.
6.JUDICIAL RESTRAINT AND RESPECT FOR THE ORIGINAL INTENT OF THE FRAMERS
OF THE CONSTITUTION.
7.A RENEWAL OF ETHICAL MONOTHEISM AND TRADITIONAL JUDEO-CHRISTIAN
STANDARDS OF MORALITY-THE "LAWS OF NATURE AND NATURE'S GOD"-TO WHICH
THE FOUNDING FATHERS APPEALED IN THE DECLARATION OF INDEPENDENCE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FRC ACTION FORTIFIES THE TRADITIONAL FOUNDATIONS OF CIVIL SOCIETY
THROUGH ITS EFFORTS TO EDUCATE, INFORM, AND INFLUENCE ELECTED AND
APPOINTED OFFICIALS IN SUPPORT OF THE COUNTRY'S HISTORIC IDEALS OF
EQUALITY UNDER THE LAW, AND THE UNALIENABLE RIGHTS TO LIFE, LIBERTY,
PROPERTY, AND THE PURSUIT OF HAPPINESS. WE'VE BUILT A STRONG REPUTATION
OF LOBBYING EFFECTIVELY FOR PRO-FAMILY POLICIES THROUGH PERSONAL
MEETINGS WITH LEGISLATORS, HARD-HITTING AD CAMPAIGNS, TARGETED
GRASSROOTS MOBILIZATION, PETITIONS, AND MORE.

OUR CONNECTED FRC ACTION PAC AND AFFILIATED "SUPER PAC," THE FAITH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

THEIR FIRST AMENDMENT RIGHTS. THROUGH OUR GRASSROOTS ALERTS, TENS OF THOUSANDS OF ACTIVISTS WERE ABLE TO CONTACT THEIR ELECTED LEADERS TO URGE THEM TO TAKE THE RIGHT POSITIONS ON IMPORTANT LEGISLATION.

FRC ACTION'S ANNUAL CONGRESSIONAL VOTE SCORECARD CONTINUES TO INFLUENCE CONGRESSIONAL VOTES EACH YEAR. THE SCORECARD GRADES LEGISLATORS BASED UPON KEY VOTES RELATED TO FAITH, FAMILY, AND FREEDOM. IT SERVES AS A Schedule O (Form 990 or 990-EZ) (2015)

532212 09-02-15

532212 09-02-15

OTHER PROGRAMS:

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Employer identification number Name of the organization FAMILY RESEARCH COUNCIL ACTION 52-1805562 FRC ACTION IS UTILIZING PERSONAL MEETINGS WITH LEGISLATORS, TV, RADIO AND INTERNET AD CAMPAIGNS, TARGETED GRASSROOTS MOBILIZATION, PETITIONS AND MORE TO ADVOCATE PRO-FAMILY POLICIES. FRC ACTION COMMUNICATES TO GRASSROOTS SUPPORTERS ON A REGULAR BASIS THROUGH ACTION UPDATE EMAILS, ACTION ALERTS, AND ACTION PRESS RELEASES. IN LIGHT OF THE GRUESOME UNDERCOVER VIDEOS REVEALING PLANNED PARENTHOOD'S HORRIFIC PRACTICES OF HARVESTING AND SELLING HUMAN BABY BODY PARTS, FRC ACTION JOINED WITH STUDENTS FOR LIFE TO MOUNT A BUS TOUR AND BRING ATTENTION TO PLANNED PARENTHOOD'S ERRONEOUS AGENDA. PLANNED PARENTHOOD IS THE LARGEST ABORTION PROVIDER IN THE NATION AND RECEIVES OVER \$500 MILLION A YEAR FROM TAXPAYERS. THE BUS TOUR ADVOCATED THAT THESE TAXPAYER DOLLARS SHOULD BE REALLOCATED TO THE OVER 13,000 FEDERALLY QUALIFIED HEALTH CENTERS WHO DO NOT PERFORM ABORTIONS. IN OBSERVANCE OF NATIONAL RELIGIOUS FREEDOM DAY, FRC ACTION LIVED-STREAMED FRC'S FREE TO BELIEVE SIMULCAST. THIS BROADCAST WAS FILLED WITH STORIES OF INDIVIDUALS WHO HAVE BEEN TESTED AND HAVE STOOD STRONG FOR THEIR RELIGIOUS FREEDOM. IT ALSO FEATURED SPECIAL MESSAGES SUBMITTED BY EIGHT PRESIDENTIAL CANDIDATES WHO RESPONDED TO THE QUESTION: "WHAT DO YOU SEE AS THE GREATEST THREAT TO RELIGIOUS FREEDOM IN AMERICA TODAY AND WHAT WILL YOU DO AS PRESIDENT TO PROTECT OUR FIRST FREEDOM?" OVER 160 CHURCHES IN ALL 50 STATES TUNED IN TO THE BROADCAST TO LEARN PRACTICAL WAYS TO ADVANCE FAITH, FAMILY, AND FREEDOM IN THEIR LOCAL COMMUNITIES. AT THE GRASSROOTS LEVEL, FRC ACTION WORKED DAILY TO PLACE STRONG PRESSURE ON SENATE AND HOUSE MEMBERS BY SCORING KEY VOTES, SENDING

FOR 23 YEARS, FRC ACTION HAS STOOD AS A CONSISTENT AND EFFECTIVE

ADVOCATE OF THE FAMILY. IT HAS ENDURED THE STORMS OF HOSTILE

ADMINISTRATIONS, SOFTENING ECONOMIES, AND UNRELENTING OPPOSITION FROM

SPECIAL INTEREST GROUPS.

BUSINESS PENDING BEFORE THE BOARD OF DIRECTORS AS TO THE BUSINESS OR MINISTRY OF FAMILY RESEARCH COUNCIL, THE AFFECTED DIRECTOR SHALL ANSWER ANY OUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IN ANY VOTE ON SUCH MATTER, WHETHER BY THE BOARD OR ONE OF ITS COMMITTEES, THE VOTE OF THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL THE DIRECTOR VOTE ON THE MATTER. THE MINUTES SHALL REFLECT THE FACT Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15 38

DETERMINING COMPENSATION OF FRCA'S PRESIDENT: DETERMINATION IS MADE BY FRC A RELATED 501(C)(3) ORGANIZATION, AS THE FRCA PRESIDENT IS AN FRC EMPLOYEE. THE PROCESS AT FRC IS AS FOLLOWS:

THE CFO MAKES REFERENCE TO COMPENSATION INFORMATION CONTAINED IN THE FORMS 990 OF SIMILAR ORGANIZATIONS, ALONG WITH MARKET SURVEY DATA, AND COMPARES Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15

Name of the organization Employer identification number FAMILY RESEARCH COUNCIL ACTION 52-1805562 IT TO THE PRESIDENT'S CURRENT COMPENSATION. THE CFO THEN SUBMITS AN ANALYSIS TO FRC'S AUDIT COMMITTEE FOR ITS REVIEW AND DECISION. THE AUDIT COMMITTEE REVIEWS, DISCUSSES, AND SETS THE PRESIDENT'S COMPENSATION. THE COMMITTEE THEN MAKES A CONTEMPORANEOUS RECORDING OF ITS DELIBERATION PROCESS. DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES: AGAIN, THOSE PERSONS WHO PROVIDE SERVICES TO FRCA ARE FRC EMPLOYEES, AND THEIR COMPENSATION IS SET BY FRC. THE PROCESS IS AS FOLLOWS: COMPENSATION CHANGES ARE ESTABLISHED BY THE FINANCE DEPARTMENT ON AN ANNUAL BASIS BASED ON AVAILABLE MARKET DATA. CHANGES ARE APPROVED BY THE PRESIDENT. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AZ, AR, CT, FL, HI, KY, MA, MN, NH, NJ, NM, NY, NC, OR, PA, SC, UT, VA, WA, WI, CO, MO, WV FORM 990, PART VI, SECTION C, LINE 19: FRC ACTION PROVIDES COPIES OF ITS 990, FINANCIAL STATEMENTS AND FORM 1024 UPON REQUEST. IT ALSO WILL PROVIDE A COPY OF ITS CONFLICT OF INTEREST POLICY, BUT NOT ANNUAL RESPONSES FROM DIRECTORS. FRCA DOES NOT DISCLOSE ITS GOVERNING DOCUMENTS. FORM 990, PART IX, LINE 11G, OTHER FEES: DIRECT MAIL SERVICES: PROGRAM SERVICE EXPENSES 80,417. 0._ MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 80,417.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page 2 Employer identification number
FAMILY RESEARCH COUNCIL ACTION	52-1805562
CONSULTING:	
PROGRAM SERVICE EXPENSES	71,455.
MANAGEMENT AND GENERAL EXPENSES	118.
FUNDRAISING EXPENSES	4,177.
TOTAL EXPENSES	75,750
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	13,064.
MANAGEMENT AND GENERAL EXPENSES	10,046.
FUNDRAISING EXPENSES	1,672.
TOTAL EXPENSES	24,782.
TELEMARKETING:	
PROGRAM SERVICE EXPENSES	34,136.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,136.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	215,085.
FORM 990, PART XII, LINE 2C	
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM T	HE PRIOR YEAR.
	<u></u>

SCHEDULE R (Form 990)

Partl

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number 52-1805562 € ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 FAMILY RESEARCH COUNCIL ACTION Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	sets Direct controlling entity) ntrolling ity
Part II organizations during the tax year	ations Complete if the organization a	inswered "Yes" on Form 990, F	art IV, line 34 becau	use it had one or m	ore related tax-exemp	ıt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code F section str	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
	,			501(c)(3))		Yes No
FAMILY RESEARCH COUNCIL - 52-1792772 801 G STREET, NW	TO REAFFIRM AND PROMOTE THE TRADITIONAL FAMILY THATTH	H STAMILION WO WOLDWAY	501(0)(3) 50	(1)(8)82		>
ARCH 801						-
	FEDERAL PAC	DISTRICT OF COLUMBIA	527	FR	FRC ACTION	×
VIRGINIA VALUES VOTER PAC - 27-0159860 801 G STREET, NW						
WASHINGTON, DC 20001	NON-FEDERAL PAC	VIRGINIA	527	FR	FRC ACTION	×
FAITH FAMILY FREEDOM FUND 801 G STREET, NW	INDEPENDENT EXPENDITURE					
WASHINGTON, DC 20001	PAC	DISTRICT OF COLUMBIA	527	R.	FRC ACTION	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (F	Schedule R (Form 990) 2015

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52-1805562

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FAMILY RESEARCH COUNCIL ACTION Schedule R (Form 990) 2015

Part III

Identification of Related Organizations Taxable as a Partnership Complete of 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)	<u>Q</u>	<u> </u>	(9	(e)	€	(B)	Ē	•	9	3
žΰ	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, overlided from tax index	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
			foreign country)		sections 512-514)		433613	Yes No		Yes No	
		-									
								-			_
						•					
ļ										-	
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 frust during the tax year.	janizations Taxable as	s a Corpo	ration or Trust Cor ear	nplete if the organizatio	in answered "Yes'	on Form 990, Pa	rt IV, line 34	because it had one	or mo	e related
									-		

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∈	101	512(b)(13) controlled entity?	No									_	
	Ú	51.5	Yes								_	 	
ε	:	Percentage ownership											_
		Share of end-of-year	dosers				!						
		Share of total Income											
(9)	<u> </u>	Type of entity (C corp, S corp,	OI tidet)										
(5)	3	Direct controlling entity											
(3)	2	Legal domicile (state or foreign	country)										
(a)	2	Primary activity											
(6)	(9)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2015

Page 3

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
 - Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

onships and transaction thresholds	
ine, including covered relation	
tho must complete this I	
e instructions for information on w	
y of the above is "Yes," see th	
2 If the answer to an	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY RESEARCH COUNCIL	М	24,142.COST	соѕт
(2) FAMILY RESEARCH COUNCIL	N	48,579.COST	COST
(3) FAMILY RESEARCH COUNCIL	0	275,398.COST	соѕт
(4) FAMILY RESEARCH COUNCIL	Ъ	315,000.COST	COST
(5)			
(9)			
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Schedule R (Form 990) 2015 FAMILY RESEARCH COUNCIL ACTION

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

Name, address, and ENN	(a) (b)	(q)	(0)	(p)	(e)	(t)	(6)	æ	(1)	9	(K)
Accounty Sections 5/12-5.6 () Accounty	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incominelated, unrelated,	artners sec. 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Code V-UBI amount in box 20	Seneral or managing partner?	Percentage ownership
Schedule R (Form 969) 2015			country)	sections 512-514)	es No	ıncome	assets	Yes No	(Form 1065)	ves No	
Schedule R (From 989) 2015											
Schedule R Form 980) 2015											
Schedule R Form 990) 2015				ļ				$\frac{1}{1}$		+	
Schedule R (Form 990) 2015											
Schedule R Form 990) 2015											
Schedule R (Form 990) 2015		_									
Schedule R (Form 980) 2015						!	:				
Schedule R (Form 950) 2015											_
Schedule R (Form 500) 2015											
Schedule R Form 980) 2015										\dashv	
Schedule R (Form 990) 2015											
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Schedule R (Form 990) 2015											
Schedule R (Form 990) 2015											
Schedule R (Form 990) 2015										-	
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Schedule R	(Form 990) 2015	FAMILY	RESEARCH	COUNCIL	ACTION	52-1805562	Page 5
Part VII	(Form 990) 2015 Supplemental Infor	mation					
	Provide additional inform	ation for respon	sees to allestions (on Schedule R (see instructions)		
	Provide additional inform	ation for respon	ises to questions t	on ochequie in t	see instructions)		
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